WEBVTT

- NOTE duration:"01:01:00.1300000"
- NOTE recognizability:0.924
- NOTE language:en-us
- NOTE Confidence: 0.4132323
- 00:00:00.000 --> 00:00:03.298 Started so I thank you all so
- NOTE Confidence: 0.4132323
- $00:00:03.298 \longrightarrow 00:00:04.800$  much for being here today.
- NOTE Confidence: 0.4132323
- 00:00:04.800 --> 00:00:08.552 I'd like you to join me in welcoming Dr.
- NOTE Confidence: 0.4132323
- 00:00:08.552 --> 00:00:11.320 Manali Patel, who is an associate
- NOTE Confidence: 0.4132323
- $00:00:11.320 \longrightarrow 00:00:13.440$  professor of medicine at Stanford
- NOTE Confidence: 0.4132323
- $00{:}00{:}13.440 \dashrightarrow 00{:}00{:}15.790$  Medicine and a staff on cologist with
- NOTE Confidence: 0.4132323
- $00:00:15.790 \dashrightarrow 00:00:19.520$  the VA Palo Alto healthcare system.
- NOTE Confidence: 0.4132323
- $00{:}00{:}19.520 \dashrightarrow 00{:}00{:}22.000$  She earned her medical degree and master's
- NOTE Confidence: 0.4132323
- $00:00:22.000 \rightarrow 00:00:23.746$  in public health at the University
- NOTE Confidence: 0.4132323
- $00{:}00{:}23.746 \dashrightarrow 00{:}00{:}26.158$  of North Carolina at Chapel Hill,
- NOTE Confidence: 0.4132323
- $00:00:26.158 \rightarrow 00:00:29.180$  followed by Internal Medicine residency.
- NOTE Confidence: 0.4132323
- $00{:}00{:}29.180 \dashrightarrow 00{:}00{:}30.780$  Key Monk Fellowship and
- NOTE Confidence: 0.4132323
- $00{:}00{:}30{.}780 \dashrightarrow 00{:}00{:}31{.}980$  several research fellowships.
- NOTE Confidence: 0.4132323

 $00{:}00{:}31{.}980 \dashrightarrow 00{:}00{:}34{.}660$  In addition to obtaining her masters in

NOTE Confidence: 0.4132323

 $00{:}00{:}34.660 \dashrightarrow 00{:}00{:}37.460$  health services research at Stanford,

NOTE Confidence: 0.4132323

 $00:00:37.460 \dashrightarrow 00:00:39.600$  doctor Patel directs a research program NOTE Confidence: 0.4132323

 $00{:}00{:}39{.}600 \dashrightarrow 00{:}00{:}41{.}790$  that focuses on improving equitable

NOTE Confidence: 0.4132323

 $00{:}00{:}41.790 \dashrightarrow 00{:}00{:}44.139$  delivery of value based cancer care.

NOTE Confidence: 0.4132323

 $00:00:44.140 \dashrightarrow 00:00:46.453$  She uses principles of community based NOTE Confidence: 0.4132323

 $00:00:46.453 \rightarrow 00:00:48.364$  participatory research in her work

NOTE Confidence: 0.4132323

 $00:00:48.364 \longrightarrow 00:00:49.926$  and is the principal investigator

NOTE Confidence: 0.4132323

00:00:49.926 --> 00:00:52.620 of multiple externally funded awards

NOTE Confidence: 0.4132323

 $00{:}00{:}52.620 \dashrightarrow 00{:}00{:}54.705$  such as the California Initiative

NOTE Confidence: 0.4132323

 $00{:}00{:}54.705 \dashrightarrow 00{:}00{:}56.373$  to advance Precision Medicine,

NOTE Confidence: 0.4132323

 $00{:}00{:}56{.}380 \dashrightarrow 00{:}00{:}58{.}004$  the patient centered Outcomes

NOTE Confidence: 0.4132323

00:00:58.004 --> 00:00:58.816 Research Institute.

NOTE Confidence: 0.4132323

 $00{:}00{:}58.820 \dashrightarrow 00{:}01{:}00.896$  And the National Institutes of Health.

NOTE Confidence: 0.4132323

00:01:00.900 --> 00:01:02.620 Her expertise lies in designing,

NOTE Confidence: 0.4132323

 $00:01:02.620 \rightarrow 00:01:04.252$  implementing and evaluating new

- NOTE Confidence: 0.4132323
- $00{:}01{:}04.252 \dashrightarrow 00{:}01{:}06.700$  models of care delivery with a cademic,

 $00{:}01{:}06{.}700 \dashrightarrow 00{:}01{:}09{.}988$  community and VA on cology practices aimed

NOTE Confidence: 0.4132323

 $00:01:09.988 \longrightarrow 00:01:13.019$  to improve patient experiences with care,

NOTE Confidence: 0.4132323

 $00:01:13.020 \rightarrow 00:01:15.348$  clinical outcomes and reduce

NOTE Confidence: 0.4132323

00:01:15.348 --> 00:01:17.094 unwanted health disparities,

NOTE Confidence: 0.4132323

 $00{:}01{:}17.100 \dashrightarrow 00{:}01{:}18.678$  unwanted healthcare utilization

NOTE Confidence: 0.4132323

 $00:01:18.678 \longrightarrow 00:01:20.256$  and health disparities.

NOTE Confidence: 0.4132323

 $00:01:20.260 \longrightarrow 00:01:21.520$  Doctor Patel also serves on

NOTE Confidence: 0.4132323

 $00{:}01{:}21.520 \dashrightarrow 00{:}01{:}22.620$  several national committees

NOTE Confidence: 0.9603804

 $00:01:22.980 \longrightarrow 00:01:25.020$  focused on improving cancer care delivery

NOTE Confidence: 0.868654262352941

 $00:01:25.260 \longrightarrow 00:01:26.372$  and value based care.

NOTE Confidence: 0.868654262352941

00:01:26.372 --> 00:01:28.924 She is the past chair of the ASCO

NOTE Confidence: 0.868654262352941

 $00{:}01{:}28{.}924 \dashrightarrow 00{:}01{:}30{.}552$  Health Equity Committee and the

NOTE Confidence: 0.868654262352941

 $00{:}01{:}30{.}552 \dashrightarrow 00{:}01{:}32{.}920$  current chair of the ASCO serving the

NOTE Confidence: 0.95143515555556

 $00:01:32.960 \longrightarrow 00:01:34.292$  Underserved Task Force.

00:01:34.292 --> 00:01:36.956 So Doctor Patel will be delivering

NOTE Confidence: 0.95143515555556

00:01:36.960 --> 00:01:39.960 the Iris Fisher Lectureship today.

NOTE Confidence: 0.95143515555556

00:01:39.960 --> 00:01:42.120 The Iris Fisher Lectureship was

NOTE Confidence: 0.946962533333333

 $00:01:42.120 \longrightarrow 00:01:45.040$  endowed by Doctor David Fisher in 1999.

NOTE Confidence: 0.946962533333333

 $00{:}01{:}45{.}040 \dashrightarrow 00{:}01{:}47{.}368$  Doctor Fisher has been involved with Yale

NOTE Confidence: 0.946962533333333

00:01:47.368 --> 00:01:50.108 School of Medicine for nearly 60 years.

NOTE Confidence: 0.946962533333333

 $00{:}01{:}50{.}110 \dashrightarrow 00{:}01{:}52{.}035$  He was the first medical on cologist in

NOTE Confidence: 0.946962533333333

 $00:01:52.035 \rightarrow 00:01:53.830$  the New Haven community and remained

NOTE Confidence: 0.946962533333333

 $00{:}01{:}53.830 \dashrightarrow 00{:}01{:}55.886$  in private practice for 30 years

NOTE Confidence: 0.946962533333333

00:01:55.886 --> 00:01:58.310 before joining Yale's Cancer Center in

NOTE Confidence: 0.946962533333333

 $00{:}01{:}58{.}310 \dashrightarrow 00{:}02{:}01{.}016$  1993 as a volunteer and full time in

NOTE Confidence: 0.946962533333333

 $00:02:01.016 \longrightarrow 00:02:03.812$  1995 when Doctor Fisher's wife Iris

NOTE Confidence: 0.946962533333333

 $00:02:03.812 \longrightarrow 00:02:06.430$  was diagnosed with sarcoidosis and

NOTE Confidence: 0.946962533333333

 $00:02:06.430 \longrightarrow 00:02:08.950$  incurable disease of the heart and lungs.

NOTE Confidence: 0.946962533333333

 $00:02:08.950 \dashrightarrow 00:02:10.949$  Treatment decisions were weighed and

NOTE Confidence: 0.946962533333333

 $00:02:10.950 \dashrightarrow 00:02:12.702$  balanced against the impact that the rapies

 $00:02:12.702 \rightarrow 00:02:15.580$  would have on Iris's personal wellbeing.

NOTE Confidence: 0.946962533333333

 $00:02:15.580 \dashrightarrow 00:02:17.715$  It was Doctor Fisher's hope that this

NOTE Confidence: 0.946962533333333

 $00:02:17.715 \rightarrow 00:02:19.350$  lectureship would serve as a lasting

NOTE Confidence: 0.946962533333333

 $00:02:19.350 \rightarrow 00:02:21.540$  memorial to Iris while providing an

NOTE Confidence: 0.946962533333333

 $00:02:21.540 \longrightarrow 00:02:23.076$  educational opportunity for physicians

NOTE Confidence: 0.946962533333333

 $00:02:23.076 \rightarrow 00:02:25.420$  and staff for the benefit of patients.

NOTE Confidence: 0.946962533333333

 $00:02:25.420 \longrightarrow 00:02:27.012$  We are grateful to Doctor Fisher

NOTE Confidence: 0.946962533333333

 $00:02:27.012 \longrightarrow 00:02:27.780$  for his generous

NOTE Confidence: 0.94931066

 $00{:}02{:}27.780 \dashrightarrow 00{:}02{:}29.000$  support and we are grateful

NOTE Confidence: 0.94931066

00:02:29.000 --> 00:02:30.220 for Doctor Patel for delivering

NOTE Confidence: 0.93564257777778

 $00:02:30.220 \rightarrow 00:02:31.905$  this lectureship today. Please join

NOTE Confidence: 0.93564257777778

00:02:31.905 --> 00:02:34.020 me in welcoming Dr. Manali Patel.

NOTE Confidence: 0.92944707

 $00{:}02{:}38.520 \dashrightarrow 00{:}02{:}40.550$  Thank you. I know Michaela from many

NOTE Confidence: 0.92944707

 $00{:}02{:}40{.}550 \dashrightarrow 00{:}02{:}43{.}112$  eons ago and so it's nice to see so

NOTE Confidence: 0.92944707

 $00{:}02{:}43.112 \dashrightarrow 00{:}02{:}45.514$  many familiar faces and also so many new

 $00:02:45.514 \rightarrow 00:02:47.392$  faces that I've known more recently.

NOTE Confidence: 0.92944707

 $00:02:47.400 \longrightarrow 00:02:49.560$  And thank you all for joining in person.

NOTE Confidence: 0.92944707

00:02:49.560 --> 00:02:51.560 I really want this to be more interactive,

NOTE Confidence: 0.92944707

 $00:02:51.560 \rightarrow 00:02:54.956$  so please ask questions, interrupt me,

NOTE Confidence: 0.92944707

 $00:02:54.960 \longrightarrow 00:02:57.122$  push it up against the bar.

NOTE Confidence: 0.92944707

 $00{:}02{:}57{.}122 \dashrightarrow 00{:}02{:}59{.}089$  I really want you to think outside

NOTE Confidence: 0.92944707

 $00{:}02{:}59{.}089 \dashrightarrow 00{:}03{:}00{.}973$  the box and really push me in

NOTE Confidence: 0.92944707

 $00:03:00.973 \dashrightarrow 00:03:03.079$  terms of what I'm presenting today.

NOTE Confidence: 0.92944707

 $00{:}03{:}03{.}080 \dashrightarrow 00{:}03{:}05{.}240$  So I'm going to give a brief background.

NOTE Confidence: 0.92944707

00:03:05.240 --> 00:03:07.283 Of my work and why we started a lot

NOTE Confidence: 0.92944707

 $00{:}03{:}07{.}283 \dashrightarrow 00{:}03{:}09{.}560$  of work and supportive cancer care

NOTE Confidence: 0.92944707

 $00:03:09.560 \dashrightarrow 00:03:12.221$  delivery and then I'm going to focus on

NOTE Confidence: 0.92944707

00:03:12.221 --> 00:03:13.720 multilevel stakeholder engaged research,

NOTE Confidence: 0.92944707

00:03:13.720 --> 00:03:15.770 giving an example in supportive

NOTE Confidence: 0.92944707

 $00:03:15.770 \longrightarrow 00:03:17.000$  cancer care delivery,

NOTE Confidence: 0.92944707

 $00{:}03{:}17.000 \dashrightarrow 00{:}03{:}18.965$  which are aspects of palliative

- NOTE Confidence: 0.92944707
- $00:03:18.965 \rightarrow 00:03:21.516$  care and then focus in on the why.
- NOTE Confidence: 0.92944707
- $00:03:21.520 \longrightarrow 00:03:25.004$  For me, I love being first.
- NOTE Confidence: 0.92944707
- $00:03:25.004 \rightarrow 00:03:27.520$  How many of you all love being first?
- NOTE Confidence: 0.92944707
- $00:03:27.520 \rightarrow 00:03:28.396$  We're all competitive,
- NOTE Confidence: 0.92944707
- $00:03:28.396 \dashrightarrow 00:03:31.240$  so I know many of us want to be first.
- NOTE Confidence: 0.92944707
- 00:03:31.240 --> 00:03:34.876 I actually don't like being first.
- NOTE Confidence: 0.92944707
- $00:03:34.880 \rightarrow 00:03:37.430$  In the amount that we're spending
- NOTE Confidence: 0.92944707
- $00:03:37.430 \longrightarrow 00:03:38.280$  for healthcare.
- NOTE Confidence: 0.92944707
- 00:03:38.280 --> 00:03:41.995 And why are we last in terms of
- NOTE Confidence: 0.92944707
- 00:03:41.995 --> 00:03:43.720 our spending for social services?
- NOTE Confidence: 0.93622824
- 00:03:46.000 --> 00:03:48.744 How many of you all saw this
- NOTE Confidence: 0.93622824
- $00{:}03{:}48.744 \dashrightarrow 00{:}03{:}50.870$  over the weekend? NPR. Yep.
- NOTE Confidence: 0.93622824
- 00:03:50.870 00:03:53.720 I see some folks saying yes.
- NOTE Confidence: 0.93622824
- $00{:}03{:}53{.}720 \dashrightarrow 00{:}03{:}56{.}648$  For all that money we are
- NOTE Confidence: 0.93622824
- $00:03:56.648 \longrightarrow 00:03:58.112$  inputting into healthcare,
- NOTE Confidence: 0.93622824

 $00:03:58.120 \rightarrow 00:04:00.280$  why are we doing so poorly?

NOTE Confidence: 0.93622824

00:04:03.590 --> 00:04:04.430 And many will say, well,

NOTE Confidence: 0.93622824

00:04:04.430 --> 00:04:06.454 it's our COVID-19 policies.

NOTE Confidence: 0.93622824

 $00:04:06.454 \rightarrow 00:04:09.456$  I'm sorry, the trend was

NOTE Confidence: 0.93622824

 $00:04:09.456 \longrightarrow 00:04:12.104$  beginning long before COVID-19.

NOTE Confidence: 0.93622824

00:04:12.110 --> 00:04:15.134 And so could it be this long term

NOTE Confidence: 0.93622824

 $00:04:15.134 \rightarrow 00:04:19.710$  shortchanging of social services?

NOTE Confidence: 0.93622824

00:04:19.710 --> 00:04:22.188 And then you look at cancer,

NOTE Confidence: 0.93622824

 $00{:}04{:}22.190 \dashrightarrow 00{:}04{:}25.950$  which is all of our areas of expertise,

NOTE Confidence: 0.93622824

 $00:04:25.950 \rightarrow 00:04:30.150$  this is completely unsustainable.

NOTE Confidence: 0.93622824

00:04:30.150 --> 00:04:31.950 How many of you all drive on the highways?

NOTE Confidence: 0.947801065

 $00{:}04{:}35{.}430 \dashrightarrow 00{:}04{:}38{.}802$  When there's a pothole that comes out

NOTE Confidence: 0.947801065

 $00{:}04{:}38.802 \dashrightarrow 00{:}04{:}41.226$  of the same bucket of congressional

NOTE Confidence: 0.947801065

 $00{:}04{:}41.226 \dashrightarrow 00{:}04{:}43.750$  funding as paying for healthcare.

NOTE Confidence: 0.947801065

 $00:04:43.750 \longrightarrow 00:04:47.158$  So if utilizing most of the gross domestic

NOTE Confidence: 0.947801065

 $00:04:47.158 \longrightarrow 00:04:49.297$  product on healthcare expenditures,

- NOTE Confidence: 0.947801065
- $00{:}04{:}49{.}297 \dashrightarrow 00{:}04{:}52{.}142$  we have limited for other
- NOTE Confidence: 0.947801065
- $00:04:52.142 \rightarrow 00:04:54.510$  social care expenditures,
- NOTE Confidence: 0.947801065
- $00:04:54.510 \longrightarrow 00:04:57.426$  limited funding to fix our roads,
- NOTE Confidence: 0.947801065
- $00{:}04{:}57{.}430 \dashrightarrow 00{:}05{:}00{.}450$  limited funding through K through
- NOTE Confidence: 0.947801065
- $00{:}05{:}00{.}450 \dashrightarrow 00{:}05{:}02{.}098$ 12 education. You name it,
- NOTE Confidence: 0.94427896
- $00:05:05.260 \longrightarrow 00:05:06.700$  and despite all this money,
- NOTE Confidence: 0.94427896
- 00:05:06.700 -> 00:05:09.538 we are investing into cancer care,
- NOTE Confidence: 0.94427896
- $00:05:09.540 \longrightarrow 00:05:11.700$  especially at the end of life.
- NOTE Confidence: 0.94427896
- $00:05:11.700 \longrightarrow 00:05:14.580$  We see really horrible care.
- NOTE Confidence: 0.94427896
- $00:05:14.580 \dashrightarrow 00:05:18.576$  How many of you all have had a patient
- NOTE Confidence: 0.94427896
- $00{:}05{:}18.580 \dashrightarrow 00{:}05{:}21.538$  that was unaware of their prognosis
- NOTE Confidence: 0.94427896
- $00:05:21.540 \longrightarrow 00:05:23.856$  when they were nearing their death?
- NOTE Confidence: 0.913266175
- $00{:}05{:}27{.}500 \dashrightarrow 00{:}05{:}30{.}185$  Many of our patients are
- NOTE Confidence: 0.913266175
- $00{:}05{:}30{.}185 \dashrightarrow 00{:}05{:}31{.}796$  experiencing undertreated symptoms.
- NOTE Confidence: 0.913266175
- $00{:}05{:}31.800 \dashrightarrow 00{:}05{:}33.348$  We also see this large shift
- NOTE Confidence: 0.913266175

 $00{:}05{:}33{.}348 \dashrightarrow 00{:}05{:}34{.}600$  and I've heard about it.

NOTE Confidence: 0.913266175

 $00:05:34.600 \rightarrow 00:05:36.896$  What you all are building here in this

NOTE Confidence: 0.913266175

 $00:05:36.896 \rightarrow 00:05:39.000$  network is actually quite different.

NOTE Confidence: 0.913266175

00:05:39.000 --> 00:05:41.744 But out in the the real world

NOTE Confidence: 0.913266175

 $00:05:41.744 \longrightarrow 00:05:42.920$  outside of Connecticut,

NOTE Confidence: 0.913266175

 $00{:}05{:}42{.}920 \dashrightarrow 00{:}05{:}46{.}660$  we see this huge shift of care from

NOTE Confidence: 0.913266175

 $00{:}05{:}46.660 \dashrightarrow 00{:}05{:}49.496$  community based settings into these

NOTE Confidence: 0.913266175

 $00:05:49.496 \longrightarrow 00:05:52.154$  large hospital conglomerates and then

NOTE Confidence: 0.913266175

 $00{:}05{:}52{.}154 \dashrightarrow 00{:}05{:}55{.}073$  we also see tacked on facility charges.

NOTE Confidence: 0.913266175

 $00:05:55.080 \dashrightarrow 00:05:59.084$  So not only is care then centralized.

NOTE Confidence: 0.913266175

 $00:05:59.090 \rightarrow 00:06:02.247$  And away from people in their communities.

NOTE Confidence: 0.913266175

 $00{:}06{:}02.250 \dashrightarrow 00{:}06{:}05.646$  But then it's also more expensive

NOTE Confidence: 0.913266175

 $00:06:05.650 \dashrightarrow 00:06:10.530$  for the same product. Fascinating.

NOTE Confidence: 0.913266175

 $00:06:10.530 \rightarrow 00:06:14.170$  Then my own area of expertise is disparities.

NOTE Confidence: 0.913266175

 $00{:}06{:}14.170 \dashrightarrow 00{:}06{:}16.638$  We see persistent disparities

NOTE Confidence: 0.913266175

00:06:16.638 --> 00:06:19.009 by socioeconomic status, race,

- NOTE Confidence: 0.913266175
- 00:06:19.009 --> 00:06:19.528 ethnicity,
- NOTE Confidence: 0.913266175
- 00:06:19.528 --> 00:06:21.085 demographic characteristics that
- NOTE Confidence: 0.913266175
- $00{:}06{:}21.085 \dashrightarrow 00{:}06{:}24.689$  are largely due to the lack of
- NOTE Confidence: 0.913266175
- $00:06:24.689 \rightarrow 00:06:27.009$  expenditure for social care services.
- NOTE Confidence: 0.913266175
- $00:06:27.010 \dashrightarrow 00:06:28.850$  That continue across the continuum.
- NOTE Confidence: 0.93578097777778
- $00:06:30.970 \rightarrow 00:06:34.327$  How many of you all have seen this graph?
- NOTE Confidence: 0.93578097777778
- 00:06:34.330 --> 00:06:37.210 Robin Yaborov, good friend of ours,
- NOTE Confidence: 0.93578097777778
- 00:06:37.210 --> 00:06:39.098 the American Cancer Society,
- NOTE Confidence: 0.93578097777778
- 00:06:39.098 --> 00:06:41.930 I love this U-shaped curve because
- NOTE Confidence: 0.93578097777778
- 00:06:42.010 --> 00:06:43.980 it shows you and I know when I walk
- NOTE Confidence: 0.93578097777778
- $00:06:43.980 \rightarrow 00:06:45.055$  away they're not going to be able
- NOTE Confidence: 0.93578097777778
- 00:06:45.055 --> 00:06:47.530 to hear me on zoom, is that right?
- NOTE Confidence: 0.93578097777778
- $00{:}06{:}47.530 \dashrightarrow 00{:}06{:}49.980$  But what's wonderful about it is it
- NOTE Confidence: 0.93578097777778
- $00:06:49.980 \longrightarrow 00:06:52.649$  shows you this peri diagnostic phase.
- NOTE Confidence: 0.93578097777778
- $00:06:52.650 \dashrightarrow 00:06:55.596$  There's this huge uptick and uprise.
- NOTE Confidence: 0.93578097777778

 $00:06:55.600 \rightarrow 00:06:58.696$  That coincides with when patients have

NOTE Confidence: 0.93578097777778

 $00{:}06{:}58.696 \dashrightarrow 00{:}07{:}01.720$  the worst experiences with their care.

NOTE Confidence: 0.93578097777778

 $00:07:01.720 \rightarrow 00:07:04.198$  So not only when they're becoming

NOTE Confidence: 0.93578097777778

 $00:07:04.198 \rightarrow 00:07:07.239$  diagnosed and going through the flurry of

NOTE Confidence: 0.93578097777778

00:07:07.239 --> 00:07:10.880 activity during diagnosis with treatments,

NOTE Confidence: 0.93578097777778

 $00:07:10.880 \longrightarrow 00:07:12.520$  but then also at the end of life,

NOTE Confidence: 0.93578097777778

 $00:07:12.520 \longrightarrow 00:07:15.248$  you see this sharp uprise and it doesn't

NOTE Confidence: 0.93578097777778

00:07:15.248 --> 00:07:17.477 matter how long your survival is,

NOTE Confidence: 0.93578097777778

 $00:07:17.480 \longrightarrow 00:07:20.320$  you see this same pattern.

NOTE Confidence: 0.93578097777778

 $00:07:20.320 \dashrightarrow 00:07:22.520$  And I think she revised this most recently.

NOTE Confidence: 0.93578097777778

 $00:07:22.520 \longrightarrow 00:07:24.200$  So the only thing that's changed essentially,

NOTE Confidence: 0.93578097777778

 $00:07:24.200 \dashrightarrow 00:07:28.205$  is the Y axis. It's much more expensive now.

NOTE Confidence: 0.93578097777778

00:07:28.210 --> 00:07:30.127 How many of you all know of Don Berwick?

NOTE Confidence: 0.929942463333334

 $00:07:32.450 \longrightarrow 00:07:34.893$  He challenged us in 2008 and said

NOTE Confidence: 0.929942463333334

 $00{:}07{:}34.893 \dashrightarrow 00{:}07{:}37.970$  he was a medpac commissioner and

NOTE Confidence: 0.929942463333334

 $00{:}07{:}37{.}970 \dashrightarrow 00{:}07{:}39{.}410$  thought about these disruptive

 $00:07:39.410 \longrightarrow 00:07:41.426$  innovations in in, in healthcare.

NOTE Confidence: 0.929942463333334

 $00:07:41.426 \longrightarrow 00:07:45.170$  Why is it that in every other sector,

NOTE Confidence: 0.929942463333334

 $00:07:45.170 \rightarrow 00:07:47.486$  when a new technology is developed,

NOTE Confidence: 0.929942463333334

 $00:07:47.490 \longrightarrow 00:07:51.288$  the cost come down, you think about

NOTE Confidence: 0.929942463333334

 $00:07:51.288 \dashrightarrow 00:07:55.210$  the first iPhone first CT scanner.

NOTE Confidence: 0.929942463333334

 $00:07:55.210 \dashrightarrow 00:07:57.406$  But in medicine, it tends to be the opposite.

NOTE Confidence: 0.929942463333334

 $00:07:57.410 \longrightarrow 00:08:00.728$  We're we don't have very many interventions

NOTE Confidence: 0.929942463333334

 $00:08:00.730 \longrightarrow 00:08:03.442$  that achieve this whole triple aim

NOTE Confidence: 0.929942463333334

 $00:08:03.442 \longrightarrow 00:08:05.250$  of improving population health,

NOTE Confidence: 0.929942463333334

 $00:08:05.250 \rightarrow 00:08:06.888$  bettering patient experiences

NOTE Confidence: 0.929942463333334

 $00:08:06.888 \rightarrow 00:08:10.164$  and reducing total cost of care.

NOTE Confidence: 0.929942463333334

 $00:08:10.170 \rightarrow 00:08:12.195$  You may see some interventions

NOTE Confidence: 0.929942463333334

 $00:08:12.195 \longrightarrow 00:08:15.409$  that may do 2 out of the three,

NOTE Confidence: 0.929942463333334

 $00{:}08{:}15{.}410 \dashrightarrow 00{:}08{:}17{.}570$  but not interventions that

NOTE Confidence: 0.929942463333334

 $00{:}08{:}17.570 \dashrightarrow 00{:}08{:}19.730$  can achieve all three.

 $00:08:19.730 \longrightarrow 00:08:22.386$  And he challenged us as a nation and

NOTE Confidence: 0.929942463333334

 $00{:}08{:}22.386 \dashrightarrow 00{:}08{:}25.016$  said if we really want to ensure.

