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Media File Name: 030216-Radio-TomFoley.mp4

Media File ID: 2466140

Media Duration: 9:09

Order Number:

Date Ordered: 2016-04-18

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Interviewer: Thank you very much, and welcome back. Appreciate everybody here who's joining us in person and certainly the thousands online. We're wrapping up our day here over the next hour and a half, so I'm glad that we have the opportunity now to catch up with Tom Foley, from Lenovo. Director of Global Health Solution Strategy for Lenovo, Lenovo Health. Thank you very much, Tom.

Tom: Thanks for having me. Appreciate it.

Interviewer: Great to have you on the show. So starting off, I guess before I dive into some of the questions, what are your goals for this conference, for HIMSS16 for Lenovo and you personally?

Tom: Lenovo just started their healthcare protocol not long ago. So the goal was to present who Lenovo Health is. We're more than just the strong profile that we have starting from the wrist and the wearables all the way through the smartphones. The full portfolio of devices and even the number one server platform that's in the market. So that is kind of the pillar that we build on. So what is Lenovo Health doing on top of that? Leveraging that strength. So we're putting together some innovative solutions that are closing some gaps that are currently known in the market, or some innovative areas where the market seems to be going with value-based care and things of that nature.

Interviewer: Yeah, I know you guys are great partners with us at Greenway. Intel had initiated that relationship with you guys and between us. So I appreciate your commitment. And you guys have been in the industry for a long time and leading some great sectors.

Tom: Thank you.

Interviewer: Now, looking out over I guess the trends that you see out there, whether it's personally or through Lenovo Health, what are those trends that you're starting to see and working on?

Tom: Well, one of the trends that HIMSS themselves and the ONC and CMS are advocating is all around interoperability. So interoperability can't truly be successful unless you have a true patient identity that can be used across the continuum of care. So that's one area that I think is going to be a growing and focused trend over the next year.

Certainly patient engagement is a known trend, and the phrase might actually be overused, but how do you truly embrace that patient, that consumer? Not

necessarily in the short time that they're in front of you, but in order to achieve wellness, how do you engage them 8,760 hours in a given year? Right?

Interviewer: Yeah.

Tom: And then how do you ultimately change their behavior? So we're focused on that whole experience around the patient engagement. And then the third trend that I think is going to be overgrowing because of the value-based care models that are quickly coming upon us is, how do I provide care, or how do I monitor care, and how do I engage in greater advisement without having them coming into the brick and mortar of the health facility? So the whole remote monitoring, telehealth platform.

Interviewer: Virtual care.

Tom: Virtual care is certainly going to be something that is going to be expanding over the next year or two.

Interviewer: That theme has come up a lot. So let's dive into that a little bit. So how are you guys addressing those trends from Lenovo Health?

Tom: So we actually have either a solution of our own or a partner that we're working with. So patient identity, there's a lot of patient identity platforms out there, but normally it's a patient identity platform that's relative to that specific facility. We're addressing it in context with our partners LifeMed ID, in that that identity can stay with that patient or that consumer as they traverse the different settings of care. So a single identity, regardless of what EHR that setting of care is using, the patient identity platform is integrated to that. So single identity across the continuum of care.

And that also helps not only with identifying the patient, but when you merge data from different EHRs, having it under a deterministic matching algorithm versus a probabilistic matching algorithm, you mitigate the errors that occur relative to mismatched data, right? So now with patient identity and the proper merging of the data, you now have a very accurate data at the point of care, where with patient identity theft and fraud, a Tom Foley that's me and a Tom Foley that pretends to be me, that data gets merged into an HIE, now the doctor has poor data. And he thinks that I went to another doctor and got some other scripts and I got other conditions that I don't truly have, right? So how do we fix that problem? With patient identity theft and fraud being a 80 plus billion-dollar problem in a given year, this is a problem that you have to solve before we can solve the interoperability problem.

Interviewer: That's a very good perspective. It is interesting. So from a standpoint of best practices, when you're sitting in front of a large health system, or even a large practice for that matter, what are some of things that you tell their leadership team, "These are the areas that you need to focus on for 2016 or 2017"?

Tom: Well, more of what I've already said in those three categories. We give a lot of focus in on the patient identity, because we do think it's probably the industry problem that needs to be solved. If interoperability is the goal relative to the 10-year plan, you have to fix this problem. And it's not a luxury to have or a luxury to do. Implementing it actually has a very significant ROI, not only in terms of dollars, but it has a specific value proposition relative to the care of the patient. When you look at some of the statistics relative to patient errors and even leading to deaths. Just the numbers are just overwhelming. You have to fix that problem before we can truly have a transformed healthcare system.

So we advise them on that, and we advise them on just leveraging our core portfolio. The differentiation that we advise them on is, "Hey, there's no other industry where reliability and performance of a platform is as critical as in healthcare. When you need data and you need it now, you want it on a platform that's the most reliable. And that's what's Lenovo brings to the table."

Interviewer: That's fantastic. So a little bit of a curveball, because I thought of this yesterday when someone asked me this question.

Tom: I play baseball. Go ahead.

Interviewer: Perfect. Any bold predictions that you'd put out there for 2016 or 2017 that we might see as an industry?

Tom: Well, I personally believe that the transition to value-based care is a very risky proposition. Not necessarily with the intent, I understand the intent. But the ability for the average practice to manage that risk of taking hypothetically 30% of margin off the table for them. From a pure business perspective, how do I manage that risk and keep a viable business? Because we know these businesses don't operate on a 30% margin today, right?

Interviewer: Margin. Correct.

Tom: So they're doctors, they are at the top of the heap relative to thought leadership in medicine. But how do we transcend them to be business people to manage that risk and really embrace the innovation that needs to take place on, "How do I truly provide that value-based care?" And I use my father as an

example. He was one that he never truly listened to his doctors. So in some context it's a high risk for that doctor to treat that patient. So we're going to see a lot of interesting transitions in healthcare just based on the transition to value-based care and the whole financial model association.

Interviewer: Yeah, your prediction was my prediction.

Tom: Oh, was it? Okay.

Interviewer: Yeah, that was my answer. Someone asked me at the fly [SP], he said, "We're going to turn the tables on you." And I said, "A big bold prediction is care providers later this year are going to understand or begin to see what MACRA, what happened with the legislation now that regulation is sort of rolling out, and they're going to get hit like a ton of bricks."

I do a lot public speaking, and so I always ask, I always go into MACRA, and I say, "First of all, who ever heard of MACRA?" And 2 hands out of 100 will go up. And I'm just like, "Guys, this is going to come at you like you've never seen." And I bring this up now a lot because I want all care providers to understand what...assuming risk is and just begin looking in that position. We'll see the regs maybe in the next two months around MACRA. But then also moving forward, how it's going to change how you're paid, and it's going to hit people very quickly.

Tom: Very quickly.

Interviewer: It's going to scare crap out of people later on this year.

Tom: A lot of planning. You know, we were talking about planning for MU1, MU2, and everything else. This needs a lot of planning to make it right.

Interviewer: Tom Foley, from Lenovo Health, thank you so much, appreciate all that you guys do in the industry, and thank you for joining my show today.

Tom: Thank you. I appreciate it.

Interviewer: Thanks, Tom.

Tom: Have a good day.

Interviewer: You as well.