Scottsdale Institute’s 23rd Annual Conference pulsed with new energy this year. One of our largest and broadest turnouts of members gathered to discuss a key challenge of the era: “Managing Health and Care across the Continuum.” The lively discussion at Scottsdale’s Camelback Inn among CEOs, physician executives and other healthcare leaders addressed this historic transition to a more consumer and value-based healthcare model.

SI Chairman Don Wegmiller kicked off the three-day event and introduced keynote speaker David B. Pryor, MD, EVP and chief clinical officer, Ascension, whose address, “Managing the Shift from FFS to FFV,” described how the largest not-for-profit health system in the country—135 hospitals in 24 states—is shaping its move from fee-for-service to fee-for-value.

“Most organizations view [the solution] as a new business model, but that doesn’t work. The first step is to figure out the right care model and then figure out the finance model to support it,” he said.

SHARP ON POPULATION HEALTH

Ken Lawonn, SVP and CIO, Sharp HealthCare, and SI Advisor, moderated a panel of experts leading Sharp’s population-health strategy.

Sharp, with seven hospitals, a health plan and just under a third of the San Diego area market, considers itself well-positioned for value-based care. It has rolled out a population-health initiative to all its 17,000 employees and established a 2020 care model that incorporates clinical redesign (care managers and nurse navigators), physician and staff education and training, and patient activation and shared decision-making.

Most organizations, the panelists said, have elements of these programs but unfortunately still have them in silos. People, process, finance and technology all must align and that includes strong efforts to engage patients and consumers. Sharp has seen a significant increase in patient-engagement rates, partly as a result of using the PAM (Patient Activation Measure) tool.
RECALIBRATING ACA

In his keynote, “The Storyline for Healthcare in 2016,” Paul Keckley, PhD, editor, The Keckley Report, noted that to date 82 of the 88 requirements of the Affordable Care Act (ACA) have been implemented. Insurance elements such as parents being able to cover their kids up to age 26 are the most popular. However, unintended consequences have cast a negative light on the ACA.

“We’re at the point of insolvency in the individual insurance market… This is creating a lot of chaos. We’ll see a recalibration of the individual market after the election,” said Keckley, adding, “The good news is that 12 million more people are covered.”

“The theory of the law sounds reasonable, but implementation is a mess,” partly because no one can agree on measures included. He told the audience to get ready for the term “radical incrementalism” as a way to characterize the ACA, which will be “repaired and not repealed.” Healthcare will become a big issue in the fall presidential campaign, emerging as a wedge issue.

MAKING THE MATH WORK

A highlight of the annual SI Conference is the CEO panel discussion. Thursday morning’s CEO panel, “From the Top: Strategies, Enablers and Implications,” included Dan Wolterman, president & CEO, Memorial Hermann Health System; Gary Kaplan, MD, chairman CEO, Virginia Mason Health System; Wright Lassiter, III, president, Henry Ford Health System; Marsha Rappley, MD, CEO, Virginia Commonwealth University Health System and Michael Rowan, president, Health System Delivery & COO, Catholic Health Initiatives.

Here are some nuggets from their presentations and follow-up Q&A:

“Fifteen years ago,” said Dan Wolterman, “we stated if you get quality, patient safety and customer service right, physician and patients will seek you out. Rather than fix the business first…It's not about patient satisfaction but engagement.”

Gary Kaplan, MD, said the key to Virginia Mason’s viability was “we did not overbuild capacity. That goes far beyond the math.” It has helped Virginia Mason focus more on becoming patient-centered, not always easy at an academic medical center. “A lot of academic physicians come from the perspective, ‘Aren't patients lucky to see me today,’” he said. The organization is using OpenNotes, experienced-based design and working to quantify the emotional experience of the patient.

Wright Lassiter told the story of how Henry Ford hired a former Ritz-Carlton executive who influenced the design of a new hospital. “From the outside it looks like a hospital. Once inside, you enter Main Street, a community space. People are coming to our lobby to play cards, going to lunch in the cafeteria. And, oh, by the way, there’s healthcare here.”
“Our Medicaid members,” said Marsha Rappley, MD, “are from all over the Commonwealth. The program has achieved amazing outcomes and decreased utilization. We see it as a learning platform. Now we’re dealing with dual eligibles.”

“All our data,” said Michael Rowan, “shows that consumers prefer service convenience rather quality. From market to market the highest quality provider is not the leader. We’re giving them free-standing EDs, walk-in clinics, longer hours.”

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NOT JUST THE CORNER DRUG STORE

Jane F. Barlow, MD, associate chief medical officer, CVS Health, kicked off Thursday afternoon with “Pharmacy Innovation to Advance Clinical Outcomes.” CVS, which owns MinuteClinic, aims at setting up the retail health sites as an extension of primary care—not a replacement—including support for wellness. All the clinics use Epic and nurse practitioners can access EMRs. “The idea is to do this in a connected environment,” she said.

“We focus a lot on adherence,” said Dr. Barlow about CVS, which is more than just a retail store but also a specialty pharmacy, information company and even has a long-term care arm. CVS uses analytics to predict medication adherence in populations and has invested heavily in digital innovations in recent years including alerts to person late in getting their prescriptions, with parallel alerts to doctors and pharmacists.

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ASSEMBLING THE PIECES

The panel “You Don’t Own All the Pieces” tackled the issue of how to manage the continuum of care through strategic partnerships. (l-r) Greg Poulsen, SVP & chief strategy officer, Intermountain Healthcare; Nicholas Marko, MD, chief data officer, Geisinger Health System; Timothy Sielaff, MD, PhD, CMO & SVP, specialty care and research, Allina Health System; Kyle Johnson, MMI, system VP & CIO, Eastern Maine Healthcare Systems; Devin Gross, CEO, Emmi, and Advisor, Scottsdale Institute, moderator.

