

# From Vision to Action: A C-Suite Roundtable



“To innovate, you need to be willing to embrace the messiness. Innovation is not clean, driving change is not perfect. In our experience, you need to be willing to get your hands dirty, you need to be willing to accept failure, accept disappointment, have the conversations and persist despite those obstacles.”

**Kristen Murtos**  
Chief Administrative & Strategy Officer  
NorthShore University HealthSystem

**T**oday's healthcare leaders are doing much more than leading complex organizations. They are disrupting the status quo and taking significant risks that will leave a lasting impact on their organizations. Many of these innovations are poised to transform the future of care delivery.

With this in mind, Medline brought together leaders in various disciplines throughout the industry to share their cutting-edge projects and leading best practices. Their expertise is as diverse as their ideas. Presenters included c-suite leaders of health systems, technology, manufacturing, industry and media. Issues ranged from social determinants of health, genomics, communications, physician burnout and care delivery innovation. Their experiences offer a glimpse into how healthcare leaders are innovating to stay ahead of uncertainty and advancing their organizations to overcome some of the industry's most significant, longstanding shortcomings.

## Presenter List

### Jun Amora

Vice President, Enterprise Supply Chain Services  
Geisinger

### Michelle Conger

Chief Strategy Officer  
OSF HealthCare  
Chief Executive Officer  
OSF Saint Gabriel Digital Health

### Teresa L. Dail

Chief Supply Chain Officer  
Vanderbilt University Medical Center

### Ford Koles

Executive Director  
The Advisory Board Company

### Fawn Lopez

Publisher  
Modern Healthcare  
Vice President  
Crain Communications

### Darren Malinoski, MD, FACS

Chief Clinical Transformation Officer  
Oregon Health & Science University

### Aaron Martin

Executive Vice President and Chief Digital Officer  
Providence St. Joseph Health

### Suja Mathew, MD, FACP

Chair of Medicine  
Cook County Health

### Kristen Murtos

Chief Administrative and Strategy Officer  
NorthShore University HealthSystem

### Ritesh Patel

Chief Digital Officer – Health  
Ogilvy Consulting

### Amy Perry

Chief Executive Officer, Hospital Division, and Senior Vice President, Integrated Care Delivery  
Atlantic Health System

### Steve Purves

President and Chief Executive Officer  
Valleywise Health

### Scott Reiner

Chief Executive Officer  
Adventist Health

### Jaewon Ryu, MD, JD

President and Chief Executive Officer  
Geisinger

### Anthony Slonim, MD, DrPH

President and Chief Executive Officer  
Renown Health

### Lauren Steingold

Head of Strategy, Uber Health  
Uber

### Whitney P. Witt, PhD, MPH

Inaugural Dean  
Lehigh University College of Health

# Healthcare leaders are leveraging startup innovation to hold off new entrants and spur growth

The rate of innovation in our economy is faster than ever, but healthcare organizations are still slow-moving. While the industry has come a long way and technology has advanced, providers are often plagued by significant bureaucracy and massive workforces that are difficult to shift from the status quo. As disrupters descend on the industry in the name of efficiency, healthcare executives must consider what they can do to compete and differentiate their organizations. A first step is to look at the healthcare process from the lens of the consumer.

Aaron Martin, executive vice president and chief digital officer at Providence St. Joseph Health, noted that, in any value chain, the only people who matter are the fundamental creators and the fundamental recipients. In his previous work at Amazon, those stakeholders were the book authors and the book readers.

Amazon's disruption of the book industry was the result of collapsing every middleman between those two parties, the publishers, the distributors, and even the bookstores. As Amazon launched one solution after another, the "friction" that separated the author from the reader dissolved. Aaron's use of the word "friction" adds color to the idea of unwarranted redundancies and added steps that make the connectivity of the creator with the recipient irritating, complicated and unfriendly.

Martin proposed that healthcare leaders should strive toward this model by removing the obstacles and middlemen between clinicians/caregivers, who are our fundamental creators, and patients, who are our fundamental recipients.

"Everyone else is not necessary," Martin said. "They just cause friction. Not to sound too diabolical, but if you're not removing friction, you're not doing a good job."

Martin's team is working with existing startups and developing new ones that offer solutions to key challenges that impact the Quadruple Aim, with a focus on what the health system calls the "sacred encounter:" the doctor-patient relationship.

"It's not a customer service relationship," Martin said. "We think there is something different happening there that is vastly more important—it's professional advice combined with something spiritual. So, how do we eliminate friction?"

Providence is among a number of health systems investing in startup-style innovation. For Peoria, Ill.-based OSF Healthcare, it has been crucial to not only invest in great ideas, but also encourage them from within.