NOTE Confidence: 0.929942463333334

 $00:08:25.020 \rightarrow 00:08:28.740$  That our population is better overall and

NOTE Confidence: 0.929942463333334

 $00:08:28.740 \rightarrow 00:08:32.380$  that we have some GDP left for social cares.

NOTE Confidence: 0.929942463333334

 $00:08:32.380 \longrightarrow 00:08:35.204$  We really have to tackle this

NOTE Confidence: 0.929942463333334

 $00{:}08{:}35{.}204 \dashrightarrow 00{:}08{:}37{.}220$  cost problem in healthcare,

NOTE Confidence: 0.929942463333334

 $00{:}08{:}37{.}220 \dashrightarrow 00{:}08{:}39{.}215$  but also think about our interventions such

NOTE Confidence: 0.929942463333334

 $00:08:39.215 \rightarrow 00:08:41.258$  that we're not decreasing the quality.

NOTE Confidence: 0.86972069

00:08:44.820 --> 00:08:46.300 I know Makayla knows this,

NOTE Confidence: 0.86972069

 $00:08:46.300 \rightarrow 00:08:49.540$  but community based participatory research?

NOTE Confidence: 0.86972069

00:08:49.540 --> 00:08:53.271 Raise hands if you know this about it, okay?

NOTE Confidence: 0.86972069

00:08:53.271 --> 00:08:55.773 I learned a very critical lesson,

NOTE Confidence: 0.86972069

 $00{:}08{:}55{.}780 \dashrightarrow 00{:}08{:}59{.}882$  so I went into medical school at UNC and I'd

NOTE Confidence: 0.86972069

 $00:08:59.882 \rightarrow 00:09:02.899$  really hoped to be a global practitioner.

NOTE Confidence: 0.86972069

 $00:09:02.900 \dashrightarrow 00:09:05.119$  And I went into the traditional medical

NOTE Confidence: 0.86972069

 $00:09:05.119 \rightarrow 00:09:07.452$  school training and it was right across the

- NOTE Confidence: 0.86972069
- $00{:}09{:}07{.}452 \dashrightarrow 00{:}09{.}09{.}580$  street from the School of Public Health.

 $00:09:09.580 \dashrightarrow 00:09:11.660$  But there was little interplay.

NOTE Confidence: 0.86972069

00:09:11.660 --> 00:09:12.350 I love UNC.

NOTE Confidence: 0.86972069

00:09:12.350 --> 00:09:14.079 I'm a Tar hill born, Tar hill bred.

NOTE Confidence: 0.86972069

00:09:14.079 - 00:09:17.220 When I die, I'm a tar hill dead.

NOTE Confidence: 0.86972069

 $00{:}09{:}17.220 \dashrightarrow 00{:}09{:}18.924$  But what I hat ed about medical

NOTE Confidence: 0.86972069

 $00:09:18.924 \longrightarrow 00:09:20.810$  school and what led me to think.

NOTE Confidence: 0.86972069

 $00:09:20.810 \rightarrow 00:09:22.810$  Whether medicine was really in it for me,

NOTE Confidence: 0.86972069

 $00:09:22.810 \longrightarrow 00:09:24.610$  is this the right career,

NOTE Confidence: 0.86972069

 $00:09:24.610 \longrightarrow 00:09:26.870$  was that there was this

NOTE Confidence: 0.86972069

00:09:26.870 --> 00:09:29.130 lack of focus on prevention,

NOTE Confidence: 0.86972069

 $00:09:29.130 \dashrightarrow 00:09:30.966$  but this huge focus on treatment,

NOTE Confidence: 0.86972069

 $00:09:30.970 \dashrightarrow 00:09:32.642$  and I'm going to talk a little bit

NOTE Confidence: 0.86972069

 $00:09:32.642 \longrightarrow 00:09:33.952$  later about why potentially that

NOTE Confidence: 0.86972069

 $00:09:33.952 \rightarrow 00:09:35.644$  may be in this consumerist society.

 $00:09:35.650 \rightarrow 00:09:37.603$  And so I did my master's in public health.

NOTE Confidence: 0.86972069

00:09:37.610 --> 00:09:40.467 I took a year off, year off, right.

NOTE Confidence: 0.86972069

 $00:09{:}40.467 \dashrightarrow 00{:}09{:}42.501$  It was actually a very difficult

NOTE Confidence: 0.86972069

 $00:09:42.501 \dashrightarrow 00:09:44.640$  year in the public health degree

NOTE Confidence: 0.86972069

 $00:09:44.640 \longrightarrow 00:09:46.370$  space and did my practicum.

NOTE Confidence: 0.86972069

00:09:46.370 --> 00:09:47.768 So as part of your thesis,

NOTE Confidence: 0.86972069

 $00{:}09{:}47.770 \dashrightarrow 00{:}09{:}49.604$  you have to write up a practicum.

NOTE Confidence: 0.86972069

 $00:09:49.610 \longrightarrow 00:09:51.834$  And I decided to go back to a

NOTE Confidence: 0.86972069

 $00{:}09{:}51{.}834 \dashrightarrow 00{:}09{:}53{.}750$  community that had worked in as

NOTE Confidence: 0.86972069

 $00{:}09{:}53.750 \dashrightarrow 00{:}09{:}55.365$  an undergrad and in Honduras.

NOTE Confidence: 0.86972069

00:09:55.370 $\operatorname{-->}$ 00:09:57.911 And as one of the key principles

NOTE Confidence: 0.86972069

 $00:09:57.911 \longrightarrow 00:09:59.865$  of community based participatory

NOTE Confidence: 0.86972069

 $00:09:59.865 \dashrightarrow 00:10:02.030$  research is this understanding

NOTE Confidence: 0.86972069

 $00{:}10{:}02{.}030 \dashrightarrow 00{:}10{:}04{.}330$  that communities know the problem

NOTE Confidence: 0.86972069

 $00:10:04.330 \longrightarrow 00:10:06.970$  and they also know the solutions.

NOTE Confidence: 0.86972069

 $00{:}10{:}06{.}970 \dashrightarrow 00{:}10{:}09{.}970$  And so as researchers and as

- NOTE Confidence: 0.86972069
- 00:10:09.970 --> 00:10:11.278 budding medical physicians,
- NOTE Confidence: 0.86972069
- $00:10:11.278 \longrightarrow 00:10:13.894$  we always like to do what
- NOTE Confidence: 0.86972069
- 00:10:13.894 --> 00:10:15.718 I call global tourism.
- NOTE Confidence: 0.86972069
- $00:10:15.718 \rightarrow 00:10:18.454$  Where we go in, we take our ideas,
- NOTE Confidence: 0.86972069
- $00:10:18.454 \rightarrow 00:10:19.550$  hey, we have this great idea.
- NOTE Confidence: 0.86972069
- $00{:}10{:}19{.}550 \dashrightarrow 00{:}10{:}21{.}430$  We're going to input it in your system
- NOTE Confidence: 0.86972069
- 00:10:21.430 --> 00:10:23.458 and not really knowing if that's
- NOTE Confidence: 0.86972069
- $00:10:23.458 \rightarrow 00:10:25.428$  really what the community needs.
- NOTE Confidence: 0.86972069
- $00{:}10{:}25{.}430 \dashrightarrow 00{:}10{:}27{.}866$  And so I thought I would really
- NOTE Confidence: 0.86972069
- 00:10:27.866 --> 00:10:29.730 focus on diabetes, food insecurity,
- NOTE Confidence: 0.86972069
- $00{:}10{:}29{.}730 \dashrightarrow 00{:}10{:}32{.}190$  housing and security in this community.
- NOTE Confidence: 0.86972069
- 00:10:32.190 --> 00:10:34.675 But instead I heard from the community
- NOTE Confidence: 0.86972069
- $00{:}10{:}34.675 \dashrightarrow 00{:}10{:}37.110$  Members what the main problem was,
- NOTE Confidence: 0.86972069
- 00:10:37.110 --> 00:10:38.700 was cervical cancer,
- NOTE Confidence: 0.86972069
- $00{:}10{:}38.700 \dashrightarrow 00{:}10{:}41.350$  women dying from cervical cancer.
- NOTE Confidence: 0.86972069

- $00:10:41.350 \longrightarrow 00:10:41.740$  Now,
- NOTE Confidence: 0.86972069
- $00{:}10{:}41.740 \dashrightarrow 00{:}10{:}44.080$  this was long before the connection
- NOTE Confidence: 0.86972069
- $00:10:44.080 \longrightarrow 00:10:46.060$  with HPV had been made.
- NOTE Confidence: 0.86972069
- $00:10:46.060 \rightarrow 00:10:49.714$  And what they said was we have lots and
- NOTE Confidence: 0.86972069
- $00:10:49.714 \rightarrow 00:10:53.540$  lots of women dying from cervical cancer.
- NOTE Confidence: 0.86972069
- $00{:}10{:}53{.}540 \dashrightarrow 00{:}10{:}54{.}308$  Makes sense.
- NOTE Confidence: 0.86972069
- 00:10:54.308 --> 00:10:54.692 Now,
- NOTE Confidence: 0.86972069
- $00:10:54.692 \rightarrow 00:10:57.380$  this was a migrant farm working population.
- NOTE Confidence: 0.86972069
- 00:10:57.380 --> 00:10:59.300 They were coming to areas of North Carolina,
- NOTE Confidence: 0.86972069
- $00:10:59.300 \rightarrow 00:11:02.260$  going back and transmitting HPB.
- NOTE Confidence: 0.86972069
- $00:11:02.260 \longrightarrow 00:11:04.234$  And thus lots of women were
- NOTE Confidence: 0.86972069
- $00:11:04.234 \rightarrow 00:11:06.540$  dying and there was no screening.
- NOTE Confidence: 0.86972069
- $00{:}11{:}06{.}540 \dashrightarrow 00{:}11{:}08{.}070$  So I came back to the United States and I
- NOTE Confidence: 0.86972069
- 00:11:08.113 --> 00:11:09.893 said, Oh my gosh, what did I get myself into?
- NOTE Confidence: 0.86972069
- 00:11:09.900 --> 00:11:10.248 Right?
- NOTE Confidence: 0.86972069
- 00:11:10.248 --> 00:11:12.336 I know nothing about cervical cancer.

- NOTE Confidence: 0.86972069
- 00:11:12.340 --> 00:11:14.360 I'm an internist, right,

00:11:14.360 --> 00:11:15.370 budding internist.

NOTE Confidence: 0.86972069

00:11:15.370 --> 00:11:18.194 So I came back and asked 2 budding

NOTE Confidence: 0.86972069

00:11:18.194 --> 00:11:21.029 OB gine Med students if they would

NOTE Confidence: 0.86972069

 $00:11:21.029 \rightarrow 00:11:24.244$  help me and we went back and we heard

NOTE Confidence: 0.86972069

 $00:11:24.244 \rightarrow 00:11:26.558$  from the community members and they

NOTE Confidence: 0.86972069

 $00:11:26.558 \rightarrow 00:11:30.529$  said how do you screen for cervical cancer?

NOTE Confidence: 0.86972069

 $00:11:30.530 \rightarrow 00:11:34.765$  Why can we not provide the screening?

NOTE Confidence: 0.86972069

00:11:34.770 --> 00:11:37.770 How ingenious?

NOTE Confidence: 0.86972069

 $00{:}11{:}37{.}770 \dashrightarrow 00{:}11{:}40{.}822$  What differentiates me as a medical student

NOTE Confidence: 0.86972069

 $00:11:40.822 \rightarrow 00:11:43.330$  from community members in the community?

NOTE Confidence: 0.86972069

 $00:11:43.330 \longrightarrow 00:11:43.954$  How can we?

NOTE Confidence: 0.86972069

00:11:43.954 --> 00:11:44.370 You know,

NOTE Confidence: 0.86972069

 $00{:}11{:}44{.}370 \dashrightarrow 00{:}11{:}45{.}426$  the question came up.

NOTE Confidence: 0.86972069

 $00:11:45.426 \rightarrow 00:11:45.690$  Well,

- $00{:}11{:}45.690 \dashrightarrow 00{:}11{:}48.130$  we don't have the infrastructure.
- NOTE Confidence: 0.9452853
- $00:11:48.130 \longrightarrow 00:11:49.840$  We've got sticks.
- NOTE Confidence: 0.9452853
- 00:11:49.840 --> 00:11:52.690 So we made wooden stirrups.
- NOTE Confidence: 0.9452853
- $00:11:52.690 \longrightarrow 00:11:54.970$  We have head lamps.
- NOTE Confidence: 0.9452853
- $00{:}11{:}54{.}970 \dashrightarrow 00{:}11{:}57{.}625$  And just as easily as we were trained in
- NOTE Confidence: 0.9452853
- $00{:}11{:}57.625 \dashrightarrow 00{:}11{:}59.770$  medical school to conduct PAP smears,
- NOTE Confidence: 0.9452853
- $00:11:59.770 \longrightarrow 00:12:02.150$  so can community members in
- NOTE Confidence: 0.9452853
- $00:12:02.150 \rightarrow 00:12:04.530$  their own community be trained.
- NOTE Confidence: 0.9452853
- $00:12:04.530 \longrightarrow 00:12:06.966$  But who's going to pay for it?
- NOTE Confidence: 0.9452853
- $00:12:06.970 \longrightarrow 00:12:08.980$  So the other principle of public
- NOTE Confidence: 0.9452853
- $00{:}12{:}08{.}980 \dashrightarrow 00{:}12{:}11{.}710$  health is the number needed to screen
- NOTE Confidence: 0.9452853
- $00:12:11.710 \longrightarrow 00:12:14.330$  and the number needed to treat.
- NOTE Confidence: 0.9452853
- $00:12:14.330 \rightarrow 00:12:17.093$  And it was a very eye opening experience for
- NOTE Confidence: 0.9452853
- $00{:}12{:}17.093 \dashrightarrow 00{:}12{:}19.888$  me to think about following the dollars.
- NOTE Confidence: 0.9452853
- $00:12:19.890 \longrightarrow 00:12:23.026$  If you're really going to make an
- NOTE Confidence: 0.9452853
- $00:12:23.026 \rightarrow 00:12:24.570$  intervention sustainable, that's great.

- NOTE Confidence: 0.9452853
- 00:12:24.570 --> 00:12:25.850 As a UNC practicum,
- NOTE Confidence: 0.9452853
- 00:12:25.850 --> 00:12:27.565 I've got a small bucket of funding.
- NOTE Confidence: 0.9452853
- $00{:}12{:}27{.}570 \dashrightarrow 00{:}12{:}30{.}788$  I can come here, do some pap smears, go back.
- NOTE Confidence: 0.9452853
- $00:12:30.788 \longrightarrow 00:12:32.433$  What's going to happen when
- NOTE Confidence: 0.9452853
- $00:12:32.433 \longrightarrow 00:12:33.810$  that funding is gone?
- NOTE Confidence: 0.9452853
- $00:12:33.810 \longrightarrow 00:12:34.809$  The program ends.
- NOTE Confidence: 0.941930755
- 00:12:37.850 --> 00:12:39.566 So to create a sustainable model,
- NOTE Confidence: 0.941930755
- $00{:}12{:}39{.}570 \dashrightarrow 00{:}12{:}41{.}280$  you have to engage other
- NOTE Confidence: 0.941930755
- $00:12:41.280 \longrightarrow 00:12:42.648$  people in the community.
- NOTE Confidence: 0.941930755
- $00:12:42.650 \rightarrow 00:12:44.708$  Where were people going when they
- NOTE Confidence: 0.941930755
- $00:12:44.708 \rightarrow 00:12:46.530$  were diagnosed with cervical cancer?
- NOTE Confidence: 0.941930755
- $00:12:46.530 \longrightarrow 00:12:48.046$  Well, they weren't diagnosed.
- NOTE Confidence: 0.941930755
- $00:12:48.046 \rightarrow 00:12:50.320$  They were actually going to the
- NOTE Confidence: 0.941930755
- $00{:}12{:}50{.}386 \dashrightarrow 00{:}12{:}52{.}436$  local Planned Parenthood and dying
- NOTE Confidence: 0.941930755
- $00:12:52.436 \rightarrow 00:12:54.486$  in that facility from symptoms,
- NOTE Confidence: 0.941930755

 $00:12:54.490 \rightarrow 00:12:58.768$  from other disease burden, from bleeding.

NOTE Confidence: 0.941930755

 $00{:}12{:}58{.}770 \dashrightarrow 00{:}13{:}01{.}115$  And all of that cost was being

NOTE Confidence: 0.941930755

 $00:13:01.115 \longrightarrow 00:13:02.890$  borne by this facility.

NOTE Confidence: 0.941930755

 $00:13:02.890 \longrightarrow 00:13:03.460$  Guess what?

NOTE Confidence: 0.941930755

 $00{:}13{:}03.460 \dashrightarrow 00{:}13{:}04.885$  I bet they would pay

NOTE Confidence: 0.92159175

 $00{:}13{:}06{.}970 \dashrightarrow 00{:}13{:}09{.}166$  for the number needed to screen

NOTE Confidence: 0.92159175

 $00{:}13{:}09{.}170 \dashrightarrow 00{:}13{:}10.688$  to do all of the samples.

NOTE Confidence: 0.92159175

 $00:13:10.690 \longrightarrow 00:13:12.370$  Evaluate all the.

NOTE Confidence: 0.92159175

 $00{:}13{:}12{.}370 \dashrightarrow 00{:}13{:}14.610$  Coposcopies and also conduct

NOTE Confidence: 0.92159175

 $00{:}13{:}14.610 \dashrightarrow 00{:}13{:}16.346$  the Coposcopies now,

NOTE Confidence: 0.92159175

 $00{:}13{:}16{.}346 \dashrightarrow 00{:}13{:}18{.}810$  over 20 years later.

NOTE Confidence: 0.92159175

 $00:13:18.810 \longrightarrow 00:13:20.885$  Guess who's teaching UNC students

NOTE Confidence: 0.92159175

 $00:13:20.885 \dashrightarrow 00:13:23.290$  in the summer how to do Pap smears?

NOTE Confidence: 0.925972333333333

 $00{:}13{:}26.090 \dashrightarrow 00{:}13{:}29.408$  Sustainable model not dependent on us,

NOTE Confidence: 0.925972333333333

 $00{:}13{:}29{.}410 \dashrightarrow 00{:}13{:}32{.}530$  and the Community knew the solution.

NOTE Confidence: 0.925972333333333

00:13:32.530 --> 00:13:34.770 Had I gone in with my own idea,

- NOTE Confidence: 0.925972333333333
- 00:13:34.770 --> 00:13:36.289 it would have turned into a very
- NOTE Confidence: 0.925972333333333
- $00{:}13{:}36{.}289 \dashrightarrow 00{:}13{:}37{.}570$  different project that may have
- NOTE Confidence: 0.925972333333333
- $00{:}13{:}37{.}570 \dashrightarrow 00{:}13{:}38{.}446$  been completely meaningless.
- NOTE Confidence: 0.9413716866666667
- $00{:}13{:}41{.}120 \dashrightarrow 00{:}13{:}41{.}988$  I went to Stanford.
- NOTE Confidence: 0.9413716866666667
- 00:13:41.988 --> 00:13:43.073 I'm looking at Pam because,
- NOTE Confidence: 0.9413716866666667
- 00:13:43.080 --> 00:13:44.280 you know, Stanford is a silicon.
- NOTE Confidence: 0.9413716866666667
- 00:13:44.280 --> 00:13:45.792 How many of you all have been to California?
- NOTE Confidence: 0.9413716866666667
- 00:13:45.800 --> 00:13:48.320 Silicon Valley.
- NOTE Confidence: 0.9413716866666667
- $00:13:48.320 \longrightarrow 00:13:50.060$  It's like community based
- NOTE Confidence: 0.9413716866666667
- $00:13:50.060 \rightarrow 00:13:52.235$  participatory research with A twist.
- NOTE Confidence: 0.9413716866666667
- $00:13:52.240 \longrightarrow 00:13:53.216$  Is this design school?
- NOTE Confidence: 0.9413716866666667
- 00:13:53.216 --> 00:13:55.600 So many of you have an iPhone, right?
- NOTE Confidence: 0.9413716866666667
- $00:13:55.600 \rightarrow 00:13:58.253$  What was ingenious about Stanford, right?
- NOTE Confidence: 0.9413716866666667
- $00:13:58.253 \longrightarrow 00:13:59.518$  They are always trying to
- NOTE Confidence: 0.9413716866666667
- $00:13:59.518 \longrightarrow 00:14:00.880$  create ways to make money.
- NOTE Confidence: 0.9413716866666667

00:14:00.880 --> 00:14:02.800 So this huge startup culture,

NOTE Confidence: 0.9413716866666667

 $00{:}14{:}02{.}800 \dashrightarrow 00{:}14{:}05{.}019$  they created the school then that would

NOTE Confidence: 0.9413716866666667

 $00{:}14{:}05{.}019 \dashrightarrow 00{:}14{:}07{.}233$  teach people about how to make companies

NOTE Confidence: 0.9413716866666667

 $00:14:07.233 \rightarrow 00:14:09.039$  that would get more market share.

NOTE Confidence: 0.9413716866666667

 $00{:}14{:}09{.}040 \dashrightarrow 00{:}14{:}10{.}933$  So you involve the consumers, right?

NOTE Confidence: 0.9413716866666667

00:14:10.933 --> 00:14:13.917 If you have a product like an iPhone,

NOTE Confidence: 0.9413716866666667

 $00:14:13.920 \rightarrow 00:14:17.545$  maybe go out and codesign it with the people

NOTE Confidence: 0.9413716866666667

 $00:14:17.545 \rightarrow 00:14:19.915$  that would potentially buy the iPhone,

NOTE Confidence: 0.9413716866666667

 $00:14:19.920 \longrightarrow 00:14:21.588$  such as then you're going to

NOTE Confidence: 0.9413716866666667

 $00:14:21.588 \longrightarrow 00:14:23.349$  design A product that's going to

NOTE Confidence: 0.9413716866666667

 $00:14:23.349 \rightarrow 00:14:25.113$  be more applicable to other people,

NOTE Confidence: 0.9413716866666667

 $00:14:25.120 \rightarrow 00:14:27.600$  like the people that you designed it with.

NOTE Confidence: 0.9413716866666667

00:14:27.600 --> 00:14:28.920 But if you think about what they do,

NOTE Confidence: 0.9413716866666667

 $00:14:28.920 \rightarrow 00:14:31.422$  it's actually the same concept of

NOTE Confidence: 0.9413716866666667

 $00:14:31.422 \rightarrow 00:14:34.390$  listening to consumers and building this

NOTE Confidence: 0.9413716866666667

00:14:34.390 --> 00:14:37.054 out now if you think about supportive

00:14:37.054 --> 00:14:39.200 cancer care and trying to achieve.

NOTE Confidence: 0.9413716866666667

 $00:14:39.200 \rightarrow 00:14:39.520$  Actually,

NOTE Confidence: 0.9413716866666667

 $00:14:39.520 \longrightarrow 00:14:41.120$  not even supportive cancer care,

NOTE Confidence: 0.9413716866666667

 $00:14:41.120 \longrightarrow 00:14:43.520$  but just care in general

NOTE Confidence: 0.9413716866666667

 $00:14:43.520 \rightarrow 00:14:45.440$  and healthcare in general.

NOTE Confidence: 0.9413716866666667

 $00:14:45.440 \longrightarrow 00:14:49.260$  There has to be an alignment of

NOTE Confidence: 0.9413716866666667

 $00:14:49.260 \rightarrow 00:14:52.856$  goals and also financial payment

NOTE Confidence: 0.9413716866666667

 $00:14:52.856 \rightarrow 00:14:56.720$  models across each of these groups.

NOTE Confidence: 0.9413716866666667

 $00{:}14{:}56{.}720 \dashrightarrow 00{:}14{:}58{.}904$  But where we're lacking in Health care is

NOTE Confidence: 0.9413716866666667

 $00:14:58.904 \rightarrow 00:15:00.839$  that there's always this misalignment.

NOTE Confidence: 0.9413716866666667

 $00{:}15{:}00{.}840 \dashrightarrow 00{:}15{:}03{.}336$  And so I'm going to walk you through

NOTE Confidence: 0.9413716866666667

 $00{:}15{:}03{.}336 \dashrightarrow 00{:}15{:}05{.}846$  one example where we focused in on that.

NOTE Confidence: 0.9413716866666667

00:15:05.850 --> 00:15:07.690 Uptick of EU shaped curve,

NOTE Confidence: 0.9413716866666667

00:15:07.690 --> 00:15:10.364 the right side of EU shaped curve

NOTE Confidence: 0.9413716866666667

 $00{:}15{:}10{.}370 \dashrightarrow 00{:}15{:}13{.}546$  because at the end of life many patients

 $00:15:13.546 \rightarrow 00:15:16.088$  are experiencing unwanted acute care use,

NOTE Confidence: 0.9413716866666667

00:15:16.090 --> 00:15:17.650 unwanted healthcare expenditures

NOTE Confidence: 0.9413716866666667

 $00:15:17.650 \longrightarrow 00:15:20.250$  at a very high cost.

NOTE Confidence: 0.9413716866666667

 $00:15:20.250 \longrightarrow 00:15:22.610$  So that's low yield if we want to

NOTE Confidence: 0.9413716866666667

 $00:15:22.610 \longrightarrow 00:15:24.970$  try to achieve the triple aim.

NOTE Confidence: 0.9413716866666667

 $00{:}15{:}24.970 \dashrightarrow 00{:}15{:}28.061$  So we started off with this combined

NOTE Confidence: 0.9413716866666667

 $00:15:28.061 \rightarrow 00:15:30.767$  Amalga rhythm of the design school

NOTE Confidence: 0.9413716866666667

 $00:15:30.767 \rightarrow 00:15:33.569$  and the community based participatory

NOTE Confidence: 0.9413716866666667

 $00{:}15{:}33{.}569 \dashrightarrow 00{:}15{:}34{.}937$  research methods.

