



Democratizing Population Health: Closing the Gap Between Detection and Prevention

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Financial



- \$6.1 billion** Total Assets
- \$4.0 billion** Total Operating Revenue
- 5.8%** Operating Cash Flow Margin
- 0.8%** Operating Margin
- 208.0** Days Cash on Hand
- \$226.1 million** Annual Research Revenue

Patients

- 1,073** Licensed Beds
- 46,684** Admissions
- 55,980** Surgeries
- 177,724** ED Visits
- 1,159,191** Outpatient Visits



11
Ranked Clinical Programs among top 50 in the nation

#6 in the nation

Vizient Quality Rankings for Inpatient and Outpatient Care

People



- 966** Employed Physicians
- 14,730** Full-Time Employees

Learners



- 2,208** Students
(Summer Semester)



Moody's
Rating
Stable



S&P
Rating
Stable



Fitch
Rating
Stable

Mission, Vision, Values

Our mission

The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

Our vision

Rush will be the leading academic health system in the region and nationally recognized for transforming health care.

Our values

Rush's core values — innovation, collaboration, accountability, respect and excellence — are the roadmap to our mission and vision.

Bold vision for the future

Our vision is ambitious. It reflects our commitment to make the highest quality of care more accessible, convenient, and affordable for all patients — wherever they are, whenever they need us. And is rooted in Rush's unmatched commitment to medical education and health equity.

Rush will establish strategic partnerships to meet and exceed consumer expectations to transform and adapt to an ever-changing environment.





Challenges in Current Model

Fee for Service

- Values sick care over prevention
- Rewards innovation at the expense of scalable value
- Incentivizes process/volume over outcomes

Screening

- Over-screening of low risk populations, eligibility can be vague
- Not all screenings are cost-effective or equitably accessible
- Overtreatment is common and costly



Challenges in Current Model

Fragmented Care

- Episodic encounters and reactive care
- Cost and accessibility drive fewer interactions

Risk/Legal Environment

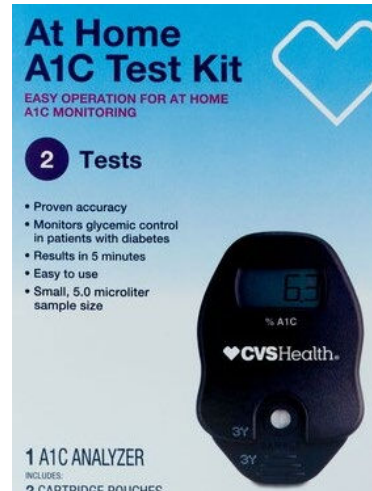
- Erosion of trust in health care institutions
- Revenue cycle is protracted and inefficient

“Consumerism” or Patient Empowerment?

- Improving access at the expense of appropriateness in testing
- Does not change access to treatment and prompts overdiagnosis
- Softer regulations diminishing team-based care
- Enhances accountability for performance and experience



Data Overload



Patients Can't Keep Up With At-Home Blood Pressure Monitoring, Researchers Report



Behavior Change

Effects of continuous glucose monitoring on dietary behavior and physical activity: A systematic review and meta-analysis