Through its \$75 million investment fund, OSF has invested in startups that resolve gaps in care, including partnerships with Regroup, a virtual behavioral health platform and SilverCloud, a digital tool that conducts behavioral health assessments. Both

allow the system to bridge access to rural patients who may have trouble accessing behavioral healthcare, according to Michelle Conger, chief strategy officer of OSF HealthCare and CEO of OSF Saint Gabriel Digital Health. The system's Office of Innovation Management encourages and assists clinicians to bring their own solutions to reality, through intellectual property assistance, in-house prototyping and other services.

Much of the innovation happening in health systems is an effort to stave off nontraditional competitors like Walmart, CVS Health and urgent care operators, who attract digital-savvy commercial patients seeking convenience. "If commercial patients go away, we're not going to be able to deliver on our mission to serve the poor and vulnerable. You have to protect that business," Martin said.

Amy Perry, CEO of Atlantic Health System's (AHS) hospital division and senior vice president of integrated care delivery, echoed this sentiment during her presentation: "To make investments in patient's health, we need to access the total premium dollar. And as doctors and hospitals reduce costs, we need to ensure that these savings are passed on to the consumer improving affordability instead of increasing insurance carrier profits."

AHS is supporting the commercialization of companies that align with their strategic priorities. The health system has been highly rated for the quality of its clinician-patient relationships and is using that as a starting point for much of its own innovation efforts.

"Our mission is why we exist—we do not exist for shareholder value," Perry said. "We exist because we care for our communities, and it's a good thing to get behind."



## Beyond the four walls: how providers are taking action to address social determinants of health

There is no question that healthcare will increasingly be delivered in a consumer friendly fashion, and that means addressing social determinants that impact health and limit access to care.

For Valleywise Health, addressing these circumstances is vital to the organization's survival as the public health system of Maricopa County, Ariz. Fifty percent of Valleywise's patients are on Medicaid, and 60% of all Valleywise patients are vulnerable to social issues, said President and CEO Steve Purves.

During a major overhaul that began in 2014, the health system made sure new clinics were being built in the county's most vulnerable communities to ensure equitable access to care, rather than areas that were most likely to bring in more revenue. "Our goal was to have a clinic within a 15-minute drive of vulnerable patients in Maricopa," Purves said.

As Valleywise continues to transform to better serve its community, Purves has introduced rapid cycle testing as a tool for innovation. Projects are promptly tested on a small scale to see if they work: if the project fails, leaders can quickly move on to another idea, but if they work, they're quickly implemented. Purves notes that it has been imperative to communicate progress to innovators by tracking results on an internal dashboard.

"Nothing gets folks charged up like seeing the fruits of their labor, so there's nothing more frustrating than when somebody who has a great idea floats it up the flagpole and doesn't hear it didn't work," Purves said. "They could have spent more time working on something else."

Adventist Health has been taking direct action to improve the lives of its patients, after the system recently discovered that there was an 8-year difference in life expectancy across the communities that it serves, according to CEO Scott Reiner.

"I was struck by this disparity," Reiner said. "Being a top safety organization doesn't matter if the people in our communities are living shorter lives."

Adventist has shifted its focus to become a "community wellbeing organization" that not only manages care within the four walls of the hospital, but also works to transform the communities they serve. The health system has pledged to spend \$1 billion in the next ten years to measurably improve the well-being of communities. The system has already begun addressing housing disparities through Project Restoration, a community-based initiative that brings medical respite and transitional housing for individuals with complex health and social needs, reducing overall community costs by 71%.



Suja Mathew, MD, FACP, and Amy Perry listen as leaders discuss social determinants of health.

Big tech is looking to help health systems address these difficult issues. Uber Health, a division of the ridesharing giant, is addressing transportation disparities through a HIPAA-secure platform that allows health systems to request and schedule rides for patients.

A 2006 study by the National Institutes of Health found that every year, 3.6 million Americans miss at least one medical appointment or delay appointments because they lack reliable transportation. No-shows can put a significant cost burden on health systems and a damper on population health outcomes, so many providers are providing underserved patients with complimentary transportation through the platform.

Uber's massive supply of drivers and transparency features, like real-time tracking and upfront pricing, differentiate it from traditional transportation providers, which often require 24-72 hours advance notice and can have unreliable pick up and drop off times, said Lauren Steingold, head of strategy for Uber Health at Uber. A theme continued to emerge throughout the meeting that connected to Aaron Martin's presentation: when you continue to take out the "friction" and connect the fundamental creator with the recipient, new ways of approaching significant healthcare challenges begin to develop.