NOTE Confidence: 0.9413716866666667

 $00:15:34.940 \dashrightarrow 00:15:36.896$  So we asked patients and caregivers,

NOTE Confidence: 0.9413716866666667

 $00:15:36.900 \rightarrow 00:15:39.175$  which is clearly what you would do

NOTE Confidence: 0.9413716866666667

 $00:15:39.175 \rightarrow 00:15:40.767$  with community members and CBPR,

NOTE Confidence: 0.9413716866666667

 $00{:}15{:}40.767 \dashrightarrow 00{:}15{:}43.089$  what were the barriers and the

NOTE Confidence: 0.9413716866666667

 $00{:}15{:}43.089 \dashrightarrow 00{:}15{:}45.040$  challenges and what would some

NOTE Confidence: 0.9413716866666667

 $00:15:45.040 \longrightarrow 00:15:47.194$  solutions look like if you were

NOTE Confidence: 0.9413716866666667

 $00:15:47.194 \rightarrow 00:15:49.575$  to create a system focused on end

- NOTE Confidence: 0.9413716866666667
- 00:15:49.575 --> 00:15:51.626 of life cancer care delivery that
- NOTE Confidence: 0.9413716866666667
- $00:15:51.626 \longrightarrow 00:15:53.256$  looked very different than the
- NOTE Confidence: 0.9413716866666667
- $00:15:53.256 \longrightarrow 00:15:54.780$  one that you're currently in.
- NOTE Confidence: 0.9413716866666667
- $00{:}15{:}54{.}780 \dashrightarrow 00{:}15{:}58{.}175$  We also did the same with clinicians
- NOTE Confidence: 0.9413716866666667
- $00{:}15{:}58{.}180 \dashrightarrow 00{:}16{:}00{.}007$  and then we included a critical piece
- NOTE Confidence: 0.9413716866666667
- $00:16:00.007 \rightarrow 00:16:01.977$  that we learned from the design school,
- NOTE Confidence: 0.9413716866666667
- $00:16:01.980 \longrightarrow 00:16:05.316$  which was this idea of payers.
- NOTE Confidence: 0.9413716866666667
- $00:16:05.320 \longrightarrow 00:16:06.840$  As well as policymakers.
- NOTE Confidence: 0.938815971428572
- 00:16:09.640 --> 00:16:12.237 And surprising to me is a wideeyed,
- NOTE Confidence: 0.938815971428572
- $00:16:12.240 \longrightarrow 00:16:13.392$  bushytailed fellow who was
- NOTE Confidence: 0.938815971428572
- $00:16:13.392 \longrightarrow 00:16:15.120$  kind of in my little realm,
- NOTE Confidence: 0.938815971428572
- $00{:}16{:}15{.}120 \dashrightarrow 00{:}16{:}17{.}380$  really not thinking about
- NOTE Confidence: 0.938815971428572
- 00:16:17.380 --> 00:16:19.075 the financial misalignment.
- NOTE Confidence: 0.938815971428572
- 00:16:19.080 --> 00:16:21.175 What I heard from clinicians
- NOTE Confidence: 0.938815971428572
- $00{:}16{:}21.175 \dashrightarrow 00{:}16{:}23.270$  and from healthcare systems was
- NOTE Confidence: 0.938815971428572

 $00:16:23.343 \longrightarrow 00:16:25.436$  this is the right thing to do,

NOTE Confidence: 0.938815971428572

 $00{:}16{:}25{.}440 \dashrightarrow 00{:}16{:}27{.}708$  but if we were to reduce emergency

NOTE Confidence: 0.938815971428572

00:16:27.708 --> 00:16:29.134 department visits and hospitalizations

NOTE Confidence: 0.938815971428572

 $00:16:29.134 \rightarrow 00:16:31.074$  like what Hospice and palliative

NOTE Confidence: 0.938815971428572

 $00:16:31.074 \longrightarrow 00:16:33.270$  care are meant to help with?

NOTE Confidence: 0.938815971428572

00:16:33.270 --> 00:16:34.350 Local concordant care,

NOTE Confidence: 0.938815971428572

 $00:16:34.350 \longrightarrow 00:16:37.221$  usually patients will choose not to be in

NOTE Confidence: 0.938815971428572

 $00:16:37.221 \rightarrow 00:16:40.029$  a hospital setting at the end of life.

NOTE Confidence: 0.938815971428572

 $00:16:40.030 \longrightarrow 00:16:41.070$  There goes our bottom line.

NOTE Confidence: 0.935221825

 $00{:}16{:}43{.}430 \dashrightarrow 00{:}16{:}48{.}790$  And I was shocked, but it made sense.

NOTE Confidence: 0.935221825

 $00{:}16{:}48.790 \dashrightarrow 00{:}16{:}51.523$  And so we heard from communities that they

NOTE Confidence: 0.935221825

 $00:16:51.523 \rightarrow 00:16:54.250$  wanted to be a part of the the, the product.

NOTE Confidence: 0.935221825

 $00{:}16{:}54.250 \dashrightarrow 00{:}16{:}55.870$  They want to code sign the product.

NOTE Confidence: 0.935221825

 $00:16:55.870 \longrightarrow 00:16:58.054$  They are often not involved in

NOTE Confidence: 0.935221825

 $00:16:58.054 \rightarrow 00:17:00.269$  palliative care efforts and we heard

NOTE Confidence: 0.935221825

 $00:17:00.269 \longrightarrow 00:17:02.507$  from patients that it was easier.

 $00:17:02.510 \longrightarrow 00:17:05.170$  To talk to people in the waiting

NOTE Confidence: 0.935221825

 $00:17:05.170 \rightarrow 00:17:07.150$  room about their prognosis and their

NOTE Confidence: 0.935221825

 $00:17:07.150 \rightarrow 00:17:09.670$  questions about end of life, cancer care,

NOTE Confidence: 0.95232968

 $00:17:11.750 \longrightarrow 00:17:13.230$  what questions they should ask.

NOTE Confidence: 0.95232968

 $00:17:13.230 \longrightarrow 00:17:15.302$  They were getting activated in the waiting NOTE Confidence: 0.95232968

 $00{:}17{:}15{.}302 \dashrightarrow 00{:}17{:}17{.}668$  room by other people in the waiting room,

NOTE Confidence: 0.95232968

 $00{:}17{:}17{.}670 \dashrightarrow 00{:}17{:}21{.}234$  peers, and they felt less comfortable talking

NOTE Confidence: 0.95232968

 $00{:}17{:}21{.}234 \dashrightarrow 00{:}17{:}24{.}910$  about these issues with their clinicians.

NOTE Confidence: 0.95232968

 $00:17:24.910 \longrightarrow 00:17:27.350$  And then the clinicians of course said lack NOTE Confidence: 0.95232968

 $00{:}17{:}27.350$  -->  $00{:}17{:}30.091$  of time and also some considerations that NOTE Confidence: 0.95232968

 $00:17:30.091 \rightarrow 00:17:32.580$  palliative care and Hospice weren't quite.

NOTE Confidence: 0.95232968

00:17:32.580 --> 00:17:34.303 Read they weren't quite ready, right?

NOTE Confidence: 0.95232968

00:17:34.303 --> 00:17:36.481 Patients may not quite be ready

NOTE Confidence: 0.95232968

 $00{:}17{:}36{.}481 \dashrightarrow 00{:}17{:}38{.}739$  for some of these services.

NOTE Confidence: 0.95232968

 $00:17:38.740 \longrightarrow 00:17:40.420$  And so we have the same players,

- $00:17:40.420 \longrightarrow 00:17:41.924$  same stakeholders.
- NOTE Confidence: 0.95232968
- $00:17:41.924 \rightarrow 00:17:45.590$  Create a model where we long
- NOTE Confidence: 0.95232968
- $00:17:45.590 \rightarrow 00:17:48.420$  before the A/C A in 2012.
- NOTE Confidence: 0.95232968
- $00:17:48.420 \longrightarrow 00:17:51.780$  We had them design an ideal approach
- NOTE Confidence: 0.95232968
- $00{:}17{:}51{.}780 \dashrightarrow 00{:}17{:}54{.}118$  that would align their goals and also
- NOTE Confidence: 0.95232968
- $00{:}17{:}54{.}118 \dashrightarrow 00{:}17{:}56{.}419$  would be aligned by financial values.
- NOTE Confidence: 0.95232968
- $00{:}17{:}56{.}420 \dashrightarrow 00{:}17{:}58{.}574$  And what they landed on was
- NOTE Confidence: 0.95232968
- $00{:}17{:}58{.}574 \dashrightarrow 00{:}18{:}00{.}540$  training a community health worker.
- NOTE Confidence: 0.95232968
- $00{:}18{:}00{.}540 \dashrightarrow 00{:}18{:}04{.}036$  For a peer support navigator to help
- NOTE Confidence: 0.95232968
- $00{:}18{:}04.036 \dashrightarrow 00{:}18{:}05.976$  them understand concepts of values,
- NOTE Confidence: 0.95232968
- 00:18:05.980 --> 00:18:09.165 goals, preferences outside of our 15 to
- NOTE Confidence: 0.95232968
- 00:18:09.165 --> 00:18:13.860 30 minute visit in the oncology clinic,
- NOTE Confidence: 0.95232968
- $00{:}18{:}13{.}860 \dashrightarrow 00{:}18{:}15{.}940$  they also had wanted someone to call them.
- NOTE Confidence: 0.95232968
- 00:18:15.940 --> 00:18:18.379 And again this was long before E pros right?
- NOTE Confidence: 0.95232968
- $00:18:18.380 \longrightarrow 00:18:20.487$ E pros have not been up and
- NOTE Confidence: 0.95232968
- $00:18:20.487 \rightarrow 00:18:22.093$  running at this point 2009,

- NOTE Confidence: 0.95232968
- $00:18:22.093 \rightarrow 00:18:24.004 2010$  by the time we published this
- NOTE Confidence: 0.95232968
- 00:18:24.004 --> 00:18:25.777 right it was many years later,
- NOTE Confidence: 0.95232968
- $00:18:25.780 \longrightarrow 00:18:27.750$  but they wanted people to
- NOTE Confidence: 0.95232968
- $00:18:27.750 \longrightarrow 00:18:30.004$  call them and ask them.
- NOTE Confidence: 0.95232968
- $00{:}18{:}30{.}004 \dashrightarrow 00{:}18{:}32{.}444$  About their symptoms rather than
- NOTE Confidence: 0.95232968
- $00:18:32.444 \rightarrow 00:18:34.765$  reactively calling us when their
- NOTE Confidence: 0.95232968
- $00:18:34.765 \rightarrow 00:18:36.875$  symptoms were too far advanced.
- NOTE Confidence: 0.95232968
- $00{:}18{:}36{.}880 \dashrightarrow 00{:}18{:}38{.}164$  And then again,
- NOTE Confidence: 0.95232968
- 00:18:38.164 --> 00:18:39.876 before the COVID pandemic,
- NOTE Confidence: 0.95232968
- $00:18:39.880 \longrightarrow 00:18:42.778$  we heard that and had talked with
- NOTE Confidence: 0.95232968
- $00{:}18{:}42.778 \dashrightarrow 00{:}18{:}45.752$  individuals in Australia and the UK who
- NOTE Confidence: 0.95232968
- $00{:}18{:}45{.}752 \dashrightarrow 00{:}18{:}48{.}236$  were receiving chemotherapy on mobile vans.
- NOTE Confidence: 0.95232968
- 00:18:48.240 --> 00:18:50.288 Yet what we're doing in the United States
- NOTE Confidence: 0.95232968
- $00{:}18{:}50{.}288 \dashrightarrow 00{:}18{:}52{.}263$  is we're centralizing care and actually
- NOTE Confidence: 0.95232968
- $00{:}18{:}52{.}263 \dashrightarrow 00{:}18{:}54{.}028$  removing sites that may potentially
- NOTE Confidence: 0.95232968

 $00:18:54.028 \rightarrow 00:18:55.919$  be more convenient for patients.

NOTE Confidence: 0.95232968

 $00:18:55.920 \rightarrow 00:18:59.166$  You could leverage telemedicine and deliver.

NOTE Confidence: 0.95232968

00:18:59.170 - 00:19:03.010 Low risk chemotherapeutics in

NOTE Confidence: 0.95232968

 $00:19:03.010 \rightarrow 00:19:04.970$  essentially rooms that are half the size,

NOTE Confidence: 0.95232968

 $00:19:04.970 \longrightarrow 00:19:06.258$  quarter of the size,

NOTE Confidence: 0.95232968

 $00{:}19{:}06{.}258 \dashrightarrow 00{:}19{:}08{.}552$  which is what was also being done

NOTE Confidence: 0.95232968

 $00{:}19{:}08.552 \dashrightarrow 00{:}19{:}10.990$  in parts of Nebraska in the VA with

NOTE Confidence: 0.95232968

 $00:19:10.990 \rightarrow 00:19:13.090$  a telemedicine on cologist that was

NOTE Confidence: 0.95232968

00:19:13.090 --> 00:19:15.930 leveraged in to ensure no complications

NOTE Confidence: 0.95232968

 $00{:}19{:}15{.}930 \dashrightarrow 00{:}19{:}18{.}246$  and now that makes less disruptive.

NOTE Confidence: 0.95232968

 $00{:}19{:}18{.}250 \dashrightarrow 00{:}19{:}20{.}970$  But at the time this was really a no go. NOTE Confidence: 0.95232968

00:19:20.970 - 00:19:23.034 Many people thought that the third

NOTE Confidence: 0.95232968

 $00:19:23.034 \rightarrow 00:19:25.175$  model was really not very idealist,

NOTE Confidence: 0.95232968

 $00{:}19{:}25{.}175 \dashrightarrow 00{:}19{:}28{.}290$  it was a little bit too idealistic.

NOTE Confidence: 0.95232968

 $00:19:28.290 \longrightarrow 00:19:29.886$  And so we decided to test this.

NOTE Confidence: 0.95232968

 $00{:}19{:}29{.}890 \dashrightarrow 00{:}19{:}31{.}474$  What we heard from clinicians was

- NOTE Confidence: 0.95232968
- $00:19:31.474 \rightarrow 00:19:33.581$  we need to see a randomized control
- NOTE Confidence: 0.95232968
- $00:19:33.581 \rightarrow 00:19:35.561$  trial before we're willing to engage
- NOTE Confidence: 0.95232968
- 00:19:35.561 00:19:36.889 in any of this work.
- NOTE Confidence: 0.95232968
- $00:19:36.890 \longrightarrow 00:19:38.624$  And so this was essentially our
- NOTE Confidence: 0.95232968
- $00{:}19{:}38.624 \dashrightarrow 00{:}19{:}40.565$  framework was if you were to remove
- NOTE Confidence: 0.95232968
- 00:19:40.565 00:19:43.246 many of the barriers in the yellow,
- NOTE Confidence: 0.95232968
- $00:19:43.246 \longrightarrow 00:19:45.691$  potentially you could get to
- NOTE Confidence: 0.95232968
- 00:19:45.691 00:19:46.970 improving patients,
- NOTE Confidence: 0.95232968
- 00:19:46.970 --> 00:19:49.890 understanding about advanced care planning.
- NOTE Confidence: 0.95232968
- $00:19:49.890 \longrightarrow 00:19:52.452$  You could also improve symptom management
- NOTE Confidence: 0.95232968
- $00:19:52.452 \rightarrow 00:19:54.969$  by proactively reaching out to patients.
- NOTE Confidence: 0.95232968
- 00:19:54.970 --> 00:19:56.390 And then hopefully ultimately
- NOTE Confidence: 0.95232968
- $00:19:56.390 \longrightarrow 00:19:57.810$  improve goal concordant care,
- NOTE Confidence: 0.95232968
- $00{:}19{:}57{.}810 \dashrightarrow 00{:}19{:}59{.}565$  which many of you know is hard to measure.
- NOTE Confidence: 0.95232968
- $00{:}19{:}59{.}570 \dashrightarrow 00{:}20{:}00{.}770$  Many in the palliative care space,
- NOTE Confidence: 0.95232968

 $00{:}20{:}00{.}770 \dashrightarrow 00{:}20{:}03{.}092$  there's a lot of debate about

NOTE Confidence: 0.95232968

 $00{:}20{:}03.092 \dashrightarrow 00{:}20{:}04.998$  measurements of goal concordant care

NOTE Confidence: 0.95232968

 $00{:}20{:}04{.}998 \dashrightarrow 00{:}20{:}07{.}286$  and how one would do that given the NOTE Confidence: 0.95232968

 $00:20:07.286 \rightarrow 00:20:09.543$  fact that goals change so often and

NOTE Confidence: 0.95232968

 $00:20:09.543 \rightarrow 00:20:11.061$  you certainly can't measure it once

NOTE Confidence: 0.95232968

 $00:20:11.061 \rightarrow 00:20:12.369$  patients have already passed away.

NOTE Confidence: 0.95232968

 $00:20:12.370 \rightarrow 00:20:15.448$  And the surrogates may be able to help you,

NOTE Confidence: 0.95232968

 $00:20:15.450 \longrightarrow 00:20:17.364$  but it's really unclear so that

NOTE Confidence: 0.95232968

 $00:20:17.364 \longrightarrow 00:20:18.640$  this idea of being

NOTE Confidence: 0.933460841153846

 $00{:}20{:}18.711 \dashrightarrow 00{:}20{:}20.851$  able to achieve goal concordant

NOTE Confidence: 0.933460841153846

 $00:20:20.851 \rightarrow 00:20:22.991$  care is really addressing something

NOTE Confidence: 0.933460841153846

 $00:20:23.060 \longrightarrow 00:20:24.848$  that may be hard to measure.

NOTE Confidence: 0.933460841153846

 $00{:}20{:}24.850 \dashrightarrow 00{:}20{:}26.970$  And so we tried again as a fellow,

NOTE Confidence: 0.933460841153846

 $00{:}20{:}26{.}970 \dashrightarrow 00{:}20{:}29{.}126$  I thought, let's test all three together.

NOTE Confidence: 0.933460841153846

00:20:29.130 --> 00:20:30.010 But I already told you,

NOTE Confidence: 0.933460841153846

 $00:20:30.010 \rightarrow 00:20:32.287$  most people said no way to the last one.

- NOTE Confidence: 0.933460841153846
- $00:20:32.290 \longrightarrow 00:20:33.170$  Like telemedicine.
- NOTE Confidence: 0.933460841153846
- $00:20:33.170 \longrightarrow 00:20:35.370$  What, on a mobile van?
- NOTE Confidence: 0.933460841153846
- 00:20:35.370 --> 00:20:36.537 No way. Right?
- NOTE Confidence: 0.933460841153846
- $00:20:36.537 \rightarrow 00:20:38.871$  We're not giving chemotherapy in places
- NOTE Confidence: 0.933460841153846
- $00{:}20{:}38{.}871 \dashrightarrow 00{:}20{:}41{.}366$  that are not in our infusion center.
- NOTE Confidence: 0.933460841153846
- 00:20:41.370 --> 00:20:41.900 But shockingly,
- NOTE Confidence: 0.933460841153846
- $00{:}20{:}41{.}900 \dashrightarrow 00{:}20{:}44{.}020$  I also heard from places that we are
- NOTE Confidence: 0.933460841153846
- 00:20:44.072 -> 00:20:46.008 not going to have a lay health worker,
- NOTE Confidence: 0.933460841153846
- $00:20:46.010 \rightarrow 00:20:48.222$  community health worker talk to our patient
- NOTE Confidence: 0.933460841153846
- $00:20:48.222 \rightarrow 00:20:50.809$  about what a surrogate decision maker is.
- NOTE Confidence: 0.933460841153846
- $00:20:50.810 \longrightarrow 00:20:53.090$  We don't want anyone to talk to our
- NOTE Confidence: 0.933460841153846
- $00{:}20{:}53.090 \dashrightarrow 00{:}20{:}55.059$  patient about advanced care planning.
- NOTE Confidence: 0.933460841153846
- $00{:}20{:}55{.}060 \dashrightarrow 00{:}20{:}57{.}460$  You're going to remove hope.
- NOTE Confidence: 0.933460841153846
- $00{:}20{:}57{.}460 \dashrightarrow 00{:}20{:}59{.}720$  And so we also got a lot of pushback on
- NOTE Confidence: 0.933460841153846
- $00:20:59.785 \rightarrow 00:21:02.467$  even testing the Community health worker
- NOTE Confidence: 0.933460841153846

 $00:21:02.467 \longrightarrow 00:21:04.255$  advanced care planning intervention.

NOTE Confidence: 0.933460841153846

00:21:04.260 --> 00:21:05.380 So I thought, well,

NOTE Confidence: 0.933460841153846

 $00:21:05.380 \longrightarrow 00:21:06.780$  let's split up the model.

NOTE Confidence: 0.933460841153846

 $00:21:06.780 \longrightarrow 00:21:08.614$  We'll test each one individually and we'll

NOTE Confidence: 0.933460841153846

 $00:21:08.614 \longrightarrow 00:21:10.978$  go to a place that's more integrated.

NOTE Confidence: 0.933460841153846

00:21:10.980 --> 00:21:13.934 So the VAI was a clinic clinical

NOTE Confidence: 0.933460841153846

 $00:21:13.934 \rightarrow 00:21:16.428$  fellow there and really never thought

NOTE Confidence: 0.933460841153846

 $00:21:16.428 \rightarrow 00:21:18.900$  about having a fulltime VA job.

NOTE Confidence: 0.933460841153846

 $00{:}21{:}18{.}900 \dashrightarrow 00{:}21{:}20{.}184$  But what I was really shocked

NOTE Confidence: 0.933460841153846

 $00:21:20.184 \longrightarrow 00:21:21.672$  by is many of the innovations

NOTE Confidence: 0.933460841153846

 $00{:}21{:}21{.}672 \dashrightarrow 00{:}21{:}23{.}246$  happen in the VA telemedicine.

NOTE Confidence: 0.933460841153846

 $00:21:23.246 \rightarrow 00:21:26.330$  We've been using it for decades in the VA.

NOTE Confidence: 0.933460841153846

 $00{:}21{:}26{.}330 \dashrightarrow 00{:}21{:}29{.}438$  Many of our packed models of utilizing

NOTE Confidence: 0.933460841153846

 $00:21:29.438 \longrightarrow 00:21:31.705$  peer support were developed at

NOTE Confidence: 0.933460841153846

00:21:31.705 --> 00:21:34.098 the VA and you can get innovations

NOTE Confidence: 0.933460841153846

 $00:21:34.098 \rightarrow 00:21:36.250$  if you pair with operations,

00:21:36.250 --> 00:21:38.770 you can really jumpstart these

NOTE Confidence: 0.933460841153846

 $00:21:38.770 \longrightarrow 00:21:40.470$  out-of-the-box clinical ideas and

NOTE Confidence: 0.933460841153846

 $00:21:40.470 \rightarrow 00:21:43.250$  get them into practice very quickly.

NOTE Confidence: 0.933460841153846

 $00:21:43.250 \longrightarrow 00:21:46.490$  And there's also this alignment of

NOTE Confidence: 0.933460841153846

 $00:21:46.490 \longrightarrow 00:21:49.407$  finances because they serve as a pair.

NOTE Confidence: 0.933460841153846

 $00:21:49.410 \longrightarrow 00:21:52.645$  So there was a desire by the VA.

NOTE Confidence: 0.933460841153846

 $00:21:52.645 \rightarrow 00:21:55.015$  To improve not only veteran experiences,

NOTE Confidence: 0.933460841153846

 $00:21:55.020 \rightarrow 00:21:57.020$  to improve their health outcomes,

NOTE Confidence: 0.933460841153846

 $00:21:57.020 \longrightarrow 00:21:59.260$  but also to lower costs.

NOTE Confidence: 0.933460841153846

 $00:21:59.260 \longrightarrow 00:22:00.652$  So there was a clear alignment

NOTE Confidence: 0.933460841153846

 $00:22:00.652 \rightarrow 00:22:02.603$  and they said yes, let's do it.

NOTE Confidence: 0.933460841153846

 $00:22:02.603 \rightarrow 00:22:05.444$  So we trained this lay health worker to

NOTE Confidence: 0.933460841153846

 $00:22:05.444 \rightarrow 00:22:08.076$  conduct a series of segments either by

NOTE Confidence: 0.933460841153846

 $00{:}22{:}08.076 \dashrightarrow 00{:}22{:}10.578$  telephone or in person with patients.

NOTE Confidence: 0.933460841153846

 $00:22:10.580 \rightarrow 00:22:12.960$  And so the first segment was really

 $00:22:12.960 \rightarrow 00:22:15.219$  just discussing and developing rapport.

NOTE Confidence: 0.933460841153846

 $00:22:15.220 \rightarrow 00:22:17.084$  The next few segments over time it was

NOTE Confidence: 0.933460841153846

 $00{:}22{:}17.084 \dashrightarrow 00{:}22{:}19.417$  a six month intervention would be about.

NOTE Confidence: 0.933460841153846

 $00:22:19.420 \rightarrow 00:22:21.305$  Tailored messaging about goals and

NOTE Confidence: 0.933460841153846

 $00:22:21.305 \rightarrow 00:22:23.555$  values and preferences and giving people

NOTE Confidence: 0.933460841153846

 $00{:}22{:}23.555 \dashrightarrow 00{:}22{:}26.019$  the time they need to make these decisions.

NOTE Confidence: 0.933460841153846

 $00:22:26.020 \rightarrow 00:22:28.180$  So that means starting way upfront

NOTE Confidence: 0.933460841153846

 $00:22:28.180 \rightarrow 00:22:30.201$  from when people were actually

NOTE Confidence: 0.933460841153846

 $00:22:30.201 \rightarrow 00:22:32.704$  having conversations about this at

NOTE Confidence: 0.933460841153846

 $00:22:32.704 \rightarrow 00:22:35.368$  a point which made some oncologists

NOTE Confidence: 0.933460841153846

 $00:22:35.368 \rightarrow 00:22:36.256$  very uncomfortable.

NOTE Confidence: 0.933460841153846

 $00:22:36.260 \longrightarrow 00:22:38.108$  So we would start at diagnosis

NOTE Confidence: 0.933460841153846

00:22:38.108 --> 00:22:39.340 if not before diagnosis,

NOTE Confidence: 0.933460841153846

 $00:22:39.340 \longrightarrow 00:22:42.100$  before the 1st oncologist visit.

NOTE Confidence: 0.933460841153846

 $00:22:42.100 \rightarrow 00:22:45.656$  Discussing this is part of usual care

NOTE Confidence: 0.933460841153846

 $00:22:45.660 \rightarrow 00:22:48.186$  and the last was helping patients.

 $00:22:48.190 \rightarrow 00:22:49.710$  With advanced directive completion.

NOTE Confidence: 0.933460841153846

00:22:49.710 --> 00:22:51.230 Completion of documents like

NOTE Confidence: 0.933460841153846

 $00:22:51.230 \longrightarrow 00:22:52.790$  the Stanford letter project,

NOTE Confidence: 0.933460841153846

 $00:22:52.790 \rightarrow 00:22:54.869$  which wasn't in existence at the time,

NOTE Confidence: 0.933460841153846

00:22:54.870 --> 00:22:57.290 developed by BJ Perry Acoyle

NOTE Confidence: 0.933460841153846

00:22:57.290 --> 00:22:59.710 using sudor Rebecca Sudor's work,

NOTE Confidence: 0.933460841153846

 $00:22:59.710 \rightarrow 00:23:02.086$  but really ending up really completing

NOTE Confidence: 0.933460841153846

 $00:23:02.086 \rightarrow 00:23:04.162$  those documents but also getting

NOTE Confidence: 0.933460841153846

 $00{:}23{:}04{.}162 \dashrightarrow 00{:}23{:}06{.}307$  the tailored support they needed.

NOTE Confidence: 0.933460841153846

 $00{:}23{:}06{.}310 \dashrightarrow 00{:}23{:}07{.}450$  And it's easier.

NOTE Confidence: 0.933460841153846

 $00:23:07.450 \longrightarrow 00:23:10.862$  If you just hear this, let me see.

NOTE Confidence: 0.933460841153846

00:23:10.862 --> 00:23:13.990 Not sure how the video will work?

NOTE Confidence: 0.933460841153846

00:23:13.990 --> 00:23:14.830 Let me see if I can.

NOTE Confidence: 0.7898309

 $00:23:23.820 \longrightarrow 00:23:24.380$  Let's see,

NOTE Confidence: 0.9402536

 $00{:}23{:}42{.}300 \dashrightarrow 00{:}23{:}42{.}580$  let's see.

 $00:23:49.720 \longrightarrow 00:23:51.200$  Is there anyone that can help? Do you

NOTE Confidence: 0.8463328

 $00:23:53.720 \longrightarrow 00:23:55.397$  think anyone can help me with the video?

NOTE Confidence: 0.936899133333333

 $00:24:07.760 \longrightarrow 00:24:08.318$  What was that?

NOTE Confidence: 0.93773775

 $00{:}24{:}11{.}360 \dashrightarrow 00{:}24{:}12{.}320$  This one? The right

NOTE Confidence: 0.9352219

 $00:24:16.760 \longrightarrow 00:24:17.160$  one? More.