- **Gamification**

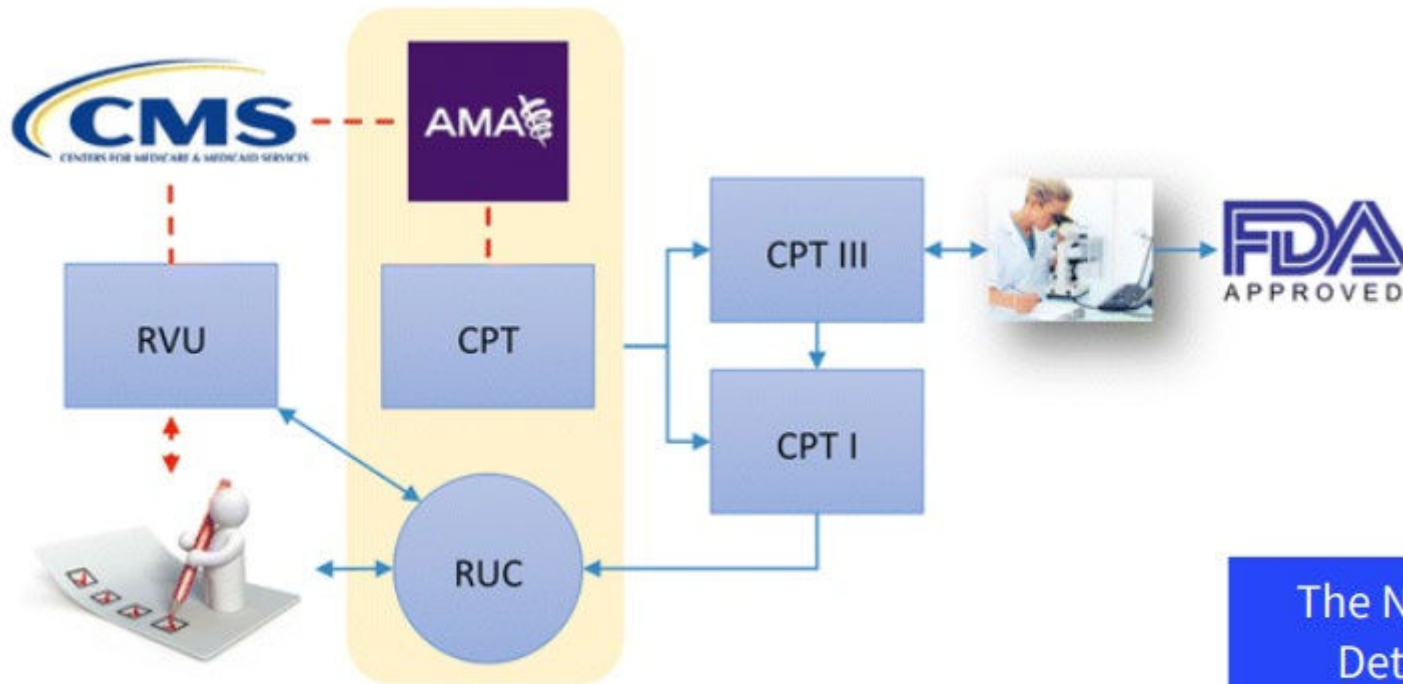
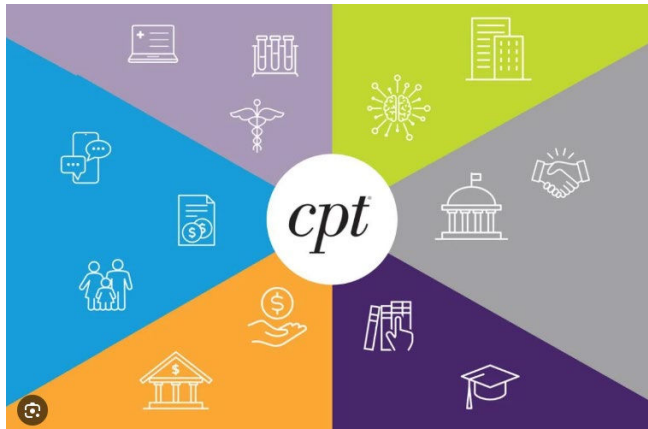
- **Clear goals, immediate feedback**
- **Short achievable challenges**
- **Losing points works better than earning**



► JMIR Mhealth Uhealth. 2022 Jul 12;10(7):e34767. doi: [10.2196/34767](https://doi.org/10.2196/34767)

The Association Between Smartphone App-Based Self-monitoring of Hypertension-Related Behaviors and Reductions in High Blood Pressure: Systematic Review and Meta-analysis

