

Population Health NEWS

Catching Up With



Vince Kuraitis is principal and founder of Better Technologies, LLC, a Boise, Idaho-based consulting firm that develops strategy, partnerships and business models to enable technologies and services for accountable care and care coordination.

- Author, *Replatforming Healthcare: New Rules for Disruption*
- Blogger and Speaker
- Former President, Health Choice
- Former Vice President, Corporate Development; Specialty Operations, Saint Alphonsus Regional Medical Center
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Population Health News: How has your varied career as a vice president of corporate development, management consultant and marketing executive played a role in what you are doing today?

Vince Kuraitis: Before I get to specifics, let me set a little context for readers interested in population health improvement. Optimal population health will depend on obtaining and applying the "right" data—data to analyze individuals and populations, discern patterns, predict high risk/cost patients, enable needed behavior change or interventions and measure and monitor progress.

In the past, data have largely been "hoarded" by care providers. While there are many reasons for this, the short answer is that there haven't been strong economic incentives to share data. For over a decade, national policy has been focusing on making health IT systems interoperable, but it's only now that the economic incentives are aligning.

To simplify all this even further: The next level of value creation in medicine, healthcare delivery and population health DEPENDS on liberating data.

As a consultant, speaker and author, I work with clients to develop business models and strategies for the emerging world of "strategic openness" in healthcare, for which appropriate data sharing will be BOTH the right thing to do for patients AND a key source of competitive advantage.

Here's a snapshot of my career: 15 years in the hospital world, including three years with a national healthcare consulting firm; two years with a national for-profit hospital chain; 10 years as administrator in a regional hospital system; and the last 16 years as an independent consultant.

My clients include just about every sector of healthcare—physicians, hospitals, health plans, pharma, medical devices, IT, disease management and home health. There is about a 50/50 split between early-stage companies and established organizations and a good mix of consumer tech companies exploring healthcare, including Intel, Philips, Samsung and Gateway.

So unlike most other consultants in healthcare, I don't specialize in an industry sector; I specialize in strategies leveraging collaboration, crossing boundaries and employing multidisciplinary thinking. And I love what I do!

Population Health News: What are you doing to transform "hoarding" of health information and workflow to "sharing?"

Vince Kuraitis: Here's a working summary of my forthcoming book, *Replatforming Healthcare: New Rules for Disruption*:

The U.S. healthcare system has been built around physical platforms—hospitals, doctor's offices, paper—as the primary communication tool. Healthcare is being replatformed on digital, virtual platforms, ones on which data and collaborative clinical workflow will be shared to provide optimum care for patients.

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Eight new rules will guide digital health disruptors:

1. **Digital value creation**, not just physical value creation.
2. **Platforms**, not just products.
3. **Networks and network effects**, not silos.
4. **Business ecosystems**, not just business models of individual companies.
5. **Pull**, not just push.
6. **Patient access and control**, not just provider control of health records.
7. **Strategic openness**, not "hoarding" of data and workflow.
8. **Personalized context**, not just centralized locations.

Population Health News: *What do you consider to be the most important technologies supporting accountable care and care coordination?*

Vince Kuraitis: Netscape co-founder and venture capitalist Mark Andreessen has written that "software is eating the world" and that "all companies are now software companies." This is great advice to shift the mindset of anyone working in population health. It circles back to my earlier point that the next generation of value creation depends on data.

There's been a lot of focus recently on mHealth apps and new remote monitoring technologies. If you stop and think about it, you'd recognize that it's really NOT about the apps and devices themselves; instead, it's about the data generated from and through the apps and devices.

Consider another example—the emergence of software platforms in healthcare. Platforms are becoming increasingly important in organizing and delivering patient care. People tend to think of a "platform" as a technological construct, but it's actually far broader than that. We need to think about platforms through at least four different lenses: technology, business ecosystems, care delivery and workflow coordination tools and creating and maintaining social networks.

Population Health News: *With so many entities compromising the healthcare industry—patients, physicians and hospitals, disease management, pharmacy and information technology—are there strategies for promoting collaboration among these organizations?*

Vince Kuraitis: A guiding principle in my consulting has always been "follow the money." I learned far more about what really moves healthcare in Econ 101 (microeconomics) than in any of my other college courses.

As I mentioned earlier, economic incentives are just beginning to align to encourage accountable care, collaboration and data sharing. The best evidence of this came in the 2014 National Scorecard on Payment Reform developed by Catalyst for Payment Reform (CPR). Suzanne Delbanco, CPR's executive director, emphasized it in a *Health Affairs Blog*:¹

"Our 2014 National Scorecard on Payment Reform tells us 40 percent of commercial sector payments to doctors and hospitals now flow through value-oriented payment methods, defined as payment methods designed to improve quality and reduce waste. This is a dramatic increase since 2013, when the figure was just 11 percent."

Population Health News: *What is your advice for start-up healthcare organizations vs. well-established ones?*

Vince Kuraitis: The wording of the question implies that there are major differences between startups and well-established organizations.

While there certainly are some differences, I see a critical commonality among the clients I work with, whether they are startups or established companies. The commonality among them is that they are **new ventures**—some happen **within** companies, some happen **outside** of existing companies.

Thus, rules for success are driven much more by your customers and your market, less so by being inside or outside a corporate structure. Listen to your customers. Anticipate their needs.

I will drop one footnote here, however. As a follower of Clayton Christensen's theories of disruptive innovation, I think that ventures within companies need to be given significant latitude to disrupt the mothership. I've seen many new ventures fail when tightly controlled by corporate bureaucracies.

¹Delbanco S. "The Payment Reform Landscape: Value-Oriented Payment Jumps, and Yet..." *Health Affairs Blog*. Sept. 20. 2014.