NOTE Confidence: 0.9402536

 $00{:}24{:}19{.}840 \dashrightarrow 00{:}24{:}20{.}360$  Let's see.

NOTE Confidence: 0.9436080666666667

00:24:23.240 --> 00:24:23.918 Is your primary

NOTE Confidence: 0.80452836

 $00:24:24.040 \longrightarrow 00:24:25.240$  goal to fight parts to

NOTE Confidence: 0.936899133333333

 $00:24:25.280 \longrightarrow 00:24:26.276$  make sure it's out of yours?

NOTE Confidence: 0.87069165

00:24:28.200 --> 00:24:28.560 Really, it's

NOTE Confidence: 0.893694453333333

 $00:24:29.760 \longrightarrow 00:24:31.015$  your primary goal to fight

NOTE Confidence: 0.893694453333333

 $00:24:31.015 \longrightarrow 00:24:32.680$  parts to make sure it's out of.

NOTE Confidence: 0.9100634

 $00{:}24{:}34{.}760 \dashrightarrow 00{:}24{:}34{.}800$  I

NOTE Confidence: 0.95590777777778

 $00{:}24{:}36{.}880 \dashrightarrow 00{:}24{:}38{.}770$  don't want to die. Bloomberg meets

NOTE Confidence: 0.95590777777778

 $00{:}24{:}38{.}770 \dashrightarrow 00{:}24{:}39{.}880$  regularly with healthier checks.

NOTE Confidence: 0.950317

00:24:42.960 --> 00:24:47.160 I'm sharing. I'm sharing the sharing,

- NOTE Confidence: 0.9251585
- $00:24:50.720 \rightarrow 00:24:53.960$  if not shared one. That's that's sharing and

 $00:24:57.240 \longrightarrow 00:24:58.080$  there on the last one.

NOTE Confidence: 0.833872433333333

 $00:25:00.770 \longrightarrow 00:25:03.090$  Just click that. OK.

NOTE Confidence: 0.89560035

 $00:25:08.370 \longrightarrow 00:25:11.430$  Thank you. You gotta get

NOTE Confidence: 0.89560035

 $00:25:11.430 \longrightarrow 00:25:12.689$  it again. It came on.

NOTE Confidence: 0.94427896

 $00:25:15.970 \longrightarrow 00:25:18.050$  No, that's fine. That's fine.

NOTE Confidence: 0.94427896

 $00:25:18.050 \dashrightarrow 00:25:22.610$  Just go to share screen. Sure sense.

NOTE Confidence: 0.94427896

 $00{:}25{:}22.610 \dashrightarrow 00{:}25{:}23.968$  Now you can select the then you

NOTE Confidence: 0.936899133333333

 $00:25:26.570 \longrightarrow 00:25:27.209$  go share. Yeah.

NOTE Confidence: 0.94276939

00:25:37.250 --> 00:25:38.330 Is your primary goal

NOTE Confidence: 0.936594124545455

 $00:25:38.330 \longrightarrow 00:25:39.203$  to fight this?

NOTE Confidence: 0.936594124545455

00:25:39.203 --> 00:25:41.770 To make sure it's out of your system?

NOTE Confidence: 0.936594124545455

00:25:41.770 --> 00:25:42.330 I don't want to die.

NOTE Confidence: 0.936594124545455

 $00{:}25{:}42{.}330 \dashrightarrow 00{:}25{:}44{.}528$  I got lots of things to do.

NOTE Confidence: 0.936594124545455

 $00{:}25{:}44{.}530 \dashrightarrow 00{:}25{:}47{.}010$  Blumberg meets regularly with health care.

00:25:47.010 --> 00:25:49.050 Coach Laviba share a

NOTE Confidence: 0.936594124545455

00:25:49.050 --> 00:25:51.090 compassionate ear shares role,

NOTE Confidence: 0.936594124545455

 $00:25:51.090 \longrightarrow 00:25:53.166$  is to provide the big picture

NOTE Confidence: 0.936594124545455

 $00:25:53.170 \longrightarrow 00:25:54.630$  to help patients think

NOTE Confidence: 0.936594124545455

 $00{:}25{:}54{.}630 \dashrightarrow 00{:}25{:}56{.}090$  about how cancer treatment.

NOTE Confidence: 0.936594124545455

 $00{:}25{:}56{.}090 \dashrightarrow 00{:}25{:}57{.}682$  Will fit in with the way they want

NOTE Confidence: 0.936594124545455

 $00{:}25{:}57.682 \dashrightarrow 00{:}25{:}59.250$  to spend the rest of their lives.

NOTE Confidence: 0.93306538

00:26:00.730 --> 00:26:02.070 Can I learn a little bit more about

NOTE Confidence: 0.93306538

00:26:02.070 - 00:26:03.690 what it is that you want to do? Well,

NOTE Confidence: 0.882274801666667

 $00{:}26{:}05{.}170 \dashrightarrow 00{:}26{:}07{.}846$  I wanna do some more traveling.

NOTE Confidence: 0.882274801666667

 $00{:}26{:}07.850 \dashrightarrow 00{:}26{:}09.650$  I wanna spend time with my kids getting a

NOTE Confidence: 0.975475425

 $00{:}26{:}12.850 \dashrightarrow 00{:}26{:}16.109$  little emotional. What are they

NOTE Confidence: 0.975475425

 $00:26:16.109 \rightarrow 00:26:18.574$  getting from you that they don't

NOTE Confidence: 0.975475425

00:26:18.574 --> 00:26:20.850 get from anyone else? Well, they

NOTE Confidence: 0.7735575766666667

 $00{:}26{:}20.850 \dashrightarrow 00{:}26{:}21.930$  get some one who's

NOTE Confidence: 0.965412025

 $00:26:21.970 \rightarrow 00:26:24.240$  actually helping them through their care.

- NOTE Confidence: 0.965412025
- $00:26:24.240 \rightarrow 00:26:25.870$  With me they're actually discussing things.
- NOTE Confidence: 0.965412025
- 00:26:25.870 00:26:27.186 What they're feeling, what they're
- NOTE Confidence: 0.965412025
- 00:26:27.186 --> 00:26:30.080 going through, what they want to do,
- NOTE Confidence: 0.94025356
- $00{:}26{:}32.120 \dashrightarrow 00{:}26{:}33.850$  what they what they understand
- NOTE Confidence: 0.94025356
- $00:26:33.850 \longrightarrow 00:26:35.080$  is their prognosis.
- NOTE Confidence: 0.94025356
- 00:26:35.080 --> 00:26:37.348 I just decided not to go through
- NOTE Confidence: 0.94025356
- $00{:}26{:}37{.}348 \dashrightarrow 00{:}26{:}39{.}222$  the treatment patients like
- NOTE Confidence: 0.94025356
- 00:26:39.222 --> 00:26:42.277 47 year old Raphael Arias,
- NOTE Confidence: 0.94025356
- $00:26:42.280 \longrightarrow 00:26:43.960$  a former army police officer.
- NOTE Confidence: 0.94025356
- $00{:}26{:}43.960 \dashrightarrow 00{:}26{:}47.040$  Arias is suffering from a recurrent sarcoma
- NOTE Confidence: 0.94025356
- $00{:}26{:}47.040 \dashrightarrow 00{:}26{:}49.999$  and has already lost a leg to cancer.
- NOTE Confidence: 0.94025356
- 00:26:50.000 -> 00:26:52.060 Right now we just.
- NOTE Confidence: 0.94025356
- $00{:}26{:}52{.}060 \dashrightarrow 00{:}26{:}54{.}454$  I'm trying to do take advantage of
- NOTE Confidence: 0.94025356
- $00{:}26{:}54{.}460 \dashrightarrow 00{:}26{:}56{.}700$  the fact that I'm still here and
- NOTE Confidence: 0.94025356
- $00:26:56.700 \rightarrow 00:27:00.820$  trying to do something so all I can.
- NOTE Confidence: 0.94025356

 $00:27:00.820 \longrightarrow 00:27:02.178$  Why have you decided not to have?

NOTE Confidence: 0.94025356

00:27:02.180 --> 00:27:06.851 Chemotherapy made me sick and

NOTE Confidence: 0.94025356

 $00{:}27{:}06{.}851 \dashrightarrow 00{:}27{:}09{.}659$  within a week we had to stop it.

NOTE Confidence: 0.94025356

 $00:27:09.660 \longrightarrow 00:27:12.180$  So as difficult as it was,

NOTE Confidence: 0.94025356

 $00:27:12.180 \longrightarrow 00:27:16.776$  I just decided not to go through with it.

NOTE Confidence: 0.94025356

 $00{:}27{:}16.780 \dashrightarrow 00{:}27{:}18.502$  You want to have the highest quality

NOTE Confidence: 0.94025356

 $00:27:18.502 \rightarrow 00:27:20.580$  of life for as long as you have life,

NOTE Confidence: 0.94025356

 $00:27:20.580 \rightarrow 00:27:20.821$  correct?

NOTE Confidence: 0.94025356

 $00{:}27{:}20{.}821 \dashrightarrow 00{:}27{:}23{.}310$  With a little bit of time that I have left,

NOTE Confidence: 0.937931203846154

 $00:27:25.630 \rightarrow 00:27:28.462$  my wife and I have plans of maybe

NOTE Confidence: 0.937931203846154

 $00:27:28.462 \rightarrow 00:27:30.950$  doing some things before my departure

NOTE Confidence: 0.92012674

 $00:27:33.990 \longrightarrow 00:27:35.389$  is your primary goal.

NOTE Confidence: 0.92012674

 $00:27:35.389 \longrightarrow 00:27:37.550$  And that was essentially a

NOTE Confidence: 0.9246312545

 $00{:}27{:}37{.}550 \dashrightarrow 00{:}27{:}39{.}671$ 7 minute flip. So Al Jazeera America

NOTE Confidence: 0.9246312545

00:27:39.671 --> 00:27:41.803 had heard what we were doing and

NOTE Confidence: 0.9246312545

 $00:27:41.803 \longrightarrow 00:27:43.549$  before we had any results back,

- NOTE Confidence: 0.9246312545
- $00:27:43.550 \rightarrow 00:27:45.860$  they thought it was so fascinating that
- NOTE Confidence: 0.9246312545
- $00:27:45.860 \rightarrow 00:27:48.258$  someone who is not trained medically.
- NOTE Confidence: 0.9246312545
- $00:27:48.260 \rightarrow 00:27:50.507$  Was having what would otherwise be considered
- NOTE Confidence: 0.9246312545
- $00:27:50.507 \rightarrow 00:27:52.140$  a medicalized conversation with patients.
- NOTE Confidence: 0.9246312545
- $00:27:52.140 \rightarrow 00:27:55.260$  Why do we medicalize these conversations?
- NOTE Confidence: 0.9246312545
- $00:27:55.260 \longrightarrow 00:27:56.622$  Patients really do need the time
- NOTE Confidence: 0.9246312545
- $00:27:56.622 \rightarrow 00:27:58.577$  to be able to engage in this work.
- NOTE Confidence: 0.9246312545
- $00{:}27{:}58{.}580 \dashrightarrow 00{:}28{:}00{.}386$  And while I've had clinical equipoise
- NOTE Confidence: 0.9246312545
- $00{:}28{:}00{.}386 \dashrightarrow 00{:}28{:}02{.}658$  as to whether or not it would work,
- NOTE Confidence: 0.9246312545
- $00:28:02.660 \rightarrow 00:28:04.472$  we certainly knew that there were
- NOTE Confidence: 0.9246312545
- $00:28:04.472 \rightarrow 00:28:06.251$  facets like these stories where she
- NOTE Confidence: 0.9246312545
- $00{:}28{:}06{.}251 \dashrightarrow 00{:}28{:}08{.}043$  had spent so much time with patients
- NOTE Confidence: 0.9246312545
- $00:28:08.043 \rightarrow 00:28:10.095$  who would have otherwise in my clinic,
- NOTE Confidence: 0.9246312545
- $00{:}28{:}10{.}100 \dashrightarrow 00{:}28{:}11{.}720$  had received chemotherapy and
- NOTE Confidence: 0.9246312545
- $00:28:11.720 \rightarrow 00:28:13.340$  gone through with it.
- NOTE Confidence: 0.9246312545

 $00:28:13.340 \longrightarrow 00:28:15.275$  What patients then said was

NOTE Confidence: 0.9246312545

 $00{:}28{:}15{.}275 \dashrightarrow 00{:}28{:}17{.}210$  we didn't want to disappoint.

NOTE Confidence: 0.9246312545

 $00{:}28{:}17{.}210 \dashrightarrow 00{:}28{:}18{.}050$  Doctor, so and so

NOTE Confidence: 0.946962473333333

 $00:28:20.210 \rightarrow 00:28:21.749$  it's very multi,

NOTE Confidence: 0.946962473333333

 $00{:}28{:}21.749 \dashrightarrow 00{:}28{:}24.398$  it's very complex and so we decided

NOTE Confidence: 0.946962473333333

 $00{:}28{:}24{.}398 \dashrightarrow 00{:}28{:}26{.}490$  to test this in a randomized trial.

NOTE Confidence: 0.946962473333333

 $00{:}28{:}26{.}490 \dashrightarrow 00{:}28{:}28{.}962$  We heard from on cologists that we

NOTE Confidence: 0.946962473333333

 $00:28:28.962 \rightarrow 00:28:30.911$  were potentially causing harm and

NOTE Confidence: 0.946962473333333

 $00:28:30.911 \rightarrow 00:28:32.717$  that we would potentially buy this

NOTE Confidence: 0.946962473333333

 $00:28:32.717 \rightarrow 00:28:34.328$  intervention cause people to die faster.

NOTE Confidence: 0.946962473333333

 $00:28:34.330 \longrightarrow 00:28:36.087$  So we had to dispel that myth.

NOTE Confidence: 0.946962473333333

 $00{:}28{:}36{.}090 \dashrightarrow 00{:}28{:}37{.}962$  We also wanted to see if it was feasible,

NOTE Confidence: 0.946962473333333

 $00:28:37.970 \rightarrow 00:28:40.616$  can we improve goals of care conversation.

NOTE Confidence: 0.946962473333333

 $00:28:40.620 \longrightarrow 00:28:42.798$  So we randomized patients stage three

NOTE Confidence: 0.946962473333333

 $00{:}28{:}42.798 \dashrightarrow 00{:}28{:}45.040$  and stage four disease also with

NOTE Confidence: 0.946962473333333

 $00:28:45.040 \longrightarrow 00:28:46.855$  recurrence of cancer agnostic to

- NOTE Confidence: 0.946962473333333
- $00{:}28{:}46.855 \dashrightarrow 00{:}28{:}48.698$  disease into this intervention that
- NOTE Confidence: 0.946962473333333
- 00:28:48.698 --> 00:28:51.113 you just saw clips of versus usual
- NOTE Confidence: 0.946962473333333
- $00:28:51.113 \rightarrow 00:28:53.848$  care and we measured goals of care
- NOTE Confidence: 0.946962473333333
- $00:28:53.848 \rightarrow 00:28:55.976$  documentation as well as patient
- NOTE Confidence: 0.946962473333333
- $00:28:55.976 \dashrightarrow 00:28:58.694$  experiences and total cost of care.
- NOTE Confidence: 0.946962473333333
- 00:28:58.700 --> 00:29:00.240 We randomized 213 patients
- NOTE Confidence: 0.946962473333333
- $00:29:00.240 \longrightarrow 00:29:01.780$  in this consort diagram.
- NOTE Confidence: 0.946962473333333
- $00{:}29{:}01{.}780 \dashrightarrow 00{:}29{:}03{.}985$  You see 100 and 805 respectively in
- NOTE Confidence: 0.946962473333333
- $00{:}29{:}03.985 \dashrightarrow 00{:}29{:}06.179$  the control group in the intervention.
- NOTE Confidence: 0.946962473333333
- 00:29:06.180 --> 00:29:07.720 It was blocked randomized
- NOTE Confidence: 0.946962473333333
- $00:29:07.720 \longrightarrow 00:29:08.875$  by cancer diagnosis.
- NOTE Confidence: 0.946962473333333
- $00{:}29{:}08.880 \dashrightarrow 00{:}29{:}09.978$  And because it was in the
- NOTE Confidence: 0.946962473333333
- $00{:}29{:}09{.}978 \dashrightarrow 00{:}29{:}11{.}319$  VA and we had claims data,
- NOTE Confidence: 0.946962473333333
- $00:29:11.320 \longrightarrow 00:29:13.360$  we could conduct an intent to treat analysis.
- NOTE Confidence: 0.946962473333333
- $00:29:13.360 \longrightarrow 00:29:15.598$  So despite loss of follow up,
- NOTE Confidence: 0.946962473333333

 $00:29:15.600 \rightarrow 00:29:18.133$  we were actually able to complete

NOTE Confidence: 0.946962473333333

 $00:29:18.133 \rightarrow 00:29:20.851$  the entire ITT for the patients

NOTE Confidence: 0.946962473333333

 $00:29:20.851 \rightarrow 00:29:23.120$  that were initially randomized.

NOTE Confidence: 0.946962473333333

 $00:29:23.120 \longrightarrow 00:29:26.600$  And what we found was shocking to me.

NOTE Confidence: 0.946962473333333

 $00:29:26.600 \rightarrow 00:29:28.436$  This is goals of care documentation

NOTE Confidence: 0.946962473333333

 $00{:}29{:}28.436 \dashrightarrow 00{:}29{:}29.354$  by the oncologists,

NOTE Confidence: 0.946962473333333

 $00:29:29.360 \rightarrow 00:29:31.840$  many of whom were opposed to this model,

NOTE Confidence: 0.946962473333333

 $00:29:31.840 \longrightarrow 00:29:33.605$  many of whom didn't even

NOTE Confidence: 0.946962473333333

 $00{:}29{:}33{.}605 \dashrightarrow 00{:}29{:}36{.}160$  know that it was happening.

NOTE Confidence: 0.946962473333333

 $00:29:36.160 \longrightarrow 00:29:38.090$  It was in the background.

NOTE Confidence: 0.946962473333333

 $00:29:38.090 \longrightarrow 00:29:39.370$  No interaction between the

NOTE Confidence: 0.946962473333333

00:29:39.370 - > 00:29:40.330 Community health worker,

NOTE Confidence: 0.946962473333333

 $00{:}29{:}40{.}330 \dashrightarrow 00{:}29{:}43{.}330$  lay health worker and the oncologist,

NOTE Confidence: 0.946962473333333

 $00:29:43.330 \longrightarrow 00:29:46.160$  but yet patients were being

NOTE Confidence: 0.946962473333333

00:29:46.160 - 00:29:48.230 activated to tell their physician,

NOTE Confidence: 0.946962473333333

 $00:29:48.230 \longrightarrow 00:29:51.042$  I don't have the goals of care

- NOTE Confidence: 0.946962473333333
- $00{:}29{:}51{.}042 \dashrightarrow 00{:}29{:}53{.}810$  document and can you print it out
- NOTE Confidence: 0.946962473333333
- $00{:}29{:}53.810 \dashrightarrow 00{:}29{:}55.525$  because the community health worker
- NOTE Confidence: 0.946962473333333
- $00{:}29{:}55{.}525 \dashrightarrow 00{:}29{:}57{.}636$  was helping to engage patients in
- NOTE Confidence: 0.946962473333333
- $00:29:57.636 \rightarrow 00:29:59.326$  these conversations saying if your
- NOTE Confidence: 0.946962473333333
- 00:29:59.326 --> 00:30:00.890 oncologist doesn't bring it up,
- NOTE Confidence: 0.946962473333333
- $00:30:00.890 \longrightarrow 00:30:02.528$  you need to bring it up.
- NOTE Confidence: 0.946962473333333
- $00{:}30{:}02{.}530 \dashrightarrow 00{:}30{:}04{.}946$  And we found that this also led to
- NOTE Confidence: 0.946962473333333
- $00:30:04.946 \longrightarrow 00:30:06.829$  improvements in advanced directives.
- NOTE Confidence: 0.946962473333333
- $00{:}30{:}06{.}830 \dashrightarrow 00{:}30{:}07{.}985$  As we anticipated,
- NOTE Confidence: 0.946962473333333
- 00:30:07.985 --> 00:30:09.910 if you have tailored assistance,
- NOTE Confidence: 0.946962473333333
- $00:30:09.910 \rightarrow 00:30:11.838$  you're more likely to be able to complete
- NOTE Confidence: 0.946962473333333
- $00{:}30{:}11.838 \dashrightarrow 00{:}30{:}13.469$  the advance directive documentation.
- NOTE Confidence: 0.946962473333333
- $00:30:13.470 \longrightarrow 00:30:15.030$  And this changed over time.
- NOTE Confidence: 0.946962473333333
- $00{:}30{:}15{.}030 \dashrightarrow 00{:}30{:}17{.}061$  We had to dispel the myth that
- NOTE Confidence: 0.946962473333333
- 00:30:17.061 --> 00:30:18.416 because you have an advance
- NOTE Confidence: 0.946962473333333

 $00:30:18.416 \rightarrow 00:30:20.030$  directive that you can't change it.

NOTE Confidence: 0.946962473333333

00:30:20.030 --> 00:30:21.230 You actually can change it.

NOTE Confidence: 0.946962473333333

00:30:21.230 --> 00:30:22.214 So it's a living,

NOTE Confidence: 0.946962473333333

 $00:30:22.214 \rightarrow 00:30:24.270$  it's meant to be a living document.

NOTE Confidence: 0.946962473333333

 $00{:}30{:}24{.}270 \dashrightarrow 00{:}30{:}27{.}504$  And so we would update the advance

NOTE Confidence: 0.946962473333333

 $00:30:27.504 \rightarrow 00:30:30.628$  directive as People's Life course changed.

NOTE Confidence: 0.946962473333333

 $00:30:30.630 \longrightarrow 00:30:32.709$  We found that patient satisfaction went up.

NOTE Confidence: 0.946962473333333

 $00:30:32.710 \longrightarrow 00:30:35.300$  This was using the consumer assessment of.

NOTE Confidence: 0.946962473333333

 $00{:}30{:}35{.}300 \dashrightarrow 00{:}30{:}37{.}140$  Of healthcare providers and

NOTE Confidence: 0.946962473333333

 $00:30:37.140 \rightarrow 00:30:38.980$  healthcare systems General survey,

NOTE Confidence: 0.946962473333333

 $00:30:38.980 \longrightarrow 00:30:41.224$  the question of would you recommend

NOTE Confidence: 0.946962473333333

 $00:30:41.224 \rightarrow 00:30:43.817$  care on a scale of zero to 10?

NOTE Confidence: 0.946962473333333

 $00:30:43.820 \longrightarrow 00:30:45.420$  How satisfied are you with

NOTE Confidence: 0.946962473333333

 $00:30:45.420 \longrightarrow 00:30:46.380$  your clinical team?

NOTE Confidence: 0.946962473333333

00:30:46.380 --> 00:30:48.180 10 being a very high satisfaction,

NOTE Confidence: 0.946962473333333

 $00:30:48.180 \rightarrow 00:30:50.651$  0 being low satisfaction and what we

- NOTE Confidence: 0.946962473333333
- $00{:}30{:}50{.}651 \dashrightarrow 00{:}30{:}53{.}684$  found over time in the blue line is
- NOTE Confidence: 0.946962473333333
- $00:30:53.684 \rightarrow 00:30:55.584$  that the intervention group improved
- NOTE Confidence: 0.946962473333333
- $00:30:55.660 \dashrightarrow 00:30:57.700$  and the control group decline.
- NOTE Confidence: 0.946962473333333
- $00:30:57.700 \longrightarrow 00:30:59.980$  We did not cause harm.
- NOTE Confidence: 0.946962473333333
- $00{:}30{:}59{.}980 \dashrightarrow 00{:}31{:}01{.}540$  So unlike Jennifer Tumels model,
- NOTE Confidence: 0.946962473333333
- 00:31:01.540 --> 00:31:02.520 which I'll show you,
- NOTE Confidence: 0.946962473333333
- $00:31:02.520 \longrightarrow 00:31:03.500$  we improved palliative care.
- NOTE Confidence: 0.946962473333333
- 00:31:03.500 --> 00:31:05.540 We didn't find a survival benefit,
- NOTE Confidence: 0.946962473333333
- $00:31:05.540 \dashrightarrow 00:31:08.602$  but we dispelled the myth that we
- NOTE Confidence: 0.946962473333333
- $00:31:08.602 \rightarrow 00:31:10.257$  were making people die faster.
- NOTE Confidence: 0.935940714285714
- $00:31:13.100 \dashrightarrow 00:31:14.612$  But what we showed was at the end
- NOTE Confidence: 0.935940714285714
- $00{:}31{:}14.612 \dashrightarrow 00{:}31{:}16.059$  of life there was better care,
- NOTE Confidence: 0.950317
- $00:31:18.540 \longrightarrow 00:31:20.616 95\%$  reduction in acute care use,
- NOTE Confidence: 0.950317
- $00{:}31{:}20{.}620 \dashrightarrow 00{:}31{:}23{.}924$  almost doubling of Hospice utilization and
- NOTE Confidence: 0.950317
- $00:31:23.924 \rightarrow 00:31:25.860$  the baseline in the BA is high as you know,
- NOTE Confidence: 0.950317

00:31:25.860 --> 00:31:28.335 because we can provide Hospice

NOTE Confidence: 0.950317

 $00{:}31{:}28{.}335 \dashrightarrow 00{:}31{:}29{.}820$  concurrently with care.

NOTE Confidence: 0.950317

 $00:31:29.820 \longrightarrow 00:31:31.578$  Why that's not closer to 100%.

NOTE Confidence: 0.950317

 $00:31:31.580 \longrightarrow 00:31:33.372$  There are many issues,

NOTE Confidence: 0.950317

 $00:31:33.372 \longrightarrow 00:31:35.615$  but we were able to actually

NOTE Confidence: 0.950317

 $00:31:35.615 \longrightarrow 00:31:37.860$  double that to close to 100%.

NOTE Confidence: 0.950317

 $00{:}31{:}37{.}860 \dashrightarrow 00{:}31{:}40{.}060$  And we found in the last month of

NOTE Confidence: 0.950317

00:31:40.060 - 00:31:41.780 life not only were total cost,

NOTE Confidence: 0.950317

 $00{:}31{:}41.780 \dashrightarrow 00{:}31{:}43.752$  median total cost lower,

NOTE Confidence: 0.950317

 $00:31:43.752 \longrightarrow 00:31:46.217$  but you see that variation.

NOTE Confidence: 0.950317

 $00:31:46.220 \longrightarrow 00:31:50.006$  This is amazing to me is how

NOTE Confidence: 0.950317

 $00:31:50.006 \rightarrow 00:31:52.618$  narrow that variation is.

NOTE Confidence: 0.950317

 $00:31:52.620 \dashrightarrow 00:31:57.174$  You've removed the outliers 1 outlier,

NOTE Confidence: 0.950317

 $00:31:57.174 \longrightarrow 00:32:00.876$  1 outlier can do you in.

NOTE Confidence: 0.950317

 $00{:}32{:}00{.}880 \dashrightarrow 00{:}32{:}02{.}945$  That variation is really what

NOTE Confidence: 0.950317

 $00:32:02.945 \longrightarrow 00:32:06.240$  we want to try to improve upon.

- NOTE Confidence: 0.950317
- $00:32:06.240 \longrightarrow 00:32:07.440$  And so at the same time,

 $00:32:07.440 \longrightarrow 00:32:08.880$  I wanted to test the symptom

NOTE Confidence: 0.950317

00:32:08.880 --> 00:32:09.748 management model, right,

NOTE Confidence: 0.950317

 $00:32:09.748 \rightarrow 00:32:11.688$  the Community health worker conducting

NOTE Confidence: 0.950317

 $00:32:11.688 \longrightarrow 00:32:13.240$  this proactive symptom assessments.

