Reinventing the Hospital

Summary of June 30 *Fortune* virtual discussion,
conducted in partnership with IBM Watson Health

The *Fortune*/IBM Watson Health 100 Top Hospitals list was released on June 30, the day *Fortune*'s Brainstorm Health: Reinventing the Hospital virtual event took place. As hospitals across the nation grapple with their successes and failures of COVID-19, we asked ourselves, what does it mean to be a "top" hospital during this time of unprecedented societal change?

The answer is not as straightforward as it might seem. Editor-in-Chief Clifton Leaf explains that we typically think of success metrics in terms of clinical outcomes and operational efficiency. What unfolded over the course of our discussion is that in the midst of a long overdue reckoning with racial justice in the U.S., the continued success of hospitals will depend on their ability to integrate with the community, provide equitable access to health care, and use technologies that were made necessary during COVID-19.

Dr. Aletha Maybank, the inaugural chief health equity officer at the American Medical Association, describes how COVID-19 has highlighted injustices within the health care system. She explains, "Most people… feel that the doctor's office and the hospital [are] what creates health in this country. We know that the majority of health is actually created outside of those walls." Her statement speaks to the critical importance of partnering with the local community as hospitals reinvent for the future.

Dr. Kyu Rhee, IBM vice president and chief health officer, agrees, citing the need for local partnership. "So many determinants of health are not necessarily something you can prescribe a treatment for," he says. "That requires a deeper understanding of the community." Dr. Rhee believes that close relationships with the surrounding community, coupled with data and data sharing, will shape the evolution of hospitals.

As Editor-in-Chief Clifton Leaf makes clear, the racial disparities in COVID-19 infections are grave, with Black and Brown Americans dying at a 2:1 ratio to their white counterparts. According to Dr. Maybank, we must weave equity into everything we do, from diversity in clinical trials to patients on hospital boards in order to remedy these disparities. To Dr. Maybank's point, the inequity goes beyond COVID-19. A recent study used IBM Watson technology to reveal that patients living in communities with dense Black, Asian, or Hispanic populations were less likely to receive lifesaving breast cancer treatments after a lumpectomy. During our conversation, Dr. Rhee explained to us that A.I. and data sharing are instrumental in rooting out these types of race-based differences in treatment.

A significant part of creating equity in health care is the issue of access. Nancy Brown, CEO of the American Heart Association, puts it plainly, "We know very clearly that individuals of color [and] individuals who do not have the financial ability to have a regular relationship with a health care provider are more likely to have risk factors for... chronic illnesses."

How do we create greater access? In this case, the necessity of telemedicine brought on by COVID-19 provides a starting point. St. Joseph Mercy Ann Arbor Hospital President Alonzo Lewis sees technology as a key tool in increasing access, allowing patients to get fast access to care. His hospital also has a network of affiliated rural hospitals in Michigan, allowing St. Joseph to support community-based providers and increase access to care.

Stanford Healthcare, too, foresees telemedicine as a way to increase access in hospitals, according to President and CEO David Entwistle. Where specialty services normally have long wait times, Entwistle has seen increased access via the use of telemedicine. Unfortunately, he also knows that "the reality is that you cannot create the same visit via digital health... We have to create different technology streams [for that]."

CEO Nancy Brown tells us that the American Heart Association is working on medical equipment that could enhance telemedicine in the future. However, she worries that issues of access will persist. "We [are concerned] that not all people have access to the types of things that make telemedicine work," she tells us, citing basic access to the internet as a key luxury that is not afforded to every American.

Still, the use of telemedicine is a promising part of the solution. Using IBM MarketScan Multistate Medicaid claims data, a study found an increase in the use of telemedicine in rural areas between 2012 and 2017, with significant room for improvement.

Perhaps the solution will lie at the intersection of community partnership, technology developed with diverse perspectives at the table, and the ongoing, everyday heroism of our nation's health care workers. Take, for example, this 2020 study co-authored by Dr. Rhee, which demonstrates that technology can be used to mitigate some of the injustices we are facing in our health care system. The study found that digital health interventions improved outcomes for 70% of patients with diabetes mellitus, a disease that is known to be impacted by race, ethnicity, and socioeconomic status.

These issues only scratch the surface of inequality in health care and hospitals. However, one thing is clear: reckoning with the inequities of our health care system is not simply a moral imperative. It is how our hospitals will succeed for years to come.

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