Each of the panelists for “Population Health: The Yellow Brick Road” described their organization’s strategy for moving to population health, including post-acute care, community-level ACOs, registries, data and telehealth. (l-r) William Tierney, MD, professor & chair, population health, Dell Medical School, University of Texas, Austin; Jeetu Nanda, MD, interim system VP, value-based care/payment system & system medical director, medical informatics and physician compliance, SSM Health; Marjorie Bessel, MD, VP, clinical integration & regional CMO, Banner Health; David Allard, MD, CMIO, Henry Ford Hospital & Health Network; Michael Gorsage, Strategic Services/Business Development, Tampa General Hospital, moderator.
‘SITUATIONAL AWARENESS’

Friday morning’s panel “Medical Executives: Clinical Integration across the Continuum” wrestled with the monumental challenge of, as Luke Webster, MD, of CHRISTUS summarized it: “Organizing the care team around the patient.” For an academic medical center like University of Colorado that can mean recognizing “we’re no longer destination medicine,” said Read Pierce, MD, and now must determine how to “use the whole system as a large learning laboratory.” Richard Silver, MD, said HonorHealth has hired retired combat veterans, whose “tremendous situational awareness” makes them extremely valuable in helping the older chronically ill manage their health at home. Doctors at Sutter Health are using Google Glass to facilitate remote scribing, which has cut the time it takes to write notes from two or more hours to having 85 percent done within five minutes. “Doctors get [back] the joy of medicine,” said Albert Chan, MD.

The panel “Medical Executives: Clinical Integration across the Continuum” included (l-r) Luke Webster, MD, VP & CMIO, CHRISTUS Health; Read Pierce, MD, associate director, Institute for Healthcare Quality, Safety and Efficiency, University of Colorado, Denver; Richard Silver, MD, EVP, population health & executive CMO, HonorHealth; Albert Chan, MD, VP & chief, digital patient experience; Paul Tang, MD, VP & chief innovation and technology officer, Palo Alto Medical Foundation, Sutter Health, and director, David Druker Center for Health Systems Innovation, moderator.

Our traditional Town Hall Forum wrapped up the three-day discussion with a panel review of issues raised and chance for final interaction with the audience. Panelists included (l-r) Paul Tang, MD, VP & chief innovation and technology officer, Palo Alto Medical Foundation, Sutter Health, Jane Barlow, MD, associate CMO, CVS Health; John Glaser, PhD, SVP, Cerner Corp., moderator; Mitch Morris, MD, vice chairman & global leader, life sciences & health care, Deloitte and Advisor, Scottsdale Institute; David Classen, MD, CMO, Pascal Metrics, associate professor of medicine, University of Utah, and Board Member, Scottsdale Institute.

In closing the 23rd Annual SI Conference, SI Chairman Don Wegmiller noted one clear message from the conference was that, “We’re moving toward a consumer-focused health system. We’re going to have to work with the consumer,” and that will require among other things seeking guidance from other care-team members across the continuum. “Does everything need to be asked of the physician? Many doctors would say no,” because doctors don’t often have first-hand knowledge of rehab sites or other post-acute care components, he said.

Developing linkages with non-hospital providers will be key to pre- and post-acute care strategies and the need to “not have to own everything” will become more and more evident, said Mr. Wegmiller. Still, an area to watch closely is the convergence of provider and health insurers. According to the AHA, 84 health systems currently own health plans, a number projected to grow to 150 by the year 2020.

Good reasons to mark your calendars for next April 19 to 21 for the 2017 SI Conference.
2016 SPRING CONFERENCE FACULTY LIST

PARAG AGNIHOTRI, MD, Medical Director, Continuum of Care, Sharp Rees-Stealy Medical Group
DANIEL AYALLAR, MD, CMIO, Henry Ford Hospital and Health Network
JANE F. BARLOW, MD, Associate Chief Medical Officer, CVS Health
MARJORIE BESSEL, MD, VP, Clinical Integration & Regional Chief Medical Officer, Banner Health
ALBERT CHAN, MD, VP & Chief Digital Patient Experience, Sutter Health
DANIEL CLASSEN, MD, CMIO, Pascal Metrics, Associate Professor of Medicine, University of Utah and Board Member, Scottsdale Institute
VICKI DE BACA, DNS, VP, Health & Provider Services, Sharp Rees-Stealy Medical Centers
JOHN GLASER, PhD, SVP, Cerner Corporation
MICHAEL GORSAGE, SVP, Strategic Services & Business Development, Tampa General Hospital
DEVIN GROSS, CEO, Emmi and Advisor, Scottsdale Institute
SALLY JEFFCOAT, EVP, West/Midwest Group, Trinity Health
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GARY S. KAPLAN, MD, Chairman & CEO, Virginia Mason Health System
PAUL KECKLEY, PhD, Editor, The Keckley Report
WRIGHT LASSITER, III, President, Henry Ford Health System
KEN LAWONN, SVP & CIO, Sharp HealthCare and Advisor, Scottsdale Institute
NICHOLAS MARKO, MD, Chief Data Officer, Geisinger Health System
KARA MARX, RN, VP, Patient Care Information Systems, Sharp HealthCare
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GREG POULSEN, SVP & Chief Strategy Officer, Intermountain Healthcare
DANIEL B. PRYOR, MD, EVP & Chief Clinical Officer, Ascension
MARGUERITE RAPPLEY, MD, CEO, Virginia Commonwealth University Health System
MICHAELE ROWAN, President, Health System Delivery & COO, Catholic Health Initiatives
TIMOTHY SIEAFF, MD, PhD, CMO & SVP, Specialty Care and Research, Allina Health System
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