NOTE Confidence: 0.950317

00:32:13.240 --> 00:32:15.040 It wasn't a novel idea.

NOTE Confidence: 0.950317

 $00:32:15.040 \longrightarrow 00:32:17.170$  Kurt Kerlan Key and the VA had

NOTE Confidence: 0.950317

 $00:32:17.170 \dashrightarrow 00:32:18.760$  been conducting this with a nurse.

NOTE Confidence: 0.950317

 $00{:}32{:}18.760 \dashrightarrow 00{:}32{:}20.202$  What was novel about it is that

NOTE Confidence: 0.950317

 $00:32:20.202 \rightarrow 00:32:21.760$  you would have a lay health worker,

NOTE Confidence: 0.950317

 $00:32:21.760 \rightarrow 00:32:24.030$  community health worker conducting this.

NOTE Confidence: 0.950317

 $00{:}32{:}24.030 \dashrightarrow 00{:}32{:}26.102$  It was novel at the time because we

NOTE Confidence: 0.950317

 $00:32:26.102 \rightarrow 00:32:27.734$  really had very limited proactive

NOTE Confidence: 0.950317

 $00{:}32{:}27{.}734 \dashrightarrow 00{:}32{:}29{.}834$  reach out to patients across the

NOTE Confidence: 0.950317

 $00{:}32{:}29{.}834 \dashrightarrow 00{:}32{:}31{.}710$  United States to assess symptoms.

 $00{:}32{:}31{.}710 \dashrightarrow 00{:}32{:}34{.}504$  And so I went to Southern California

NOTE Confidence: 0.950317

 $00{:}32{:}34{.}504 \dashrightarrow 00{:}32{:}36{.}989$  and interestingly enough I had

NOTE Confidence: 0.950317

 $00{:}32{:}36{.}989 \dashrightarrow 00{:}32{:}38{.}894$  been giving presentations about

NOTE Confidence: 0.950317

 $00{:}32{:}38{.}894 \dashrightarrow 00{:}32{:}40{.}970$  this model hoping that we would

NOTE Confidence: 0.950317

 $00{:}32{:}40{.}970 \dashrightarrow 00{:}32{:}42{.}670$  find pilot test partners.

NOTE Confidence: 0.950317

 $00{:}32{:}42.670$  -->  $00{:}32{:}44.920$  Most of the time I got the door slammed in NOTE Confidence: 0.950317

00:32:44.977 --> 00:32:47.065 my face again was was before the A/C A,

NOTE Confidence: 0.950317

 $00{:}32{:}47.070 \dashrightarrow 00{:}32{:}49.526$  so payers did not want to be involved

NOTE Confidence: 0.950317

 $00{:}32{:}49{.}526 \dashrightarrow 00{:}32{:}51{.}546$  in something that seemed like thanks

NOTE Confidence: 0.950317

 $00{:}32{:}51{.}546 \dashrightarrow 00{:}32{:}54{.}830$  to Sarah Palin going to death panel.

NOTE Confidence: 0.950317

 $00:32:54.830 \longrightarrow 00:32:56.564$  Even though we had payers at

NOTE Confidence: 0.950317

 $00:32:56.564 \rightarrow 00:32:58.110$  the table designing the model,

NOTE Confidence: 0.950317

 $00{:}32{:}58.110 \dashrightarrow 00{:}33{:}00.614$  they did not want to be involved in it.

NOTE Confidence: 0.950317

 $00{:}33{:}00{.}614 \dashrightarrow 00{:}33{:}02{.}970$  And so care more the woman that was

NOTE Confidence: 0.950317

 $00:33:02.970 \longrightarrow 00:33:04.670$  in charge of care more at the time,

NOTE Confidence: 0.950317

 $00:33:04.670 \rightarrow 00:33:09.990$  laviba, she ended up having breast cancer.

- NOTE Confidence: 0.950317
- $00:33:09.990 \longrightarrow 00:33:11.946$  And so this story resonated with

 $00{:}33{:}11{.}946 \dashrightarrow 00{:}33{:}13{.}710$  her on a personal level.

NOTE Confidence: 0.950317

 $00:33:13.710 \longrightarrow 00:33:14.830$  And she said, look,

NOTE Confidence: 0.950317

 $00:33:14.830 \longrightarrow 00:33:16.510$  if you can find an oncology

NOTE Confidence: 0.950317

 $00:33:16.576 \longrightarrow 00:33:18.518$  practice that's willing to help,

NOTE Confidence: 0.950317

00:33:18.518 --> 00:33:20.790 we will do one piece of your model.

NOTE Confidence: 0.950317

00:33:20.790 --> 00:33:21.085 Actually,

NOTE Confidence: 0.950317

 $00:33:21.085 \rightarrow 00:33:22.855$  we'll do the advanced care planning.

NOTE Confidence: 0.950317

 $00:33:22.860 \longrightarrow 00:33:24.878$  And we'll do the symptom management again.

NOTE Confidence: 0.950317

 $00{:}33{:}24.878 \dashrightarrow 00{:}33{:}26.684$  We didn't have the data from the

NOTE Confidence: 0.950317

 $00{:}33{:}26.684 \dashrightarrow 00{:}33{:}28.500$  VA because it was at the same time,

NOTE Confidence: 0.950317

 $00:33:28.500 \rightarrow 00:33:28.738$  well,

NOTE Confidence: 0.950317

 $00{:}33{:}28{.}738 \dashrightarrow 00{:}33{:}29{.}928$  we found an oncologist practice

NOTE Confidence: 0.950317

 $00{:}33{:}29{.}928 \dashrightarrow 00{:}33{:}31{.}724$  that was willing to do the symptom

NOTE Confidence: 0.950317

 $00:33:31.724 \rightarrow 00:33:32.258$  management piece.

 $00:33:32.260 \rightarrow 00:33:33.737$  Again did not want to have anything

NOTE Confidence: 0.950317

 $00:33:33.737 \longrightarrow 00:33:35.320$  to do with the advanced care

NOTE Confidence: 0.950317

 $00{:}33{:}35{.}320 \dashrightarrow 00{:}33{:}37{.}816$  planning and they said we need a

NOTE Confidence: 0.950317

 $00:33:37.816 \rightarrow 00:33:40.618$  per member per month fee to do this.

NOTE Confidence: 0.950317

00:33:40.620 -> 00:33:41.820 This was before OCM,

NOTE Confidence: 0.950317

 $00:33:41.820 \rightarrow 00:33:43.020$  the oncology care model,

NOTE Confidence: 0.950317

00:33:43.020 --> 00:33:45.072 which now reimburses or had been

NOTE Confidence: 0.950317

00:33:45.072 -> 00:33:46.817 reimbursing for some of these

NOTE Confidence: 0.950317

 $00{:}33{:}46.817 \dashrightarrow 00{:}33{:}49.008$  services and now there's a new OCM.

NOTE Confidence: 0.950317

 $00{:}33{:}49{.}010 \dashrightarrow 00{:}33{:}50{.}900$  So this was before that time and

NOTE Confidence: 0.950317

 $00:33:50.900 \rightarrow 00:33:53.133$  it was kind of unprecedented for a

NOTE Confidence: 0.950317

 $00:33:53.133 \rightarrow 00:33:56.038$  payer to be providing a lot of this

NOTE Confidence: 0.950317

 $00:33:56.038 \rightarrow 00:33:59.290$  upfront payment to many of these practices.

NOTE Confidence: 0.950317

 $00{:}33{:}59{.}290 \dashrightarrow 00{:}34{:}01{.}999$  And then we did a back of the envelope

NOTE Confidence: 0.950317

 $00:34:01.999 \rightarrow 00:34:04.048$  calculation and there is a misalignment.

NOTE Confidence: 0.950317

 $00:34:04.050 \dashrightarrow 00:34:06.408$  All this work that we do in our clinics

- NOTE Confidence: 0.950317
- 00:34:06.410 00:34:08.570 to try to save patients symptoms,

00:34:08.570 --> 00:34:10.370 try to improve their symptoms,

NOTE Confidence: 0.9464083

 $00:34:10.370 \longrightarrow 00:34:12.480$  it's going to reduce emergency

NOTE Confidence: 0.9464083

00:34:12.480 --> 00:34:14.168 department visits and hospitalizations.

NOTE Confidence: 0.9464083

00:34:14.170 --> 00:34:16.564 And if it's not an integrated system,

NOTE Confidence: 0.9464083

 $00{:}34{:}16{.}570 \dashrightarrow 00{:}34{:}19{.}650$  guess what? You've input a lot of effort

NOTE Confidence: 0.9464083

 $00:34:19.650 \rightarrow 00:34:22.399$  into something that you're getting no

NOTE Confidence: 0.9464083

00:34:22.399 --> 00:34:25.255 reimbursement for as a practicing oncologist.

NOTE Confidence: 0.9464083

 $00{:}34{:}25{.}260 \dashrightarrow 00{:}34{:}27{.}220$  So we took that model to care more and said,

NOTE Confidence: 0.9464083

00:34:27.220 --> 00:34:28.780 look, you're getting this much,

NOTE Confidence: 0.9464083

00:34:28.780 --> 00:34:31.620 if it were to work, which we think it will,

NOTE Confidence: 0.9464083

00:34:31.620 --> 00:34:33.153 you're going to get X percentage, right?

NOTE Confidence: 0.9464083

 $00:34:33.153 \rightarrow 00:34:34.644$  We think that we're going to save

NOTE Confidence: 0.9464083

 $00{:}34{:}34{.}644 \dashrightarrow 00{:}34{:}36{.}096$  20% net implementation costs.

NOTE Confidence: 0.9464083

 $00{:}34{:}36.096 \dashrightarrow 00{:}34{:}38.568$  So if we think that you're

 $00:34:38.568 \rightarrow 00:34:40.339$  going to save the money,

NOTE Confidence: 0.9464083

 $00{:}34{:}40{.}340 \dashrightarrow 00{:}34{:}41{.}744$  it's important that you

NOTE Confidence: 0.9464083

 $00:34:41.744 \longrightarrow 00:34:43.148$  pay for the intervention.

NOTE Confidence: 0.9464083

 $00{:}34{:}43.150 \dashrightarrow 00{:}34{:}45.013$  And we're going to make it a low cost

NOTE Confidence: 0.9464083

 $00:34:45.013 \rightarrow 00:34:46.307$  intervention using lay health workers,

NOTE Confidence: 0.9464083

 $00{:}34{:}46{.}310 \dashrightarrow 00{:}34{:}48{.}230$  not a nurse sled model.

NOTE Confidence: 0.9464083

 $00:34:48.230 \rightarrow 00:34:50.894$  And you can create a shared savings model

NOTE Confidence: 0.9464083

 $00:34:50.894 \rightarrow 00:34:53.945$  where a third will go back to the patient,

NOTE Confidence: 0.9464083

00:34:53.950 --> 00:34:55.735 1/3 will go to the clinical team

NOTE Confidence: 0.9464083

 $00:34:55.735 \rightarrow 00:34:57.547$  and a third will go into you.

NOTE Confidence: 0.9464083

 $00{:}34{:}57{.}550 \dashrightarrow 00{:}35{:}01{.}225$  And they agreed the oncology practice

NOTE Confidence: 0.9464083

 $00:35:01.225 \rightarrow 00:35:03.150$  then had one more negotiation.

NOTE Confidence: 0.9464083

 $00{:}35{:}03.150 \dashrightarrow 00{:}35{:}05.590$  They wanted all market share.

NOTE Confidence: 0.9464083

 $00:35:05.590 \rightarrow 00:35:08.100$  Every beneficiary from this Medicare

NOTE Confidence: 0.9464083

 $00:35:08.100 \rightarrow 00:35:11.503$  Advantage group was going to go singly

NOTE Confidence: 0.9464083

 $00:35:11.503 \longrightarrow 00:35:13.933$  in Fullerton to this one clinic.

- NOTE Confidence: 0.9464083
- $00:35:13.940 \longrightarrow 00:35:14.858$  Care MORE agreed,

 $00:35:16.940 \longrightarrow 00:35:18.980$  so we tested it.

NOTE Confidence: 0.93019013

 $00:35:18.980 \rightarrow 00:35:20.700$  Lay health worker was embedded,

NOTE Confidence: 0.93019013

00:35:20.700 - 00:35:23.058 paid for by care more advantage,

NOTE Confidence: 0.93019013

 $00:35:23.060 \dashrightarrow 00:35:26.060$  Medicare Advantage embedded in the clinic,

NOTE Confidence: 0.93019013

 $00:35:26.060 \dashrightarrow 00:35:28.340$  did weekly phone calls with patients.

NOTE Confidence: 0.93019013

 $00:35:28.340 \rightarrow 00:35:30.470$  Initially we started with patients

NOTE Confidence: 0.93019013

 $00{:}35{:}30{.}470 \dashrightarrow 00{:}35{:}32{.}990$  that had advanced stages and then we

NOTE Confidence: 0.93019013

 $00{:}35{:}32{.}990 \dashrightarrow 00{:}35{:}34{.}610$  moved more upstream to patients with

NOTE Confidence: 0.93019013

 $00:35:34.610 \dashrightarrow 00:35:36.672$  all stages after a couple of years

NOTE Confidence: 0.93019013

 $00:35:36.672 \rightarrow 00:35:38.359$  because the clinic really liked it.

NOTE Confidence: 0.93019013

00:35:38.360 --> 00:35:40.586 And we showed in two they would

NOTE Confidence: 0.93019013

00:35:40.586 --> 00:35:41.960 review symptoms using esass,

NOTE Confidence: 0.93019013

 $00{:}35{:}41{.}960 \dashrightarrow 00{:}35{:}44{.}270$  how many of you all know esass

NOTE Confidence: 0.93019013

00:35:44.270 --> 00:35:45.720 Edmonton Symptom assessment system,

- $00:35:45.720 \longrightarrow 00:35:47.688$  it's a scale of zero to
- NOTE Confidence: 0.93019013
- 00:35:47.688 --> 00:35:49.000 10 with multiple symptoms.
- NOTE Confidence: 0.93019013
- $00{:}35{:}49{.}000 \dashrightarrow 00{:}35{:}49{.}918$  I think there's nine or ten.
- NOTE Confidence: 0.93019013
- $00:35:49.920 \rightarrow 00:35:52.896$  And then there's also another category
- NOTE Confidence: 0.93019013
- $00:35:52.896 \rightarrow 00:35:55.360$  10 being worse symptom symptomatology
- NOTE Confidence: 0.93019013
- $00:35:55.360 \dashrightarrow 00:35:58.720$  and sympto burden 0 being less symptoms.
- NOTE Confidence: 0.93019013
- $00:35:58.720 \longrightarrow 00:36:00.550$  And what we found was essentially
- NOTE Confidence: 0.93019013
- $00:36:00.550 \longrightarrow 00:36:02.417$  for patients and we built this
- NOTE Confidence: 0.93019013
- $00{:}36{:}02{.}417 \dashrightarrow 00{:}36{:}04{.}175$  into the protocol that any score
- NOTE Confidence: 0.93019013
- $00:36:04.175 \longrightarrow 00:36:06.466$  of four above or that changed by
- NOTE Confidence: 0.93019013
- $00{:}36{:}06{.}466 \dashrightarrow 00{:}36{:}08{.}106$  two points from that assessment.
- NOTE Confidence: 0.93019013
- $00:36:08.110 \longrightarrow 00:36:10.582$  Would then get triaged and reviewed
- NOTE Confidence: 0.93019013
- $00{:}36{:}10.582 \dashrightarrow 00{:}36{:}12.230$  with a nurse practitioner.
- NOTE Confidence: 0.93019013
- $00:36:12.230 \longrightarrow 00:36:13.226$  The nurse practitioner,
- NOTE Confidence: 0.93019013
- $00:36:13.226 \rightarrow 00:36:15.550$  FTE was also covered by the payer.
- NOTE Confidence: 0.938815971428571
- $00:36:18.710 \rightarrow 00:36:21.069$  And then we decided, wait a minute,

- NOTE Confidence: 0.938815971428571
- $00:36:21.070 \longrightarrow 00:36:22.170$  the nurse practitioner is
- NOTE Confidence: 0.938815971428571
- $00{:}36{:}22.170 \dashrightarrow 00{:}36{:}23.545$  reviewing all of these symptoms.
- NOTE Confidence: 0.938815971428571
- $00{:}36{:}23.550 \dashrightarrow 00{:}36{:}26.790$  Let's build out an automatic referral
- NOTE Confidence: 0.938815971428571
- $00:36:26.790 \dashrightarrow 00:36:28.950$  with waived prior authorization.
- NOTE Confidence: 0.938815971428571
- 00:36:28.950 --> 00:36:29.946 Because we're working with the payer,
- NOTE Confidence: 0.938815971428571
- $00{:}36{:}29{.}950 \dashrightarrow 00{:}36{:}31{.}390$  we can do that.
- NOTE Confidence: 0.938815971428571
- $00:36:31.390 \rightarrow 00:36:33.190$  For symptoms that are escalating,
- NOTE Confidence: 0.938815971428571
- $00:36:33.190 \longrightarrow 00:36:34.690$  they would go directly to
- NOTE Confidence: 0.938815971428571
- $00{:}36{:}34{.}690 \dashrightarrow 00{:}36{:}36{.}190$  palliative care and by pass the
- NOTE Confidence: 0.938815971428571
- $00:36:36.246 \rightarrow 00:36:37.638$  nurse practitioner review.
- NOTE Confidence: 0.938815971428571
- $00:36:37.640 \longrightarrow 00:36:39.565$  Or they would go to the behavioral
- NOTE Confidence: 0.938815971428571
- 00:36:39.565 --> 00:36:41.307 health services because we were also
- NOTE Confidence: 0.938815971428571
- $00{:}36{:}41{.}307 \dashrightarrow 00{:}36{:}42{.}757$  screening for anxiety and depression
- NOTE Confidence: 0.944566402857143
- $00{:}36{:}45{.}160 \dashrightarrow 00{:}36{:}48{.}359$  in a cohort study of 800 patients.
- NOTE Confidence: 0.944566402857143
- $00:36:48.360 \longrightarrow 00:36:50.766$  The the cohort of patients that
- NOTE Confidence: 0.944566402857143

 $00:36:50.766 \rightarrow 00:36:52.370$  were receiving intervention versus

NOTE Confidence: 0.944566402857143

 $00:36:52.434 \longrightarrow 00:36:54.436$  a match cohort in the year prior.

NOTE Confidence: 0.944566402857143

00:36:54.440 --> 00:36:56.640 We found for Edmonton symptom

NOTE Confidence: 0.944566402857143

00:36:56.640 --> 00:36:58.388 Assessment System survey assessment

NOTE Confidence: 0.944566402857143

 $00{:}36{:}58{.}388 \dashrightarrow 00{:}37{:}00{.}124$  tools that essentially the

NOTE Confidence: 0.944566402857143

 $00{:}37{:}00{.}124 \dashrightarrow 00{:}37{:}02{.}240$  main scores reduced over time.

NOTE Confidence: 0.944566402857143

 $00{:}37{:}02.240 \dashrightarrow 00{:}37{:}04.800$  In this 12 month intervention

NOTE Confidence: 0.944566402857143

 $00:37:04.800 \longrightarrow 00:37:06.950$  the control group went up.

NOTE Confidence: 0.944566402857143

 $00{:}37{:}06{.}950 \dashrightarrow 00{:}37{:}09{.}950$  And we also found, not surprisingly,

NOTE Confidence: 0.944566402857143

00:37:09.950 - > 00:37:11.670 better anxiety and depression,

NOTE Confidence: 0.9301902

00:37:14.990 --> 00:37:19.610 no harm. So we also can't

NOTE Confidence: 0.9301902

 $00{:}37{:}19.610 \dashrightarrow 00{:}37{:}21.470$  replicate Ethan Bosch's work.

NOTE Confidence: 0.9301902

 $00:37:21.470 \longrightarrow 00:37:23.030$  But we did find, again,

NOTE Confidence: 0.9301902

 $00:37:23.030 \longrightarrow 00:37:24.470$  very similar reductions.

NOTE Confidence: 0.9301902

 $00{:}37{:}24.470 \dashrightarrow 00{:}37{:}26.510$  And again, this was for all patients,

NOTE Confidence: 0.9301902

 $00:37:26.510 \rightarrow 00:37:29.630$  not just patients with advanced stages,

- NOTE Confidence: 0.9301902
- $00:37:29.630 \longrightarrow 00:37:32.437$  but reductions in acute care use and

 $00{:}37{:}32{.}437 \dashrightarrow 00{:}37{:}34{.}718$  reductions in total costs of care.

NOTE Confidence: 0.9301902

 $00{:}37{:}34{.}720 \dashrightarrow 00{:}37{:}36{.}360$  And for the cohort of

NOTE Confidence: 0.9301902

 $00{:}37{:}36{.}360 \dashrightarrow 00{:}37{:}37{.}672$  individuals that had died,

NOTE Confidence: 0.9301902

 $00{:}37{:}37{.}680 \dashrightarrow 00{:}37{:}39{.}480$  we found very similar findings

NOTE Confidence: 0.9301902

 $00{:}37{:}39{.}480 \dashrightarrow 00{:}37{:}41{.}485$  as the VA where at the end

NOTE Confidence: 0.9301902

 $00:37:41.485 \rightarrow 00:37:43.760$  of life it was better care,

NOTE Confidence: 0.9301902

 $00:37:43.760 \longrightarrow 00:37:45.520$  better experiences and lower

NOTE Confidence: 0.9301902

 $00:37:45.520 \longrightarrow 00:37:47.800$  total cost of care with again

NOTE Confidence: 0.9301902

 $00{:}37{:}47.800 \dashrightarrow 00{:}37{:}49.800$  drawing in drawing your attention

NOTE Confidence: 0.9301902

 $00:37:49.800 \longrightarrow 00:37:51.600$  to the variation in cost.

NOTE Confidence: 0.94830443

 $00{:}37{:}53.720 \dashrightarrow 00{:}37{:}55.808$  And so we just finished randomized

NOTE Confidence: 0.94830443

 $00{:}37{:}55{.}808 \dashrightarrow 00{:}37{:}57{.}200$  trial of both interventions.

NOTE Confidence: 0.94830443

 $00{:}37{:}57{.}200 \dashrightarrow 00{:}37{:}59{.}426$  So layering the the advanced care

NOTE Confidence: 0.94830443

 $00:37:59.426 \rightarrow 00:38:01.680$  planning and the symptom management,

 $00:38:01.680 \rightarrow 00:38:04.740$  which is always how it was supposed to be.

NOTE Confidence: 0.94830443

00:38:04.740 --> 00:38:06.390 Right. You can't keep people out

NOTE Confidence: 0.94830443

 $00:38:06.390 \longrightarrow 00:38:08.140$  of the hospital if you're not.

NOTE Confidence: 0.94830443

 $00:38:08.140 \longrightarrow 00:38:11.156$  And that may be their goal if they're

NOTE Confidence: 0.94830443

 $00:38:11.156 \rightarrow 00:38:13.428$  not adequately and appropriately

NOTE Confidence: 0.94830443

 $00:38:13.428 \longrightarrow 00:38:15.700$  managed for their symptoms.

NOTE Confidence: 0.94830443

 $00:38:15.700 \longrightarrow 00:38:18.339$  So they really go hand in hand.

NOTE Confidence: 0.94830443

 $00:38:18.340 \rightarrow 00:38:20.139$  And so we conducted a randomized trial.

NOTE Confidence: 0.94830443

 $00{:}38{:}20{.}140 \dashrightarrow 00{:}38{:}21{.}974$  Now this was a different patient population.

NOTE Confidence: 0.94830443

 $00:38:21.980 \longrightarrow 00:38:23.020$  It was privately insured.

NOTE Confidence: 0.94830443

 $00{:}38{:}23{.}020 \dashrightarrow 00{:}38{:}25{.}188$  So we did it in the VA with

NOTE Confidence: 0.94830443

 $00:38:25.188 \rightarrow 00:38:26.100$  advanced care planning.

NOTE Confidence: 0.94830443

 $00:38:26.100 \dashrightarrow 00:38:28.180$  Intervention with the Medicare

NOTE Confidence: 0.94830443

 $00:38:28.180 \longrightarrow 00:38:30.260$  Advantage group was mostly

NOTE Confidence: 0.94830443

00:38:30.260 --> 00:38:32.390 older Hispanic Latinx adults.

NOTE Confidence: 0.94830443

00:38:32.390 --> 00:38:34.868 In Fullerton, CA and here now,

- NOTE Confidence: 0.94830443
- 00:38:34.870 --> 00:38:37.225 it was a younger population

 $00:38:37.225 \longrightarrow 00:38:39.109$  that were privately insured.

NOTE Confidence: 0.94830443

 $00{:}38{:}39{.}110 \dashrightarrow 00{:}38{:}42{.}530$  We randomized in the acute care use and the

NOTE Confidence: 0.94830443

 $00:38:42.530 \rightarrow 00:38:45.307$  healthcare use goal was our primary outcome.

NOTE Confidence: 0.94830443

 $00{:}38{:}45{.}310 \dashrightarrow 00{:}38{:}48{.}090$  We randomized a total of 128 into

NOTE Confidence: 0.94830443

 $00{:}38{:}48.090 \dashrightarrow 00{:}38{:}50.640$  the intervention and conducted an

NOTE Confidence: 0.94830443

 $00:38:50.640 \rightarrow 00:38:53.028$  ITT and we found,

NOTE Confidence: 0.94830443

 $00:38:53.030 \longrightarrow 00:38:54.230$  lo and behold,

NOTE Confidence: 0.94830443

 $00{:}38{:}54{.}230 \dashrightarrow 00{:}38{:}57{.}030$  even better reductions in acute care use.

NOTE Confidence: 0.94830443

 $00:38:57.030 \rightarrow 00:38:58.670$  And this was not just at the end of life,

NOTE Confidence: 0.94830443

 $00:38:58.670 \longrightarrow 00:39:00.440$  this was at 12 months.

NOTE Confidence: 0.94830443

 $00{:}39{:}00{.}440 \dashrightarrow 00{:}39{:}02{.}344$  I think there was a very small

NOTE Confidence: 0.94830443

 $00{:}39{:}02{.}344 \dashrightarrow 00{:}39{:}03{.}759$  proportion of patients that had

NOTE Confidence: 0.94830443

 $00{:}39{:}03.759 \dashrightarrow 00{:}39{:}05.114$  actually died in this study.

NOTE Confidence: 0.94830443

 $00{:}39{:}05{.}120 \dashrightarrow 00{:}39{:}07{.}670$  And so consistently we found robust

 $00{:}39{:}07.670 \dashrightarrow 00{:}39{:}09.370$  effects that were consistent

NOTE Confidence: 0.94830443

 $00{:}39{:}09{.}444 \dashrightarrow 00{:}39{:}11{.}040$  across multiple studies.

NOTE Confidence: 0.94830443

 $00:39:11.040 \longrightarrow 00:39:12.039$  And better yet,

NOTE Confidence: 0.94830443

 $00:39:12.039 \rightarrow 00:39:15.239$  we also found that there was a net savings

NOTE Confidence: 0.94830443

 $00{:}39{:}15{.}240 \dashrightarrow 00{:}39{:}17{.}676$  where a lot of interventions like I

NOTE Confidence: 0.94830443

 $00:39:17.676 \longrightarrow 00:39:19.960$  talked about before tend to not save money.