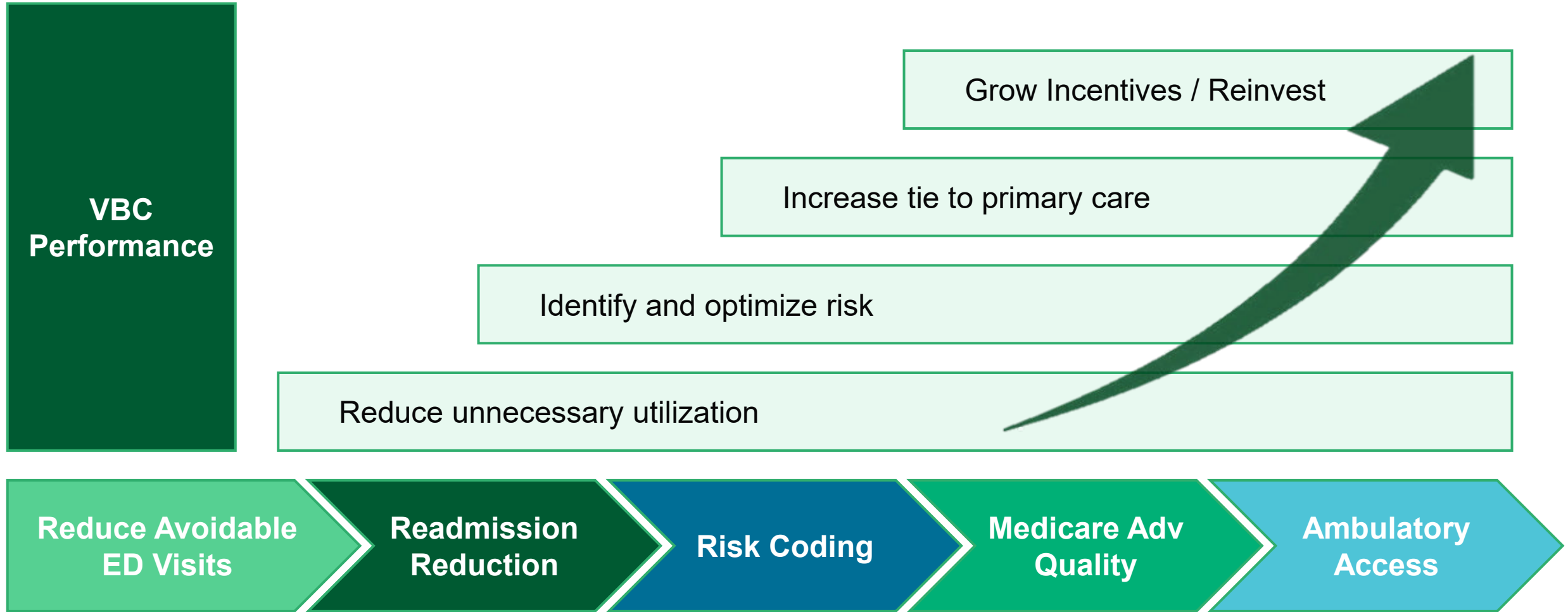
Reimbursement



The Nancy Gardner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act (H.R. 842/S. 339)



What do we need to do to be successful?





Discussion

- Usable, data-delivered longitudinal insights for patients
- Lab data + wearable data + patient entered chat = next best action?
- Is waiting for symptoms failure?
- Do early warnings compel meaningful change?
- Do social determinants outweigh biomarkers?
- Should laboratory share accountability for patient outcomes? Cost center vs risk management tool.
- Is there value in early detection if total cost of care is unchanged?



Discussion

- Are standards we use to bring innovation to market too conservative? Safe?
- Is the long-term value of prevention confined to governmental payers?
- Are we prepared for ethical and operational implications of biologic surveillance?
- How do we move precision medicine from innovative to essential?