NOTE Confidence: 0.94830443

00:39:19.960 - 00:39:21.208 They may be effective,

NOTE Confidence: 0.94830443

 $00:39:21.208 \rightarrow 00:39:24.455$  but they may not save money is because your

NOTE Confidence: 0.94830443

 $00{:}39{:}24.455 \dashrightarrow 00{:}39{:}26.640$  implementation inputs are too expensive.

NOTE Confidence: 0.94830443

 $00:39:26.640 \rightarrow 00:39:28.999$  But we had a very low cost,

NOTE Confidence: 0.94830443

 $00:39:29.000 \longrightarrow 00:39:30.540$  high touch.

NOTE Confidence: 0.94830443

 $00:39:30.540 \longrightarrow 00:39:33.860$  Patient centered solution that utilized

NOTE Confidence: 0.94830443

 $00:39:33.860 \rightarrow 00:39:36.890$  perhaps people that can reach patients

NOTE Confidence: 0.94830443

 $00{:}39{:}36{.}890 \dashrightarrow 00{:}39{:}39{.}844$  better than we as clinicians can and

NOTE Confidence: 0.94830443

 $00:39:39.850 \longrightarrow 00:39:41.404$  that was a tough pill to swallow.

NOTE Confidence: 0.94830443

 $00:39:41.410 \longrightarrow 00:39:43.840$  I think for many of us that think we are

 $00:39:43.907 \rightarrow 00:39:47.366$  the greatest thing next to slice white bread,

NOTE Confidence: 0.94830443

 $00:39:47.370 \longrightarrow 00:39:48.434$  but we really do.

NOTE Confidence: 0.94830443

 $00{:}39{:}48{.}434 \dashrightarrow 00{:}39{:}50{.}519$  It takes a team and what it

NOTE Confidence: 0.94830443

00:39:50.519 -> 00:39:52.614 did was it enhanced provider

NOTE Confidence: 0.94830443

 $00:39:52.614 \rightarrow 00:39:54.290$  relationships with their patients.

NOTE Confidence: 0.94830443

 $00:39:54.290 \dashrightarrow 00:39:56.467$  So we have another study where we

NOTE Confidence: 0.94830443

 $00{:}39{:}56{.}467 \dashrightarrow 00{:}39{:}58{.}775$  looked at across all the stakeholders

NOTE Confidence: 0.94830443

00:39:58.775 - 00:40:00.519 what their experiences were.

NOTE Confidence: 0.94830443

 $00{:}40{:}00{.}520 \dashrightarrow 00{:}40{:}02{.}875$  And we pulled the oncologist

NOTE Confidence: 0.94830443

 $00:40:02.875 \longrightarrow 00:40:05.236$  across 12 different sites and

NOTE Confidence: 0.94830443

 $00:40:05.236 \longrightarrow 00:40:07.616$  overwhelmingly many have chosen to

NOTE Confidence: 0.94830443

 $00{:}40{:}07.616$  -->  $00{:}40{:}09.848$  continue utilizing this model because

NOTE Confidence: 0.94830443

 $00{:}40{:}09{.}848 \dashrightarrow 00{:}40{:}12{.}144$  of the benefit for not having to

NOTE Confidence: 0.94830443

 $00{:}40{:}12.144 \dashrightarrow 00{:}40{:}14.540$  do when your patients are better

NOTE Confidence: 0.94830443

 $00:40:14.540 \longrightarrow 00:40:16.600$  managed from a symptom perspective,

 $00{:}40{:}16.600 \dashrightarrow 00{:}40{:}19.582$  you get that opportunity to really connect

NOTE Confidence: 0.94830443

 $00{:}40{:}19.582 \dashrightarrow 00{:}40{:}22.240$  with patients on a different level.

NOTE Confidence: 0.94830443

 $00{:}40{:}22.240 \dashrightarrow 00{:}40{:}25.208$  And so many of you know that equity is,

NOTE Confidence: 0.94830443

 $00{:}40{:}25.208 \dashrightarrow 00{:}40{:}28.440$  is really why I went to medical school.

NOTE Confidence: 0.94830443

 $00{:}40{:}28{.}440 \dashrightarrow 00{:}40{:}31{.}640$  And taking evidence based interventions

NOTE Confidence: 0.94830443

 $00{:}40{:}31.640 \dashrightarrow 00{:}40{:}33.860$  and plugging and chugging them into

NOTE Confidence: 0.94830443

 $00:40:33.860 \rightarrow 00:40:36.556$  community settings is not a one size fit all.

NOTE Confidence: 0.94830443

 $00:40:36.560 \longrightarrow 00:40:38.760$  So a labor union organization

NOTE Confidence: 0.94830443

00:40:38.760 --> 00:40:40.080 called Unite here,

NOTE Confidence: 0.94830443

 $00:40:40.080 \rightarrow 00:40:42.474$  how many of you have heard of unite here?

NOTE Confidence: 0.94830443

 $00:40:42.480 \longrightarrow 00:40:43.416$  Oh great.

NOTE Confidence: 0.94830443

 $00{:}40{:}43{.}416 \dashrightarrow 00{:}40{:}45{.}756$  So unite here essentially provides

NOTE Confidence: 0.94830443

 $00{:}40{:}45.756 \dashrightarrow 00{:}40{:}48.351$  a labor union organization for

NOTE Confidence: 0.94830443

 $00:40:48.351 \rightarrow 00:40:50.559$  hourly low wage workers.

NOTE Confidence: 0.94830443

 $00{:}40{:}50{.}560 \dashrightarrow 00{:}40{:}53{.}800$  At McCormick we all go to McCormick.

NOTE Confidence: 0.94830443

 $00:40:53.800 \longrightarrow 00:40:54.793$  Most of us,

- NOTE Confidence: 0.94830443
- $00:40:54.793 \longrightarrow 00:40:56.448$  many people that work in

 $00{:}40{:}56{.}448 \dashrightarrow 00{:}40{:}58{.}437$  McCormick are part of this union.

NOTE Confidence: 0.94830443

 $00:40:58.440 \longrightarrow 00:41:00.760$  Hotel workers, casino workers,

NOTE Confidence: 0.94830443

 $00:41:00.760 \rightarrow 00:41:01.920$  restaurant workers,

NOTE Confidence: 0.94830443

 $00:41:01.920 \longrightarrow 00:41:02.832$  taxi drivers.

NOTE Confidence: 0.94830443

 $00:41:02.832 \rightarrow 00:41:04.656$  And unfortunately because they

NOTE Confidence: 0.94830443

 $00:41:04.656 \rightarrow 00:41:06.480$  are hourly wage workers,

NOTE Confidence: 0.954342292

 $00:41:06.480 \longrightarrow 00:41:09.200$  they don't have health benefits.

NOTE Confidence: 0.954342292

 $00{:}41{:}09{.}200 \dashrightarrow 00{:}41{:}10{.}436$  So as part of the Union,

NOTE Confidence: 0.954342292

 $00:41:10.440 \longrightarrow 00:41:12.552$  what they decided was that they were going

NOTE Confidence: 0.954342292

 $00:41:12.552 \rightarrow 00:41:15.099$  to skim off a very tiny fraction of people's

NOTE Confidence: 0.954342292

 $00{:}41{:}15{.}099 \dashrightarrow 00{:}41{:}17{.}156$  paycheck and put it into a health fund.

NOTE Confidence: 0.954342292

 $00:41:17.160 \longrightarrow 00:41:19.296$  And so the health fund really

NOTE Confidence: 0.954342292

 $00:41:19.296 \longrightarrow 00:41:21.560$  wants to provide high value care,

NOTE Confidence: 0.954342292

 $00{:}41{:}21.560 \dashrightarrow 00{:}41{:}25.648$  meaning very high quality at low cost.

00:41:25.650 --> 00:41:27.976 And they have the Union backing them, right?

NOTE Confidence: 0.954342292

 $00:41:27.976 \longrightarrow 00:41:29.206$  They're part of the union.

NOTE Confidence: 0.954342292

 $00{:}41{:}29{.}210$  -->  $00{:}41{:}32{.}297$  The Union is very and the Members of this

NOTE Confidence: 0.954342292

00:41:32.297 --> 00:41:35.206 Union very much trust unite your health.

NOTE Confidence: 0.954342292

 $00{:}41{:}35{.}210 \dashrightarrow 00{:}41{:}36{.}394$  There's this engender trust

NOTE Confidence: 0.954342292

 $00{:}41{:}36{.}394 \dashrightarrow 00{:}41{:}38{.}170$  because it's one and the same.

NOTE Confidence: 0.954342292

 $00{:}41{:}38{.}170 \dashrightarrow 00{:}41{:}40{.}393$  And so they had heard of the work and

NOTE Confidence: 0.954342292

 $00:41:40.393 \longrightarrow 00:41:42.585$  they knew that at the end of life for

NOTE Confidence: 0.954342292

 $00{:}41{:}42.585 \dashrightarrow 00{:}41{:}44.887$  many of their hourly low wage workers,

NOTE Confidence: 0.954342292

 $00:41:44.890 \rightarrow 00:41:47.610$  they were having poor experiences,

NOTE Confidence: 0.954342292

 $00:41:47.610 \longrightarrow 00:41:49.730$  especially as they were dying.

NOTE Confidence: 0.954342292

 $00:41:49.730 \longrightarrow 00:41:51.907$  And so they asked us if we

NOTE Confidence: 0.954342292

 $00:41:51.907 \longrightarrow 00:41:53.360$  could embed our model.

NOTE Confidence: 0.954342292

00:41:53.360 --> 00:41:55.844 And so I'm glad I did that public health

NOTE Confidence: 0.954342292

00:41:55.844 --> 00:41:57.560 degree because I took a step back and said,

NOTE Confidence: 0.954342292

00:41:57.560 --> 00:41:58.454 Okay, well, let's,

- NOTE Confidence: 0.954342292
- $00:41:58.454 \longrightarrow 00:42:00.242$  let's see how we would embed
- NOTE Confidence: 0.954342292
- $00{:}42{:}00{.}242 \dashrightarrow 00{:}42{:}02{.}040$  this model in your population.
- NOTE Confidence: 0.954342292
- 00:42:02.040 --> 00:42:04.077 So we created a Community Advisory Board.
- NOTE Confidence: 0.954342292
- 00:42:04.080 --> 00:42:05.855 So I pulled people from
- NOTE Confidence: 0.954342292
- 00:42:05.855 --> 00:42:07.275 Atlantic City and Chicago,
- NOTE Confidence: 0.954342292
- $00:42:07.280 \longrightarrow 00:42:09.296$  as well as the Union members
- NOTE Confidence: 0.954342292
- $00:42:09.296 \longrightarrow 00:42:10.640$  and the Union President.
- NOTE Confidence: 0.954342292
- $00{:}42{:}10.640 \dashrightarrow 00{:}42{:}12.138$  And can some one take a wild guess
- NOTE Confidence: 0.954342292
- $00{:}42{:}12{.}138 \dashrightarrow 00{:}42{:}14{.}172$  as to what a patient told me when
- NOTE Confidence: 0.954342292
- $00{:}42{:}14.172 \dashrightarrow 00{:}42{:}15.512$  I talked about this intervention
- NOTE Confidence: 0.954342292
- $00:42:15.561 \rightarrow 00:42:17.116$  about a community health worker,
- NOTE Confidence: 0.954342292
- 00:42:17.120 --> 00:42:17.996 a healthcare advocate,
- NOTE Confidence: 0.954342292
- $00:42:17.996 \longrightarrow 00:42:19.748$  reaching out to them to talk
- NOTE Confidence: 0.954342292
- $00:42:19.748 \longrightarrow 00:42:21.278$  about advanced care planning?
- NOTE Confidence: 0.927098317777778
- $00:42:25.430 \longrightarrow 00:42:26.442$  I didn't know either.
- NOTE Confidence: 0.927098317777778

00:42:26.442 --> 00:42:27.707 I was actually very shocked.

NOTE Confidence: 0.927098317777778

00:42:27.710 -> 00:42:30.531 What they said was you try having

NOTE Confidence: 0.927098317777778

 $00{:}42{:}30{.}531 \dashrightarrow 00{:}42{:}32{.}465$  a conversation about goals of

NOTE Confidence: 0.927098317777778

 $00:42:32.465 \longrightarrow 00:42:34.330$  care when you're worried about

NOTE Confidence: 0.927098317777778

 $00:42:34.330 \longrightarrow 00:42:36.640$  where your family is going to

NOTE Confidence: 0.927098317777778

 $00:42:36.710 \longrightarrow 00:42:38.694$  live and how you're going to get

NOTE Confidence: 0.927098317777778

 $00:42:38.694 \longrightarrow 00:42:40.909$  food on the table for your family.

NOTE Confidence: 0.927098317777778

 $00:42:40.910 \longrightarrow 00:42:43.017$  You're asking me to do something that

NOTE Confidence: 0.927098317777778

 $00{:}42{:}43.017 \dashrightarrow 00{:}42{:}45.547$  I think is going to hasten my death.

NOTE Confidence: 0.927098317777778

 $00:42:45.550 \rightarrow 00:42:49.510$  Then who is going to provide for my family?

NOTE Confidence: 0.927098317777778

 $00:42:49.510 \longrightarrow 00:42:50.150$  Eye opener.

NOTE Confidence: 0.936899133333333

 $00{:}42{:}52{.}300 \dashrightarrow 00{:}42{:}56{.}150$  So guess what, we tabled the

NOTE Confidence: 0.936899133333333

 $00{:}42{:}56{.}150 \dashrightarrow 00{:}42{:}58{.}808$  intervention and we focused on

NOTE Confidence: 0.936899133333333

 $00{:}42{:}58.808 \dashrightarrow 00{:}43{:}01.293$  addressing health related social needs.

NOTE Confidence: 0.936899133333333

 $00:43:01.300 \rightarrow 00:43:02.236$  We integrated that.

NOTE Confidence: 0.936899133333333

 $00:43:02.236 \rightarrow 00:43:04.420$  We didn't table the advanced care planning,

- NOTE Confidence: 0.936899133333333
- $00:43:04.420 \longrightarrow 00:43:06.856$  but we integrated the health related
- NOTE Confidence: 0.936899133333333
- $00{:}43{:}06.856 \dashrightarrow 00{:}43{:}09.100$  social needs first and foremost
- NOTE Confidence: 0.936899133333333
- $00:43:09.100 \longrightarrow 00:43:12.276$  and we used community engagement to
- NOTE Confidence: 0.936899133333333
- $00:43:12.276 \rightarrow 00:43:14.580$  build partnerships with industry.
- NOTE Confidence: 0.936899133333333
- $00:43:14.580 \longrightarrow 00:43:15.684$  One issue is transportation.
- NOTE Confidence: 0.936899133333333
- $00:43:15.684 \rightarrow 00:43:17.661$  How are people going to get to
- NOTE Confidence: 0.936899133333333
- $00:43:17.661 \longrightarrow 00:43:18.976$  and from their clinic visits?
- NOTE Confidence: 0.936899133333333
- $00:43:18.980 \rightarrow 00:43:21.068$  Well, guess what?
- NOTE Confidence: 0.936899133333333
- $00{:}43{:}21.070 \dashrightarrow 00{:}43{:}25.270$  Lift can provide free transportation,
- NOTE Confidence: 0.936899133333333
- $00:43:25.270 \rightarrow 00:43:28.078$  better value, better quality, lower cost.
- NOTE Confidence: 0.936899133333333
- $00:43:28.078 \rightarrow 00:43:31.310$  If people are adhering to their treatments,
- NOTE Confidence: 0.936899133333333
- $00:43:31.310 \longrightarrow 00:43:34.226$  people have no place to live.
- NOTE Confidence: 0.936899133333333
- $00{:}43{:}34{.}230 \dashrightarrow 00{:}43{:}35.666$  Local Housing Authority let's
- NOTE Confidence: 0.936899133333333
- $00{:}43{:}35{.}666 \dashrightarrow 00{:}43{:}37{.}820$  build in places for people to
- NOTE Confidence: 0.936899133333333
- $00{:}43{:}37{.}882 \dashrightarrow 00{:}43{:}39{.}827$  live while they're getting care.
- NOTE Confidence: 0.9436080666666667

 $00:43:42.230 \longrightarrow 00:43:44.202$  Let's think about ways

NOTE Confidence: 0.9436080666666667

 $00:43:44.202 \longrightarrow 00:43:46.667$  to invest in social care,

NOTE Confidence: 0.9436080666666667

 $00:43:46.670 \rightarrow 00:43:48.310$  because then as an organization,

NOTE Confidence: 0.9436080666666667

 $00:43:48.310 \longrightarrow 00:43:49.990$  you, not your health, has.

NOTE Confidence: 0.9436080666666667

00:43:49.990 --> 00:43:51.710 Individuals with lots of diseases,

NOTE Confidence: 0.9436080666666667

 $00:43:51.710 \longrightarrow 00:43:55.070$  not just cancer. Cancer is 1 slice.

NOTE Confidence: 0.9436080666666667

00:43:55.070 - 00:43:57.830 If we invest in social services,

NOTE Confidence: 0.9436080666666667

 $00:43:57.830 \rightarrow 00:44:00.926$  we are likely going to do better for not

NOTE Confidence: 0.9436080666666667

 $00{:}44{:}00{.}926 \dashrightarrow 00{:}44{:}03{.}947$  only our Members but also reduce costs.

NOTE Confidence: 0.9436080666666667

 $00{:}44{:}03{.}950 \dashrightarrow 00{:}44{:}06{.}080$  And so we built this in and then we also

NOTE Confidence: 0.9436080666666667

 $00:44:06.142 \longrightarrow 00:44:08.270$  heard from unite your health that there

NOTE Confidence: 0.9436080666666667

 $00{:}44{:}08{.}270 \dashrightarrow 00{:}44{:}10{.}898$  were some crooked groups and some ecologists,

NOTE Confidence: 0.9436080666666667

 $00{:}44{:}10.898 \dashrightarrow 00{:}44{:}13.948$  that perhaps we're not providing the highest

NOTE Confidence: 0.9436080666666667

 $00:44:13.948 \rightarrow 00:44:16.867$  and most evidence based care for patients.

NOTE Confidence: 0.9436080666666667

 $00{:}44{:}16.870 \dashrightarrow 00{:}44{:}18.840$  And that is an area of research for me where

NOTE Confidence: 0.9436080666666667

 $00:44:18.884 \rightarrow 00:44:20.627$  we know patients by race and ethnicity,

- NOTE Confidence: 0.9436080666666667
- $00:44:20.630 \longrightarrow 00:44:21.462$  socioeconomic status,
- NOTE Confidence: 0.9436080666666667
- $00:44:21.462 \longrightarrow 00:44:24.790$  where you go determines the care you get.
- NOTE Confidence: 0.9436080666666667
- 00:44:24.790 --> 00:44:27.390 And so making for example,
- NOTE Confidence: 0.9436080666666667
- $00{:}44{:}27{.}390 \dashrightarrow 00{:}44{:}31{.}790$  the Yale out in the community is a
- NOTE Confidence: 0.9436080666666667
- 00:44:31.790 --> 00:44:34.118 fantastic idea because providing
- NOTE Confidence: 0.9436080666666667
- $00:44:34.118 \longrightarrow 00:44:37.366$  evidence based care is a way to
- NOTE Confidence: 0.9436080666666667
- $00:44:37.366 \rightarrow 00:44:39.486$  overcome many of the disparities.
- NOTE Confidence: 0.9436080666666667
- $00:44:39.486 \longrightarrow 00:44:42.670$  It's not due to patient level factors.
- NOTE Confidence: 0.9436080666666667
- $00:44:42.670 \longrightarrow 00:44:45.180$  I know we go there.
- NOTE Confidence: 0.9436080666666667
- $00:44:45.180 \longrightarrow 00:44:46.853$  It's actually due to what people are
- NOTE Confidence: 0.9436080666666667
- $00{:}44{:}46.853 \dashrightarrow 00{:}44{:}48.020$  receiving once they're diagnosed.
- NOTE Confidence: 0.9436080666666667
- $00{:}44{:}48.020 \dashrightarrow 00{:}44{:}49.964$  And now we've shown study after
- NOTE Confidence: 0.9436080666666667
- $00{:}44{:}49{.}964 \dashrightarrow 00{:}44{:}51{.}748$  study after study that if you get
- NOTE Confidence: 0.9436080666666667
- $00:44:51.748 \longrightarrow 00:44:53.307$  the care that you need and the
- NOTE Confidence: 0.9436080666666667
- $00:44:53.307 \rightarrow 00:44:54.499$  care that's evidence based,
- NOTE Confidence: 0.9436080666666667

 $00:44:54.500 \rightarrow 00:44:55.580$  your outcomes are the same,

NOTE Confidence: 0.9436080666666667

00:44:55.580 --> 00:44:58.991 if not better, then more white,

NOTE Confidence: 0.9436080666666667

 $00:44:58.991 \rightarrow 00:45:00.819$  more affluent white individuals

NOTE Confidence: 0.9436080666666667

 $00:45:00.819 \rightarrow 00:45:03.140$  who usually do much better.

NOTE Confidence: 0.9436080666666667

 $00:45:03.140 \longrightarrow 00:45:04.420$  And so we picked through.

NOTE Confidence: 0.9436080666666667

 $00:45:04.420 \longrightarrow 00:45:05.500$  I went through their claims,

NOTE Confidence: 0.9436080666666667

 $00:45:05.500 \longrightarrow 00:45:07.026$  I went out to Atlantic City in

NOTE Confidence: 0.9436080666666667

 $00:45:07.026 \rightarrow 00:45:08.859$  Chicago as a fellow multiple times,

NOTE Confidence: 0.9436080666666667

 $00{:}45{:}08.860 \dashrightarrow 00{:}45{:}11.597$  looked over claims data and tried to

NOTE Confidence: 0.9436080666666667

 $00:45:11.597 \rightarrow 00:45:14.289$  identify the highest performing providers.

NOTE Confidence: 0.9436080666666667

 $00:45:14.290 \longrightarrow 00:45:15.970$  And in Atlantic City there was

NOTE Confidence: 0.9436080666666667

00:45:15.970 --> 00:45:17.090 an MD Anderson clinic.

NOTE Confidence: 0.9436080666666667

 $00:45:17.090 \longrightarrow 00:45:20.622$  It was very costly but it also

NOTE Confidence: 0.9436080666666667

 $00{:}45{:}20.622 \dashrightarrow 00{:}45{:}22.646$  provided evidence based care.

NOTE Confidence: 0.9436080666666667

 $00:45:22.650 \rightarrow 00:45:24.925$  And so the union said Okay Manali,

NOTE Confidence: 0.9436080666666667

 $00:45:24.930 \rightarrow 00:45:26.650$  redesign, let's redesign the benefits.

- NOTE Confidence: 0.9436080666666667
- $00:45:26.650 \longrightarrow 00:45:27.567$  Okay, what do we need to do?
- NOTE Confidence: 0.9436080666666667
- $00{:}45{:}27.570 \dashrightarrow 00{:}45{:}30.770$  And I said let's not reduce market share.
- NOTE Confidence: 0.9436080666666667
- $00{:}45{:}30{.}770 \dashrightarrow 00{:}45{:}31{.}562$  People want a choice.
- NOTE Confidence: 0.9436080666666667
- 00:45:31.562 --> 00:45:33.034 I want a choice when I'm diagnosed
- NOTE Confidence: 0.9436080666666667
- $00{:}45{:}33{.}034 \dashrightarrow 00{:}45{:}34{.}693$  with cancer and that's what we heard
- NOTE Confidence: 0.9436080666666667
- $00{:}45{:}34.693 \dashrightarrow 00{:}45{:}36.289$  from the Community Advisory Board,
- NOTE Confidence: 0.9436080666666667
- $00:45:36.290 \rightarrow 00:45:38.410$  you want a choice of where to go,
- NOTE Confidence: 0.9436080666666667
- $00:45:38.410 \longrightarrow 00:45:40.276$  but so don't remove the choice
- NOTE Confidence: 0.9436080666666667
- $00{:}45{:}40{.}276 \dashrightarrow 00{:}45{:}42{.}110$  and have a narrow network.
- NOTE Confidence: 0.9436080666666667
- $00{:}45{:}42.110 \dashrightarrow 00{:}45{:}44.240$  But rather expand the network and
- NOTE Confidence: 0.9436080666666667
- $00:45:44.240 \longrightarrow 00:45:46.745$  give people an incentive to go to
- NOTE Confidence: 0.9436080666666667
- $00:45:46.745 \longrightarrow 00:45:48.109$  the higher providing provider.
- NOTE Confidence: 0.9436080666666667
- $00{:}45{:}48.110 \dashrightarrow 00{:}45{:}50.030$  So let's waive copays for people
- NOTE Confidence: 0.9436080666666667
- $00{:}45{:}50{.}030 \dashrightarrow 00{:}45{:}52{.}343$  that choose to go to MD Anderson
- NOTE Confidence: 0.9436080666666667
- $00:45:52.343 \longrightarrow 00:45:53.943$  in the clinic in Chicago,
- NOTE Confidence: 0.9436080666666667

 $00:45:53.950 \longrightarrow 00:45:57.150$  your copays or waive,

NOTE Confidence: 0.9436080666666667

00:45:57.150 --> 00:45:58.206 you still have choice,

NOTE Confidence: 0.9436080666666667

00:45:58.206 --> 00:45:59.790 but you also get additional funding.

NOTE Confidence: 0.9436080666666667

 $00:45:59.790 \rightarrow 00:46:01.267$  If you choose to go to this,

NOTE Confidence: 0.9436080666666667

 $00:46:01.270 \rightarrow 00:46:03.583$  you know you have less out of pocket costs.

NOTE Confidence: 0.9436080666666667

 $00:46:03.590 \longrightarrow 00:46:05.468$  So as part of this study,

NOTE Confidence: 0.9436080666666667

00:46:05.470 --> 00:46:07.549 the Union asked us to do a randomized trial,

NOTE Confidence: 0.9436080666666667

 $00:46:07.550 \rightarrow 00:46:10.378$  which was actually very shocking to me.

NOTE Confidence: 0.9436080666666667

 $00{:}46{:}10.380 \dashrightarrow 00{:}46{:}11.610$  But they really wanted answers

NOTE Confidence: 0.9436080666666667

 $00:46:11.610 \rightarrow 00:46:13.260$  quickly and so we randomized patients,

NOTE Confidence: 0.9436080666666667

 $00:46:13.260 \rightarrow 00:46:15.198$  they would everybody got that free

NOTE Confidence: 0.9436080666666667

 $00{:}46{:}15.198 \dashrightarrow 00{:}46{:}17.339$  benefit of free cancer care services.

NOTE Confidence: 0.9436080666666667

 $00:46:17.340 \longrightarrow 00:46:18.978$  So as part of usual care,

NOTE Confidence: 0.9436080666666667

 $00:46:18.980 \rightarrow 00:46:21.265$  every patient received that extra

NOTE Confidence: 0.9436080666666667

 $00:46:21.265 \longrightarrow 00:46:23.093$  benefit of waiving costs.

NOTE Confidence: 0.9436080666666667

 $00:46:23.100 \rightarrow 00:46:25.080$  But every all the other patient

- NOTE Confidence: 0.9436080666666667
- $00:46:25.080 \rightarrow 00:46:26.400$  population that were randomized
- NOTE Confidence: 0.9436080666666667
- $00{:}46{:}26{.}456 \dashrightarrow 00{:}46{:}28{.}562$  received the added benefit of the
- NOTE Confidence: 0.9436080666666667
- $00{:}46{:}28.562 \dashrightarrow 00{:}46{:}29.966$  Community health worker screening
- NOTE Confidence: 0.9436080666666667
- $00:46:30.022 \longrightarrow 00:46:31.697$  for health related social needs,
- NOTE Confidence: 0.9436080666666667
- $00:46:31.700 \rightarrow 00:46:33.480$  conducting advanced care planning
- NOTE Confidence: 0.9436080666666667
- $00:46:33.480 \longrightarrow 00:46:34.815$  and symptom management.
- NOTE Confidence: 0.9436080666666667
- $00{:}46{:}34{.}820 \dashrightarrow 00{:}46{:}37{.}495$  We randomized 160 across Atlantic
- NOTE Confidence: 0.9436080666666667
- $00{:}46{:}37{.}495 \dashrightarrow 00{:}46{:}39{.}100$  City and Chicago.
- NOTE Confidence: 0.9352219
- $00:46:39.100 \longrightarrow 00:46:40.018$  And this just goes to show,
- NOTE Confidence: 0.9352219
- $00:46:40.020 \longrightarrow 00:46:41.415$  I don't want to go over all the details,
- NOTE Confidence: 0.9352219
- $00:46:41.420 \rightarrow 00:46:44.180$  but a very different patient population,
- NOTE Confidence: 0.9352219
- $00{:}46{:}44{.}180 \dashrightarrow 00{:}46{:}46{.}340$  younger patients, more females,
- NOTE Confidence: 0.9352219
- 00:46:46.340 --> 00:46:48.980 high proportion of Latinx, black
- NOTE Confidence: 0.9352219
- $00{:}46{:}48{.}980 \dashrightarrow 00{:}46{:}51{.}380$  patient populations and Asian subgroups.
- NOTE Confidence: 0.9352219
- $00{:}46{:}51{.}380 \dashrightarrow 00{:}46{:}53{.}802$  Which made us have to translate all
- NOTE Confidence: 0.9352219

 $00{:}46{:}53.802 \dashrightarrow 00{:}46{:}56.389$  of these documents and to also hire a

NOTE Confidence: 0.9352219

 $00:46:56.389 \rightarrow 00:46:59.083$  lot of Community health workers from

NOTE Confidence: 0.9352219

 $00{:}46{:}59{.}083 \dashrightarrow 00{:}47{:}01{.}455$  communities that spoke the patient's

NOTE Confidence: 0.9352219

 $00{:}47{:}01{.}455 \dashrightarrow 00{:}47{:}04{.}773$  preferences of language and that was costly.

NOTE Confidence: 0.9352219

 $00{:}47{:}04.780 \dashrightarrow 00{:}47{:}07.000$  Unite your health, did it.

NOTE Confidence: 0.9352219

 $00{:}47{:}07{.}000 \dashrightarrow 00{:}47{:}09{.}976$  Again, very low annual household incomes NOTE Confidence: 0.9352219

 $00{:}47{:}09{.}976 \dashrightarrow 00{:}47{:}12{.}800$  and very low educational attainment

NOTE Confidence: 0.9352219

 $00:47:12.800 \rightarrow 00:47:14.578$  and what we found using the functional

NOTE Confidence: 0.9352219

 $00{:}47{:}14.578$  -->  $00{:}47{:}16.159$  assessment of cancer the rapies general,

NOTE Confidence: 0.9352219

 $00{:}47{:}16.160 \dashrightarrow 00{:}47{:}18.560$  was that patients health related

NOTE Confidence: 0.9352219

 $00:47:18.560 \longrightarrow 00:47:20.480$  quality of life improved.

NOTE Confidence: 0.9352219

 $00{:}47{:}20{.}480 \dashrightarrow 00{:}47{:}21{.}280$  Makes sense.

NOTE Confidence: 0.9352219

 $00:47:21.280 \longrightarrow 00:47:22.880$  If you're screening for

NOTE Confidence: 0.9352219

 $00:47:22.880 \longrightarrow 00:47:24.480$  health related social needs,

NOTE Confidence: 0.9352219

 $00{:}47{:}24.480 \dashrightarrow 00{:}47{:}25.810$  you're likely going to have

NOTE Confidence: 0.9352219

 $00:47:25.810 \longrightarrow 00:47:26.874$  better quality of life.

- NOTE Confidence: 0.9352219
- $00:47:26.880 \longrightarrow 00:47:28.840$  How much of this was from the other

 $00:47:28.840 \rightarrow 00:47:30.191$  interventions is what I get asked

NOTE Confidence: 0.9352219

 $00:47:30.191 \longrightarrow 00:47:31.892$  all the time. Why does it matter?

NOTE Confidence: 0.9352219

 $00:47:31.892 \rightarrow 00:47:34.320$  Shouldn't we be doing this in our practice?

NOTE Confidence: 0.94226628

00:47:36.670 --> 00:47:38.862 I think so. And parsing out one piece

NOTE Confidence: 0.94226628

 $00{:}47{:}38.862 \dashrightarrow 00{:}47{:}41.388$  from the other doesn't really make sense,

NOTE Confidence: 0.94226628

 $00:47:41.390 \longrightarrow 00:47:42.730$  especially when you think

NOTE Confidence: 0.94226628

 $00:47:42.730 \longrightarrow 00:47:44.070$  about the patient population.

NOTE Confidence: 0.94226628

 $00{:}47{:}44.070 \dashrightarrow 00{:}47{:}46.452$  And then if you look at the similar

NOTE Confidence: 0.94226628

00:47:46.452 --> 00:47:48.620 reduced reductions in emergency

NOTE Confidence: 0.94226628

00:47:48.620 --> 00:47:50.788 department use in hospitals,

NOTE Confidence: 0.94226628

 $00{:}47{:}50.790 \dashrightarrow 00{:}47{:}52.950$  but you see that the higher there's a

NOTE Confidence: 0.94226628

 $00:47:52.950 \rightarrow 00:47:55.149$  higher mean with this patient population,

NOTE Confidence: 0.94226628

 $00{:}47{:}55{.}150 \dashrightarrow 00{:}47{:}57{.}370$  very complex patient population

NOTE Confidence: 0.94226628

 $00:47:57.370 \rightarrow 00:48:00.700$  utilizing acute care services more so

- $00:48:00.783 \dashrightarrow 00:48:03.597$  than patients in our other studies.
- NOTE Confidence: 0.94226628
- $00{:}48{:}03.600 \dashrightarrow 00{:}48{:}04.812$  But over all stages,
- NOTE Confidence: 0.94226628
- $00:48:04.812 \longrightarrow 00:48:07.320$  so again this was all stages of cancer,
- NOTE Confidence: 0.94226628
- 00:48:07.320 --> 00:48:09.320 I guess 12 month intervention,
- NOTE Confidence: 0.94226628
- $00{:}48{:}09{.}320 \dashrightarrow 00{:}48{:}13{.}480$  we found reductions in total cost of care.
- NOTE Confidence: 0.94226628
- $00:48:13.480 \longrightarrow 00:48:15.640$  Is this scalable?
- NOTE Confidence: 0.94226628
- $00:48:15.640 \longrightarrow 00:48:18.520$  We're now launching a 24 site
- NOTE Confidence: 0.94226628
- $00:48:18.520 \rightarrow 00:48:20.440$  cluster randomized control trial.
- NOTE Confidence: 0.94226628
- $00{:}48{:}20{.}440 \dashrightarrow 00{:}48{:}23{.}959$  To me doing usual care is kind of unethical.
- NOTE Confidence: 0.946962533333333
- $00:48:26.040 \longrightarrow 00:48:27.770$  We know that palliative care
- NOTE Confidence: 0.946962533333333
- $00{:}48{:}27.770 \dashrightarrow 00{:}48{:}29.154$  in these services work.
- NOTE Confidence: 0.946962533333333
- $00{:}48{:}29{.}160 \dashrightarrow 00{:}48{:}31{.}239$  So comparing to usual care is really
- NOTE Confidence: 0.946962533333333
- $00:48:31.239 \longrightarrow 00:48:33.549$  kind of a no go for me anymore.
- NOTE Confidence: 0.946962533333333
- 00:48:33.550 --> 00:48:35.704 And so we've now started embedding
- NOTE Confidence: 0.946962533333333
- $00:48:35.704 \rightarrow 00:48:37.505$  technology delivered tools where the
- NOTE Confidence: 0.946962533333333
- $00{:}48{:}37{.}505 \dashrightarrow 00{:}48{:}39{.}365$  same exact tools that the Community

- NOTE Confidence: 0.946962533333333
- $00:48:39.365 \rightarrow 00:48:41.429$  health worker uses in her interactions,
- NOTE Confidence: 0.946962533333333
- $00:48:41.430 \longrightarrow 00:48:43.390$  his or her interactions with the patient,
- NOTE Confidence: 0.946962533333333
- $00:48:43.390 \longrightarrow 00:48:45.342$  the patients will receive
- NOTE Confidence: 0.946962533333333
- $00:48:45.342 \longrightarrow 00:48:47.782$  passively in the control group.
- NOTE Confidence: 0.946962533333333
- $00{:}48{:}47.790 \dashrightarrow 00{:}48{:}50.238$  And I also want to make sure that
- NOTE Confidence: 0.946962533333333
- $00:48:50.238 \rightarrow 00:48:52.866$  we've got every single type of facility
- NOTE Confidence: 0.946962533333333
- $00:48:52.866 \rightarrow 00:48:55.446$  where people receive care included.
- NOTE Confidence: 0.946962533333333
- $00:48:55.450 \rightarrow 00:48:57.010$  So we've got community practices,
- NOTE Confidence: 0.946962533333333
- $00{:}48{:}57.010 \dashrightarrow 00{:}48{:}58.450$  we've got integrated systems,
- NOTE Confidence: 0.946962533333333
- $00{:}48{:}58{.}450 \dashrightarrow 00{:}49{:}01{.}050$  we have the VA academic systems and
- NOTE Confidence: 0.946962533333333
- $00:49:01.050 \rightarrow 00:49:03.330$  also our safety net hospital systems.
- NOTE Confidence: 0.945581211176471
- $00{:}49{:}05{.}610 \dashrightarrow 00{:}49{:}07{.}465$  Years later, Don Berwick wrote
- NOTE Confidence: 0.945581211176471
- $00{:}49{:}07{.}465 \dashrightarrow 00{:}49{:}09{.}661$  another article and I'm almost done
- NOTE Confidence: 0.945581211176471
- $00:49:09.661 \rightarrow 00:49:13.050$  so we can take questions in 2023,
- NOTE Confidence: 0.945581211176471
- $00:49:13.050 \rightarrow 00:49:14.610$  if you all have time.
- NOTE Confidence: 0.945581211176471

 $00:49:14.610 \rightarrow 00:49:15.570$  Just a couple of months ago,

NOTE Confidence: 0.945581211176471

00:49:15.570 --> 00:49:17.460 I would love for you to pick up that

NOTE Confidence: 0.945581211176471

00:49:17.460 --> 00:49:18.706 article and juxtapose it against

NOTE Confidence: 0.945581211176471

 $00:49:18.706 \longrightarrow 00:49:21.940$  what he wrote in 2008 because

NOTE Confidence: 0.945581211176471

 $00{:}49{:}21{.}940 \dashrightarrow 00{:}49{:}24{.}690$  it's very sobering, sombering.

NOTE Confidence: 0.945285228333333

 $00{:}49{:}27{.}400 \dashrightarrow 00{:}49{:}28{.}970$  Even the title the existential

NOTE Confidence: 0.945285228333333

00:49:28.970 --> 00:49:31.440 threat of greed in the United States,

NOTE Confidence: 0.945285228333333

 $00{:}49{:}31{.}440 \dashrightarrow 00{:}49{:}34{.}160$  United States healthcare system.

NOTE Confidence: 0.945285228333333

 $00:49:34.160 \rightarrow 00:49:37.160$  And in that article, it makes me question,

NOTE Confidence: 0.945285228333333

 $00:49:37.160 \rightarrow 00:49:40.317$  are we going in the wrong direction?

NOTE Confidence: 0.945285228333333

 $00:49:40.320 \longrightarrow 00:49:42.519$  Is it worsening?

NOTE Confidence: 0.945285228333333

 $00:49:42.520 \longrightarrow 00:49:44.476$  Because now we see how many

NOTE Confidence: 0.945285228333333

00:49:44.476 --> 00:49:47.034 of you all have seen what ASCO

NOTE Confidence: 0.945285228333333

 $00{:}49{:}47.034 \dashrightarrow 00{:}49{:}50.990$  has done for Wellness burnout.

NOTE Confidence: 0.945285228333333

 $00{:}49{:}50{.}990 \dashrightarrow 00{:}49{:}52{.}598$  Of course our ask the President

NOTE Confidence: 0.945285228333333

 $00:49:52.598 \rightarrow 00:49:53.353$  knows you closure ears.

- NOTE Confidence: 0.945285228333333
- $00:49:53.353 \rightarrow 00:49:54.910$  When I used to want to talk about this,
- NOTE Confidence: 0.945285228333333
- $00:49:54.910 \longrightarrow 00:49:57.990$  if we don't get at the root of the problem,
- NOTE Confidence: 0.945285228333333
- $00:49:57.990 \rightarrow 00:49:59.990$  everything else is a Band-Aid.
- NOTE Confidence: 0.945285228333333
- $00:49:59.990 \rightarrow 00:50:03.986$  The problem is the healthcare system,
- NOTE Confidence: 0.945285228333333
- $00:50:03.990 \longrightarrow 00:50:05.190$  the way that it's financed.
- NOTE Confidence: 0.945285228333333
- $00:50:05.190 \longrightarrow 00:50:08.214$  I did not go into medicine to be
- NOTE Confidence: 0.945285228333333
- $00{:}50{:}08{.}214 \dashrightarrow 00{:}50{:}11{.}942$  a paper pusher and to argue with
- NOTE Confidence: 0.945285228333333
- $00:50:11.942 \rightarrow 00:50:14.149$  payers about prior authorization
- NOTE Confidence: 0.945285228333333
- $00:50:14.149 \rightarrow 00:50:17.347$  for services that I know work,
- NOTE Confidence: 0.945285228333333
- 00:50:17.350 --> 00:50:19.936 nor did I go into medicine.
- NOTE Confidence: 0.945285228333333
- $00:50:19.940 \longrightarrow 00:50:21.220$  To make a huge buck.
- NOTE Confidence: 0.945285228333333
- 00:50:21.220 --> 00:50:23.215 And I know that may be different,
- NOTE Confidence: 0.945285228333333
- $00:50:23.220 \rightarrow 00:50:25.893$  but I also don't think that as a society,
- NOTE Confidence: 0.945285228333333
- $00{:}50{:}25{.}900 \dashrightarrow 00{:}50{:}28{.}410$  capitalizing off of people when
- NOTE Confidence: 0.945285228333333
- $00:50:28.410 \longrightarrow 00:50:30.176$  they're sick is where we want
- NOTE Confidence: 0.945285228333333

 $00:50:30.176 \rightarrow 00:50:31.500$  to go or where we should go.

NOTE Confidence: 0.946962533333333

 $00{:}50{:}33{.}580 \dashrightarrow 00{:}50{:}34{.}819$  And now hospices

NOTE Confidence: 0.81065308

 $00:50:36.940 \longrightarrow 00:50:41.891$  sadly profiteering why

NOTE Confidence: 0.81065308

 $00:50:41.891 \longrightarrow 00:50:44.246$  this is shocking to me.

NOTE Confidence: 0.81065308

 $00{:}50{:}44.250 \dashrightarrow 00{:}50{:}47.225$  It's really not because we're part of

NOTE Confidence: 0.81065308

 $00{:}50{:}47.225 \dashrightarrow 00{:}50{:}49.420$  the American ecosystem where there's

NOTE Confidence: 0.81065308

 $00:50:49.420 \longrightarrow 00:50:51.970$  this desire to want to capitalize,

NOTE Confidence: 0.81065308

 $00:50:51.970 \longrightarrow 00:50:53.090$  but it really makes our,

NOTE Confidence: 0.81065308

 $00{:}50{:}53.090 \dashrightarrow 00{:}50{:}54.806$  our jobs harder as physicians to

NOTE Confidence: 0.81065308

 $00{:}50{:}54{.}806 \dashrightarrow 00{:}50{:}56{.}931$  think about what we were trained in

NOTE Confidence: 0.81065308

 $00{:}50{:}56{.}931 \dashrightarrow 00{:}50{:}58{.}767$  medical school not to think about,

NOTE Confidence: 0.81065308

 $00:50:58.770 \longrightarrow 00:51:01.608$  but it's impacting all of us.

NOTE Confidence: 0.81065308

 $00:51:01.610 \longrightarrow 00:51:02.726$  This is the why for me,

NOTE Confidence: 0.81065308

 $00:51:02.730 \longrightarrow 00:51:04.314$  why do I keep going even

NOTE Confidence: 0.81065308

00:51:04.314 --> 00:51:05.978 though it seems like, you know,

NOTE Confidence: 0.81065308

 $00:51:05.978 \longrightarrow 00:51:07.595$  the system is a big wave

- NOTE Confidence: 0.81065308
- $00:51:07.595 \longrightarrow 00:51:08.770$  and crashing us all over?
- NOTE Confidence: 0.81065308
- $00{:}51{:}08{.}770 \dashrightarrow 00{:}51{:}09{.}730$  I really don't feel that way.
- NOTE Confidence: 0.81065308
- 00:51:09.730 --> 00:51:11.635 I'm actually still bright eyed
- NOTE Confidence: 0.81065308
- $00:51:11.635 \longrightarrow 00:51:13.540$  and bushy tailed and naive.
- NOTE Confidence: 0.81065308
- 00:51:13.540 --> 00:51:14.338 How many of you all know Paul,
- NOTE Confidence: 0.81065308
- $00:51:14.340 \rightarrow 00:51:14.860$  Farmer,
- NOTE Confidence: 0.936479825
- $00{:}51{:}17{.}220 \dashrightarrow 00{:}51{:}19{.}040$  humanitarian. And for me,
- NOTE Confidence: 0.936479825
- $00:51:19.040 \longrightarrow 00:51:21.580$  this is the why health really
- NOTE Confidence: 0.936479825
- $00{:}51{:}21{.}580 \dashrightarrow 00{:}51{:}23{.}380$  is a fundamental human right.
- NOTE Confidence: 0.9410922166666667
- $00:51:25.420 \longrightarrow 00:51:27.688$  It's not something that we if we
- NOTE Confidence: 0.9410922166666667
- 00:51:27.688 --> 00:51:30.139 live in the right neighborhood,
- NOTE Confidence: 0.9410922166666667
- $00:51:30.140 \longrightarrow 00:51:31.856$  if we have the right parents,
- NOTE Confidence: 0.9410922166666667
- $00:51:31.860 \rightarrow 00:51:33.300$  if we have the right education,
- NOTE Confidence: 0.9410922166666667
- 00:51:33.300 --> 00:51:35.538 if we speak the right language,
- NOTE Confidence: 0.9410922166666667
- $00:51:35.540 \longrightarrow 00:51:37.187$  that we may or may not be able to
- NOTE Confidence: 0.9410922166666667

 $00:51:37.187 \rightarrow 00:51:38.698$  attain our highest health possible.

NOTE Confidence: 0.93773775

 $00:51:43.000 \rightarrow 00:51:45.640$  And why also is because we see change.

NOTE Confidence: 0.93773775

 $00:51:45.640 \longrightarrow 00:51:47.120$  The A/C A was huge,

NOTE Confidence: 0.93773775

 $00{:}51{:}47{.}120 \dashrightarrow 00{:}51{:}49{.}160$  opened up the door to being able to

NOTE Confidence: 0.93773775

 $00{:}51{:}49{.}160 \dashrightarrow 00{:}51{:}51{.}197$  take away this idea of death panels.

NOTE Confidence: 0.93773775

 $00{:}51{:}51{.}200$  -->  $00{:}51{:}53{.}636$  We actually get reimbursed for having NOTE Confidence: 0.93773775

 $00{:}51{:}53.640 \dashrightarrow 00{:}51{:}56.022$  conversations that should be part of

NOTE Confidence: 0.93773775

 $00{:}51{:}56{.}022 \dashrightarrow 00{:}51{:}58{.}800$  the fabric about how we deliver care.

NOTE Confidence: 0.93773775

 $00{:}51{:}58{.}800 \dashrightarrow 00{:}52{:}00{.}102$  But also remember that site that

NOTE Confidence: 0.93773775

 $00{:}52{:}00{.}102 \dashrightarrow 00{:}52{:}01{.}841$  I told you in Fullerton that said

NOTE Confidence: 0.93773775

 $00{:}52{:}01{.}841 \dashrightarrow 00{:}52{:}03{.}479$  no way to advance care planning.

NOTE Confidence: 0.93773775

 $00:52:03.480 \longrightarrow 00:52:04.764$  We'll do the symptoms stuff if

NOTE Confidence: 0.93773775

00:52:04.764 --> 00:52:06.399 you give us a bunch of money.

NOTE Confidence: 0.93773775

 $00:52:06.400 \rightarrow 00:52:11.027$  They now are advertising on their website.

NOTE Confidence: 0.93773775

 $00:52:11.030 \longrightarrow 00:52:13.242$  This program is part of one of

NOTE Confidence: 0.93773775

 $00:52:13.242 \longrightarrow 00:52:14.475$  their critical services and

- NOTE Confidence: 0.93773775
- $00:52:14.475 \longrightarrow 00:52:16.185$  care more decided to pull out.

 $00{:}52{:}16.190 \dashrightarrow 00{:}52{:}18.390$  They said we're not paying for it anymore.

NOTE Confidence: 0.93773775

 $00:52:18.390 \longrightarrow 00:52:19.521$  But guess what?

NOTE Confidence: 0.93773775

 $00:52:19.521 \rightarrow 00:52:22.160$  This oncology group is continuing with it

NOTE Confidence: 0.93773775

 $00{:}52{:}22{.}233 \dashrightarrow 00{:}52{:}24.949$  now and has expanded across three states.

NOTE Confidence: 0.93773775

 $00:52:24.950 \longrightarrow 00:52:25.990$  A couple of months ago,

NOTE Confidence: 0.93773775

 $00:52:25.990 \longrightarrow 00:52:28.024$  we trained all of the health

NOTE Confidence: 0.93773775

 $00{:}52{:}28.024 \dashrightarrow 00{:}52{:}29.910$  advocates at unite your health.

NOTE Confidence: 0.93773775

 $00{:}52{:}29{.}910 \dashrightarrow 00{:}52{:}31{.}878$  So all of the health advocates

NOTE Confidence: 0.93773775

00:52:31.878 --> 00:52:33.830 across the United States, Las Vegas,

NOTE Confidence: 0.93773775

00:52:33.830 --> 00:52:35.906 New York, Boston, the food industry,

NOTE Confidence: 0.93773775

 $00{:}52{:}35{.}906 \dashrightarrow 00{:}52{:}39{.}200$  they were all trained on this model and.

NOTE Confidence: 0.93773775

00:52:39.200 --> 00:52:43.334 I firmly believe in advocating policy change.

NOTE Confidence: 0.93773775

 $00{:}52{:}43{.}334 \dashrightarrow 00{:}52{:}45{.}728$  We always forget about the outer bucket.

NOTE Confidence: 0.93773775

 $00{:}52{:}45{.}730 \dashrightarrow 00{:}52{:}47{.}716$  But it's so important to think

- $00:52:47.716 \rightarrow 00:52:49.809$  about how to advocate for change.
- NOTE Confidence: 0.93773775
- $00{:}52{:}49{.}810 \dashrightarrow 00{:}52{:}51{.}418$  So with community partners,
- NOTE Confidence: 0.93773775
- 00:52:51.418 --> 00:52:54.370 we were knocking on the door in
- NOTE Confidence: 0.93773775
- 00:52:54.370 --> 00:52:56.700 Sacramento every month saying community
- NOTE Confidence: 0.93773775
- $00{:}52{:}56{.}700 \dashrightarrow 00{:}52{:}59{.}650$  health workers need to be reimbursed.
- NOTE Confidence: 0.93773775
- 00:52:59.650 --> 00:53:00.883 And so now,
- NOTE Confidence: 0.93773775
- $00{:}53{:}00{.}883 \dashrightarrow 00{:}53{:}02{.}527$  as a medical benefit,
- NOTE Confidence: 0.93773775
- $00:53:02.530 \longrightarrow 00:53:03.454$  as of July,
- NOTE Confidence: 0.93773775
- $00{:}53{:}03{.}454 \dashrightarrow 00{:}53{:}05{.}302$  the work that my community members
- NOTE Confidence: 0.93773775
- $00{:}53{:}05{.}302 \dashrightarrow 00{:}53{:}06{.}931$  and Community health workers
- NOTE Confidence: 0.93773775
- 00:53:06.931 --> 00:53:08.688 are doing are now reimbursed.
- NOTE Confidence: 0.922411470588235
- $00:53:11.210 \rightarrow 00:53:13.307$  I have a lot of other projects now focused
- NOTE Confidence: 0.922411470588235
- $00:53:13.307 \rightarrow 00:53:15.408$  on that other side of EU shaped curve,
- NOTE Confidence: 0.922411470588235
- $00:53:15.410 \rightarrow 00:53:17.410$  really trying to improve equitable
- NOTE Confidence: 0.922411470588235
- $00:53:17.410 \longrightarrow 00:53:19.010$  evidence based care delivery.
- NOTE Confidence: 0.922411470588235
- $00:53:19.010 \rightarrow 00:53:21.170$  And for me it really is people over profits.

- NOTE Confidence: 0.922411470588235
- 00:53:21.170 --> 00:53:22.484 And I think all of you in this room,
- NOTE Confidence: 0.922411470588235
- $00{:}53{:}22{.}490 \dashrightarrow 00{:}53{:}25{.}650$  because you came to this talk number one,
- NOTE Confidence: 0.922411470588235
- $00{:}53{:}25{.}650 \dashrightarrow 00{:}53{:}27{.}170$  really believe the same thing
- NOTE Confidence: 0.9402536
- $00:53:29.610 \rightarrow 00:53:31.887$  when you think about the people at the table.
- NOTE Confidence: 0.9402536
- 00:53:31.890 --> 00:53:34.090 We've got the governor's office,
- NOTE Confidence: 0.9402536
- $00:53:34.090 \rightarrow 00:53:36.430$  you can see the big capital,
- NOTE Confidence: 0.9402536
- $00:53:36.430 \longrightarrow 00:53:39.230$  we've got the county.
- NOTE Confidence: 0.9402536
- 00:53:39.230 --> 00:53:41.950 Department of Public Health,
- NOTE Confidence: 0.9402536
- $00{:}53{:}41{.}950 \dashrightarrow 00{:}53{:}43{.}665$  you think about who's at the table,
- NOTE Confidence: 0.9402536
- $00:53:43.670 \longrightarrow 00:53:46.238$  who even knows that a table
- NOTE Confidence: 0.9402536
- $00:53:46.238 \rightarrow 00:53:47.526$  exists and who's not there,
- NOTE Confidence: 0.9402536
- $00:53:47.526 \rightarrow 00:53:49.469$  who may not know that the table exists.
- NOTE Confidence: 0.9402536
- $00:53:49.470 \longrightarrow 00:53:52.543$  Bring them all together and you can
- NOTE Confidence: 0.9402536
- $00{:}53{:}52{.}543 \dashrightarrow 00{:}53{:}53{.}860$  create sustainable interventions
- NOTE Confidence: 0.9402536
- $00{:}53{:}53{.}924 \dashrightarrow 00{:}53{:}55{.}988$  like I talked about in Honduras.
- NOTE Confidence: 0.9402536

- $00{:}53{:}55{.}990 \dashrightarrow 00{:}53{:}56{.}788$  And that's it.
- NOTE Confidence: 0.9402536
- 00:53:56.788 --> 00:53:57.586 That's a wrap.
- NOTE Confidence: 0.934215492
- $00{:}54{:}04{.}710 \dashrightarrow 00{:}54{:}06{.}378$  We have a couple time. This is our lab.
- NOTE Confidence: 0.934215492
- 00:54:06.378 --> 00:54:08.028 And so if anyone wants to check it out,
- NOTE Confidence: 0.934215492
- 00:54:08.030 00:54:10.326 please, we've got a bunch of other
- NOTE Confidence: 0.934215492
- $00:54:10.326 \rightarrow 00:54:11.962$  studies ongoing and then certainly
- NOTE Confidence: 0.934215492
- $00:54:11.962 \rightarrow 00:54:13.090$  some questions. Yes, in the back.
- NOTE Confidence: 0.93270605
- $00{:}54{:}15{.}410 \dashrightarrow 00{:}54{:}16{.}410$  Oh, thank you Sir.
- NOTE Confidence: 0.9452853
- $00{:}54{:}24{.}610 \dashrightarrow 00{:}54{:}25{.}640$  One of the beauties of
- NOTE Confidence: 0.9452853
- $00:54:25.640 \longrightarrow 00:54:27.570$  community that expresses
- NOTE Confidence: 0.94629164
- $00:54:27.570 \rightarrow 00:54:31.830$  the support you said really get to vote yes NOTE Confidence: 0.94629164
- $00:54:31.830 \rightarrow 00:54:34.009$  really the whole 1000 importance of that.
- NOTE Confidence: 0.94629164
- $00:54:34.010 \longrightarrow 00:54:36.428$  Did you identify any particular cultural
- NOTE Confidence: 0.94629164
- $00{:}54{:}36{.}428 \dashrightarrow 00{:}54{:}38{.}475$  barriers and or facilitators within
- NOTE Confidence: 0.94629164
- $00:54:38.475 \rightarrow 00:54:40.725$  the community that she's engaged with?
- NOTE Confidence: 0.9187417766666667
- $00:54:41.890 \rightarrow 00:54:43.270$  Very good question.

- NOTE Confidence: 0.9187417766666667
- 00:54:43.270 --> 00:54:45.270 So the question, did everybody
- NOTE Confidence: 0.9187417766666667
- $00:54:45.270 \longrightarrow 00:54:47.130$  hear that maybe for online folks,
- NOTE Confidence: 0.9187417766666667
- $00:54:47.130 \longrightarrow 00:54:49.631$  the question was did you with
- NOTE Confidence: 0.9187417766666667
- $00{:}54{:}49{.}631 \dashrightarrow 00{:}54{:}51{.}315$  community based participatory research
- NOTE Confidence: 0.9187417766666667
- $00{:}54{:}51{.}315 \dashrightarrow 00{:}54{:}52{.}999$  really knowing the communities
- NOTE Confidence: 0.9187417766666667
- $00:54:52.999 \longrightarrow 00:54:55.122$  and if we identified any cultural
- NOTE Confidence: 0.9187417766666667
- $00:54:55.122 \longrightarrow 00:54:56.767$  barriers or facilitators in the
- NOTE Confidence: 0.9187417766666667
- $00{:}54{:}56.826 \dashrightarrow 00{:}54{:}58.766$  communities that we identified with.
- NOTE Confidence: 0.9187417766666667
- $00{:}54{:}58{.}770 \dashrightarrow 00{:}55{:}00{.}940$  So yes, and I'm really glad that
- NOTE Confidence: 0.9187417766666667
- $00{:}55{:}00{.}940 \dashrightarrow 00{:}55{:}02{.}782$  you asked that question because
- NOTE Confidence: 0.9187417766666667
- $00:55:02.782 \rightarrow 00:55:04.537$  there were some considerations
- NOTE Confidence: 0.9187417766666667
- $00:55:04.537 \rightarrow 00:55:06.972$  especially among some of the
- NOTE Confidence: 0.9187417766666667
- $00:55:06.972 \dashrightarrow 00:55:08.920$  Asian patient populations about.
- NOTE Confidence: 0.9187417766666667
- $00:55:08.920 \dashrightarrow 00:55:10.480$  Patients may be potentially not
- NOTE Confidence: 0.9187417766666667
- $00:55:10.480 \rightarrow 00:55:12.040$  wanting to engage in discussions,
- NOTE Confidence: 0.9187417766666667

 $00:55:12.040 \longrightarrow 00:55:14.000$  but that their caregivers would.

NOTE Confidence: 0.9187417766666667

 $00{:}55{:}14.000 \dashrightarrow 00{:}55{:}16.568$  And so we expanded the intervention

NOTE Confidence: 0.9187417766666667

00:55:16.568 --> 00:55:19.040 to allow for cultural humility.

NOTE Confidence: 0.9187417766666667

 $00:55:19.040 \rightarrow 00:55:23.198$  If that is how that is in their family,

NOTE Confidence: 0.9187417766666667

 $00{:}55{:}23.200 \dashrightarrow 00{:}55{:}25.984$  who am I to say I want to talk

NOTE Confidence: 0.9187417766666667

 $00{:}55{:}25{.}984 \dashrightarrow 00{:}55{:}27{.}064$  to the patient directly about

NOTE Confidence: 0.9187417766666667

 $00:55:27.064 \rightarrow 00:55:28.118$  what the patient wants?

NOTE Confidence: 0.9187417766666667

 $00:55:28.120 \rightarrow 00:55:31.120$  That is how and especially in my family,

NOTE Confidence: 0.9187417766666667

 $00{:}55{:}31{.}120 \dashrightarrow 00{:}55{:}32{.}638$  the same goes in my family.

NOTE Confidence: 0.9187417766666667

 $00:55:32.640 \rightarrow 00:55:34.719$  We want the patient to be engaged,

NOTE Confidence: 0.9187417766666667

 $00:55:34.720 \longrightarrow 00:55:35.980$  but is that how,

NOTE Confidence: 0.9187417766666667

 $00:55:35.980 \longrightarrow 00:55:37.870$  if that's how they've set up.

NOTE Confidence: 0.9187417766666667

 $00:55:37.870 \longrightarrow 00:55:39.015$  And that's how they've been

NOTE Confidence: 0.9187417766666667

 $00:55:39.015 \longrightarrow 00:55:40.590$  that is part of their culture,

NOTE Confidence: 0.9187417766666667

 $00:55:40.590 \longrightarrow 00:55:42.306$  in the fabric of their culture.

NOTE Confidence: 0.9187417766666667

 $00:55:42.310 \longrightarrow 00:55:44.662$  We should try to begin to tweak

- NOTE Confidence: 0.9187417766666667
- 00:55:44.662 --> 00:55:45.670 our interventions again,
- NOTE Confidence: 0.9187417766666667
- $00:55:45.670 \longrightarrow 00:55:47.670$  using that same concept of
- NOTE Confidence: 0.9187417766666667
- $00:55:47.670 \rightarrow 00:55:49.230$  not going in with blinders,
- NOTE Confidence: 0.9187417766666667
- $00:55:49.230 \longrightarrow 00:55:50.862$  of thinking that this is the
- NOTE Confidence: 0.9187417766666667
- $00:55:50.862 \dashrightarrow 00:55:52.150$  way this intervention should be,
- NOTE Confidence: 0.9187417766666667
- $00:55:52.150 \longrightarrow 00:55:54.235$  but rather thinking about how
- NOTE Confidence: 0.9187417766666667
- $00{:}55{:}54{.}235 \dashrightarrow 00{:}55{:}55{.}903$  to code sign the discussions.
- NOTE Confidence: 0.9187417766666667
- 00:55:55.910 --> 00:55:58.988 Facilitators was faithbased,
- NOTE Confidence: 0.9187417766666667
- $00:55:58.990 \longrightarrow 00:56:01.264$  so in Atlantic City we found
- NOTE Confidence: 0.9187417766666667
- $00:56:01.264 \rightarrow 00:56:02.780$  community partners that were
- NOTE Confidence: 0.9187417766666667
- $00:56:02.849 \rightarrow 00:56:04.844$  faithbased organizations across
- NOTE Confidence: 0.9187417766666667
- $00{:}56{:}04{.}844 \dashrightarrow 00{:}56{:}06{.}510$  multiple demographic groups.
- NOTE Confidence: 0.9187417766666667
- $00{:}56{:}06{.}510 \dashrightarrow 00{:}56{:}10{.}010$  Who really came to charge and would
- NOTE Confidence: 0.9187417766666667
- $00:56:10.010 \dashrightarrow 00:56:13.100$  talk about filling out five wishes?
- NOTE Confidence: 0.9187417766666667
- $00:56:13.100 \rightarrow 00:56:15.700$  In their sermons on Sunday?
- NOTE Confidence: 0.9187417766666667

00:56:15.700 --> 00:56:17.680 We found Hindu priests discussing

NOTE Confidence: 0.9187417766666667

 $00{:}56{:}17.680 \dashrightarrow 00{:}56{:}20.120$  advanced care plan and we provided

NOTE Confidence: 0.9187417766666667

 $00{:}56{:}20{.}120 \dashrightarrow 00{:}56{:}22{.}454$  them with the materials and so

NOTE Confidence: 0.9187417766666667

 $00:56:22.454 \rightarrow 00:56:24.527$  they expanded that reach and

NOTE Confidence: 0.9187417766666667

 $00{:}56{:}24.527 \dashrightarrow 00{:}56{:}25.775$  normalized these conversations

NOTE Confidence: 0.9187417766666667

 $00:56:25.775 \rightarrow 00:56:28.756$  long before we had to even engage.

NOTE Confidence: 0.9187417766666667

 $00:56:28.756 \rightarrow 00:56:30.100$  Very good question.

NOTE Confidence: 0.9187417766666667

 $00:56:30.100 \rightarrow 00:56:31.654$  Did that answer some of your questions?

NOTE Confidence: 0.926835733333333

00:56:36.710 --> 00:56:39.075 I mean the technology,

NOTE Confidence: 0.926835733333333

 $00:56:39.075 \rightarrow 00:56:42.190$  you never go by higher funding costs.

NOTE Confidence: 0.926835733333333

00:56:42.190 --> 00:56:47.239 Yeah. How do we change capitalistic

NOTE Confidence: 0.926835733333333

 $00:56:47.239 \longrightarrow 00:56:49.453$  model we see in there versus

NOTE Confidence: 0.926835733333333

 $00:56:49.453 \rightarrow 00:56:51.030$  every other technology sector?

NOTE Confidence: 0.926835733333333

 $00:56:51.030 \rightarrow 00:56:52.350$  Like why are they so different?

NOTE Confidence: 0.926835733333333

 $00:56:52.350 \rightarrow 00:56:54.150$  Is it beer and black information?

NOTE Confidence: 0.926835733333333

00:56:54.150 - 00:56:55.242 Like why are they so different and

 $00:56:55.242 \rightarrow 00:56:56.667$  how do we kind of break the picture?

NOTE Confidence: 0.944566485714286

 $00:56:57.630 \longrightarrow 00:56:58.154$  Good question.

NOTE Confidence: 0.944566485714286

 $00:56:58.154 \rightarrow 00:57:00.260$  So the question was why, you know,

NOTE Confidence: 0.944566485714286

 $00:57:00.260 \longrightarrow 00:57:03.025$  in the technology sector there's this desire.

NOTE Confidence: 0.944566485714286

 $00:57:03.030 \rightarrow 00:57:04.549$  Please correct me if I'm wrong there.

NOTE Confidence: 0.944566485714286

 $00:57:04.550 \longrightarrow 00:57:05.564$  Essentially you can.

NOTE Confidence: 0.944566485714286

 $00{:}57{:}05{.}564 \dashrightarrow 00{:}57{:}07{.}930$  Make products that can then lower costs.

NOTE Confidence: 0.944566485714286

 $00:57:07.930 \longrightarrow 00:57:08.930$  But in the healthcare sector,

NOTE Confidence: 0.944566485714286

 $00{:}57{:}08{.}930 \dashrightarrow 00{:}57{:}11{.}345$  we're not there yet and it's all

NOTE Confidence: 0.944566485714286

 $00:57:11.345 \rightarrow 00:57:13.130$  because it's misaligned incentives.

NOTE Confidence: 0.944566485714286

 $00{:}57{:}13.130 \dashrightarrow 00{:}57{:}14.607$  If you think about the different players,

NOTE Confidence: 0.944566485714286

 $00{:}57{:}14.610 \dashrightarrow 00{:}57{:}16.566$  we haven't come together to align.

NOTE Confidence: 0.944566485714286

 $00{:}57{:}16{.}570 \dashrightarrow 00{:}57{:}17{.}938$  Consumers really drive change.

NOTE Confidence: 0.944566485714286

 $00{:}57{:}17{.}938 \dashrightarrow 00{:}57{:}20{.}968$  And So what we really need to do is

NOTE Confidence: 0.944566485714286

 $00:57:20.968 \rightarrow 00:57:23.110$  galvanize like we are in these communities

 $00:57:23.170 \longrightarrow 00:57:25.090$  and start thinking together and

NOTE Confidence: 0.944566485714286

 $00:57:25.090 \rightarrow 00:57:27.263$  collectively about how to change that.

NOTE Confidence: 0.944566485714286

00:57:27.263 --> 00:57:29.287 You know, I, I hate to go there,

NOTE Confidence: 0.944566485714286

 $00:57:29.290 \longrightarrow 00:57:33.130$  but a universal payer system,

NOTE Confidence: 0.944566485714286

 $00:57:33.130 \longrightarrow 00:57:35.520$  you see how it works in the VA.

NOTE Confidence: 0.944566485714286

 $00:57:35.520 \rightarrow 00:57:37.380$  And there are challenges that every

NOTE Confidence: 0.944566485714286

 $00:57:37.380 \rightarrow 00:57:39.635$  study we've done in the VA and outside

NOTE Confidence: 0.944566485714286

 $00{:}57{:}39{.}635 \dashrightarrow 00{:}57{:}41{.}243$  the VA shows that people within

NOTE Confidence: 0.944566485714286

 $00{:}57{:}41{.}243 \dashrightarrow 00{:}57{:}42{.}815$  the VA have less disparities when

NOTE Confidence: 0.944566485714286

 $00:57:42.815 \rightarrow 00:57:44.640$  they get care within the VA system.

NOTE Confidence: 0.944566485714286

 $00{:}57{:}44.640 \dashrightarrow 00{:}57{:}46.299$  And now with the Mission Act that

NOTE Confidence: 0.944566485714286

 $00{:}57{:}46.299 \dashrightarrow 00{:}57{:}47.941$  allows our veterans to receive care

NOTE Confidence: 0.944566485714286

00:57:47.941 --> 00:57:49.117 in community based facilities,

NOTE Confidence: 0.944566485714286

 $00:57:49.120 \rightarrow 00:57:51.176$  we see that when they use community based

NOTE Confidence: 0.944566485714286

 $00{:}57{:}51{.}176 \dashrightarrow 00{:}57{:}52{.}600$  facilities, their outcomes are worse.

NOTE Confidence: 0.939338745454545

 $00:57:55.040 \longrightarrow 00:57:58.478$  It is a way to financially

- NOTE Confidence: 0.939338745454545
- $00:57:58.478 \rightarrow 00:58:01.560$  incentivize and to align goals,
- NOTE Confidence: 0.939338745454545
- $00:58:01.560 \longrightarrow 00:58:02.640$  not to be a reductionist,
- NOTE Confidence: 0.939338745454545
- $00:58:02.640 \longrightarrow 00:58:03.560$  but that's one example.
- NOTE Confidence: 0.93689905
- $00:58:06.840 \rightarrow 00:58:08.840$  A comment and a question.
- NOTE Confidence: 0.936228178
- $00{:}58{:}09{.}760 \dashrightarrow 00{:}58{:}13{.}450$  So the comment is that I worry a
- NOTE Confidence: 0.936228178
- $00{:}58{:}13.450 \dashrightarrow 00{:}58{:}15.790$  little bit about putting patients in
- NOTE Confidence: 0.936228178
- $00:58:15.790 \rightarrow 00:58:18.518$  the middle of the cost situation,
- NOTE Confidence: 0.936228178
- $00:58:18.520 \longrightarrow 00:58:20.120$  partially because the costs
- NOTE Confidence: 0.936228178
- $00:58:20.120 \longrightarrow 00:58:22.120$  are in many ways artificial.
- NOTE Confidence: 0.936228178
- $00{:}58{:}22.120 \dashrightarrow 00{:}58{:}24.664$  And I think the real solution is of
- NOTE Confidence: 0.936228178
- $00{:}58{:}24.664 \dashrightarrow 00{:}58{:}26.731$  course that we should have coverage
- NOTE Confidence: 0.936228178
- $00{:}58{:}26{.}731 \dashrightarrow 00{:}58{:}29{.}608$  for every one and then we should
- NOTE Confidence: 0.936228178
- $00:58:29.608 \longrightarrow 00:58:32.258$  work on figuring out the cost.
- NOTE Confidence: 0.936228178
- 00:58:32.260 --> 00:58:34.356 The and and I fear that some people
- NOTE Confidence: 0.936228178
- $00{:}58{:}34{.}356 \dashrightarrow 00{:}58{:}36{.}407$  will just say that's just too much
- NOTE Confidence: 0.936228178

 $00{:}58{:}36{.}407 \dashrightarrow 00{:}58{:}39{.}556$  money for me and for maybe the wrong

NOTE Confidence: 0.936228178

00:58:39.556 - 00:58:41.860 reasons choose not to get care.

NOTE Confidence: 0.936228178

 $00:58:41.860 \rightarrow 00:58:45.823$  The question I have though is to what extent?

NOTE Confidence: 0.936228178

 $00:58:45.823 \longrightarrow 00:58:48.745$  I know in in in at least one of the

NOTE Confidence: 0.936228178

 $00{:}58{:}48.745 \dashrightarrow 00{:}58{:}50.309$  studies there wasn't interaction

NOTE Confidence: 0.936228178

00:58:50.309 - 00:58:51.901 between the Community health

NOTE Confidence: 0.936228178

 $00{:}58{:}51{.}901 \dashrightarrow 00{:}58{:}53{.}656$  worker and the medical team.

NOTE Confidence: 0.936228178

 $00{:}58{:}53{.}660 \dashrightarrow 00{:}58{:}55{.}535$  To what extent in other

NOTE Confidence: 0.936228178

 $00:58:55.535 \rightarrow 00:58:57.035$  situations have you had?

NOTE Confidence: 0.936228178

 $00:58:57.040 \rightarrow 00:58:57.920$  Contact between those two,

NOTE Confidence: 0.946004114285714

 $00{:}58{:}58{.}400 \dashrightarrow 00{:}58{:}59{.}835$  yeah I actually that's a good question.

NOTE Confidence: 0.946004114285714

 $00:58:59.840 \longrightarrow 00:59:01.996$  So the question was to what degree

NOTE Confidence: 0.946004114285714

 $00:59:01.996 \dashrightarrow 00:59:03.730$  does the Community health worker

NOTE Confidence: 0.946004114285714

 $00:59:03.730 \longrightarrow 00:59:05.600$  engage with the clinical teams.

NOTE Confidence: 0.946004114285714

 $00{:}59{:}05{.}600 \dashrightarrow 00{:}59{:}07{.}800$  I think in the in the ideal scenario

NOTE Confidence: 0.946004114285714

 $00{:}59{:}07{.}800 \dashrightarrow 00{:}59{:}10{.}025$  you want a highly functioning team

 $00{:}59{:}10.025 \dashrightarrow 00{:}59{:}12.443$  where there is communication across both

NOTE Confidence: 0.946004114285714

 $00:59:12.511 \longrightarrow 00:59:14.671$  unfortunately and the majority of

NOTE Confidence: 0.946004114285714

 $00:59:14.671 \rightarrow 00:59:17.364$  the sites have chosen that even if they

NOTE Confidence: 0.946004114285714

 $00:59:17.364 \rightarrow 00:59:18.919$  haven't chosen that initially they've

NOTE Confidence: 0.946004114285714

 $00:59:18.919 \rightarrow 00:59:20.890$  come around to really engaging the

NOTE Confidence: 0.946004114285714

 $00:59:20.890 \rightarrow 00:59:23.019$  community health workers part of the team.

NOTE Confidence: 0.946004114285714

 $00{:}59{:}23.020 \dashrightarrow 00{:}59{:}24.634$  Where we've seen struggles is in

NOTE Confidence: 0.946004114285714

 $00:59:24.634 \rightarrow 00:59:26.298$  that example in Atlantic City and

NOTE Confidence: 0.946004114285714

 $00{:}59{:}26.298 \dashrightarrow 00{:}59{:}27.643$  Chicago where the oncologist really

NOTE Confidence: 0.946004114285714

 $00:59:27.643 \longrightarrow 00:59:29.536$  did not want to be involved at all.

NOTE Confidence: 0.946004114285714

00:59:29.540 --> 00:59:30.220 And so we said, Okay,

NOTE Confidence: 0.946004114285714

 $00:59:30.220 \rightarrow 00:59:32.272$  we're going to do it with the payer alone

NOTE Confidence: 0.946004114285714

 $00{:}59{:}32{.}272 \dashrightarrow 00{:}59{:}34{.}179$  and there was limited communication,

NOTE Confidence: 0.946004114285714

 $00{:}59{:}34{.}180 \dashrightarrow 00{:}59{:}36{.}204$  but we also want to make it such

NOTE Confidence: 0.946004114285714

 $00:59:36.204 \rightarrow 00:59:37.539$  that patients are activated.

 $00:59:37.540 \rightarrow 00:59:38.653$  These interventions, the,

NOTE Confidence: 0.946004114285714

 $00:59:38.653 \rightarrow 00:59:40.137$  the proactive symptom assessment,

NOTE Confidence: 0.946004114285714

 $00:59:40.140 \longrightarrow 00:59:42.540$  I think should be longitudinal,

NOTE Confidence: 0.946004114285714

 $00:59:42.540 \rightarrow 00:59:43.620$  but the advanced care planning,

NOTE Confidence: 0.946004114285714

 $00:59:43.620 \longrightarrow 00:59:45.438$  you really want to give patients

NOTE Confidence: 0.946004114285714

00:59:45.438 --> 00:59:47.919 the tools to be their own advocate.

NOTE Confidence: 0.946004114285714

 $00{:}59{:}47{.}920 \dashrightarrow 00{:}59{:}49{.}950$  And so in those situations and most

NOTE Confidence: 0.946004114285714

 $00:59:49.950 \rightarrow 00:59:52.304$  of our studies are really just limited

NOTE Confidence: 0.946004114285714

 $00:59:52.304 \rightarrow 00:59:54.079$  with that intervention you see,

NOTE Confidence: 0.946004114285714

 $00:59:54.080 \rightarrow 00:59:55.879$  which I didn't show is an enduring

NOTE Confidence: 0.946004114285714

 $00{:}59{:}55{.}879 \dashrightarrow 00{:}59{:}57{.}486$  effect of the intervention long

NOTE Confidence: 0.946004114285714

 $00{:}59{:}57{.}486 \dashrightarrow 00{:}59{:}59{.}436$  after the intervention has ended.

NOTE Confidence: 0.946004114285714

 $00:59:59.440 \longrightarrow 01:00:00.454$  And so we,

NOTE Confidence: 0.946004114285714

 $01{:}00{:}00{.}454 \dashrightarrow 01{:}00{:}03{.}284$  we just looked at the VA study now

NOTE Confidence: 0.946004114285714

 $01:00:03.284 \rightarrow 01:00:05.676 \ 10$  years later and we found actually

NOTE Confidence: 0.946004114285714

01:00:05.676 --> 01:00:07.590 really big differences at the end

 $01:00:07.649 \rightarrow 01:00:09.679$  of life for the patients that died,

NOTE Confidence: 0.946004114285714

 $01:00:09.680 \rightarrow 01:00:11.585$  perhaps indicating that the skills

NOTE Confidence: 0.946004114285714

01:00:11.585 - 01:00:13.490 that patients were learning are

NOTE Confidence: 0.946004114285714

 $01:00:13.549 \rightarrow 01:00:14.817$  like riding a bicycle.

NOTE Confidence: 0.946004114285714

 $01:00:14.820 \rightarrow 01:00:16.934$  You want patients to activate for themselves.

NOTE Confidence: 0.946004114285714

 $01:00:16.940 \longrightarrow 01:00:18.566$  And so in those situations where

NOTE Confidence: 0.946004114285714

 $01{:}00{:}18.566 \dashrightarrow 01{:}00{:}20.159$  we don't have the Wellfunctioning

NOTE Confidence: 0.946004114285714

 $01:00:20.159 \longrightarrow 01:00:21.979$  team in the communication,

NOTE Confidence: 0.946004114285714

 $01:00:21.980 \longrightarrow 01:00:24.116$  we have the Community health worker

NOTE Confidence: 0.946004114285714

 $01:00:24.116 \longrightarrow 01:00:25.946$  activate the patients to call

NOTE Confidence: 0.946004114285714

 $01{:}00{:}25.946 \dashrightarrow 01{:}00{:}28.010$  their clinician and make sure that

NOTE Confidence: 0.946004114285714

 $01:00:28.010 \longrightarrow 01:00:29.700$  these symptoms are addressed.

NOTE Confidence: 0.946004114285714

 $01{:}00{:}29.700 \dashrightarrow 01{:}00{:}30.138$  So they say,

NOTE Confidence: 0.946004114285714

 $01{:}00{:}30{.}138 \dashrightarrow 01{:}00{:}31{.}500$  I'm going to get off the phone with you,

NOTE Confidence: 0.946004114285714

 $01:00:31.500 \rightarrow 01:00:32.916$  you're going to call your clinician

- 01:00:32.916 --> 01:00:33.860 going to hang up.
- NOTE Confidence: 0.946004114285714
- 01:00:33.860 --> 01:00:35.498 I'm going to call you again in
- NOTE Confidence: 0.946004114285714
- $01:00:35.498 \longrightarrow 01:00:37.257$  an hour and see if you did it.
- NOTE Confidence: 0.946004114285714
- $01:00:37.260 \longrightarrow 01:00:39.468$  And so it helps the patient to then
- NOTE Confidence: 0.946004114285714
- $01:00:39.468 \longrightarrow 01:00:41.368$  begin there to be their own voice.
- NOTE Confidence: 0.946004114285714
- $01:00:41.370 \rightarrow 01:00:43.239$  So that they're not reliant on someone
- NOTE Confidence: 0.946004114285714
- $01{:}00{:}43.239 \dashrightarrow 01{:}00{:}44.690$  else mediating that relationship.
- NOTE Confidence: 0.946004114285714
- $01{:}00{:}44.690 \dashrightarrow 01{:}00{:}46.610$  And the reason that's important is
- NOTE Confidence: 0.946004114285714
- $01{:}00{:}46.610 \dashrightarrow 01{:}00{:}48.812$  because cancer is one part of what
- NOTE Confidence: 0.946004114285714
- $01:00:48.812 \rightarrow 01:00:50.528$  a patient may be diagnosed with.
- NOTE Confidence: 0.946004114285714
- $01{:}00{:}50{.}530 \dashrightarrow 01{:}00{:}52{.}690$  And so you want them to have skills
- NOTE Confidence: 0.946004114285714
- $01:00:52.690 \longrightarrow 01:00:54.649$  that are going to supersede the
- NOTE Confidence: 0.946004114285714
- $01:00:54.650 \longrightarrow 01:00:56.245$  small narrow piece of medical
- NOTE Confidence: 0.946004114285714
- $01:00:56.245 \longrightarrow 01:00:58.222$  conditions that we all are are
- NOTE Confidence: 0.946004114285714
- $01:00:58.222 \rightarrow 01:01:00.130$  seeing at the surface and treating.