Ritesh Patel, chief digital officer of health and wellness at Ogilvy Consulting, presented on a variety of other startups that are shaping the future of care delivery and bridging gaps in care. Patel showed a number of global innovations to come, many of which are futuristic. Some of the examples shown included Zipline, a startup that utilizes drones to transport blood and drugs to remote villages in Rwanda; Babylon Health, an AI-powered symptom checker chatbot with 24/7 access to human doctors via telemedicine; and Zebra Medical Vision, an AI algorithm-based imaging platform that assists radiologists by flagging abnormalities on diagnostic images.

"We're seeing connected things changing delivery of care and changing how we interact with patients," Patel said.

# Practicing with precision: genomic testing is transforming population health

**G**enomic testing is allowing health systems to better empower patients to take action on their health while providing clinicians with insight into population health. But like any innovation, there has been significant debate over its value and place in the American healthcare system.

As a part of its Healthy Nevada Project, Renown Health is testing thousands of Nevadans in hopes of understanding how to better serve its community. Though it started with an initial goal of 10,000 patients, the system's direct-to-consumer approach allowed it to eventually expand to over 50,000.

By utilizing a data warehouse and predictive analytics platform that merges the genetic information with clinical records, demographic data, socioeconomic and environmental data, the health system can gain insights into the driving forces behind poor health and chronic disease. The information gathered through the program will help the system better address social determinants and offer a more personalized approach to health and healthcare.

Renown is engaged in several studies to understand chronic disease within its population and is now working on algorithms that can leverage this information to understand when a patient is likely to be at risk of illness and disease, so that it can proactively provide them with services that include advice on how to change their behaviors to modify their risk factors. "If I can efficiently give people back information that coaches them in improving their health, then we'll be onto something dramatic," said Anthony Slonim, MD, DrPH, Renown Health's president and CEO.

The longitudinal perspective that genetic information provides is particularly insightful in Nevada, where families have longstanding roots, Slonim noted. Renown plans to help other systems engage in similar efforts through what it is calling the Healthy USA Project.

In suburban Chicago, NorthShore HealthSystem is on course to complete genetic testing for 10,000 primary care patients by the end of this year. The system is using these tests to evaluate cancer and cardiac risk, as well as pharmacogenomics. Leaders are using it as a pilot to test the applicability of genetic testing as part of primary care practice, understand patient interest and engagement, and determine if it can change care in a meaningful way, according to Chief Administrative and Strategy Officer Kristen Murtos.

In encouraging adoption, NorthShore engaged potential participants through multiple touchpoints, including videos in NorthShore's patient portal and follow-up messaging, Murtos said.



Anthony Slonim, MD, DrPH, speaks about Renown Health's genomic testing efforts.

"Getting your genome sequenced as part of creating a more holistic view of your health is something patients are excited about," Murtos said. "But success isn't just about the opportunity, it is about how you make it happen, and the ability to drive action from what you learn."

Physician alignment was also important. Murtos notes doctors were excited but wanted to ensure testing was supporting care and was seamlessly integrated into their interactions with patients.

"From a patient standpoint, much of their decision to enroll boiled down to that face-to-face interaction with the physician," Murtos said. "Supporting our primary care physicians and giving them the information to thoughtfully engage in those discussions was absolutely critical."

While a number of systems are embracing genomics, some attendees at the Medline summit expressed some doubt about its value. It's not uncommon that with disruption comes debate, as early adopters of genomic testing are negotiating questions and concerns that will articulate the future of this innovation.

Demand for skilled professionals who can work with population health data is incredibly high. That's why Lehigh University launched its College of Health this year, which will be the first U.S. institution to offer undergraduate and graduate degrees in population health focusing on health innovation and technology, said Whitney Witt, PhD, MPH, the college's inaugural dean.

Few employees have the experience needed to analyze data and make educated decisions based on the context of the healthcare industry. Lehigh's College of Health is committed to training the next generation of innovative and diverse scientists and leaders in population health, Witt said.

"Our program is dedicated to using data science to get a 360-degree view of population health," Witt said. "We want our findings to impact policy."

## Bringing care back to the patient

**U**nder value-based care, it's important that patients are proactive in seeking care. When patients participate and are engaged in their care, outcomes are more likely to be positive. This has become an opportunity for providers to experiment with new ways to bridge patients to care, as retail-style competitors disrupt the market in the name of convenience.

Leaders at the roundtable discussed how they're expanding access through concierge medicine, home health and virtual care.

At Geisinger in Danville, Pa., the philosophy historically has been “build it and they will come,” said Jaewon Ryu, MD, JD, the organizations' CEO and president. “If I look at our aging demographic and challenges such as disease burden and affordability, I think our next chapter at Geisinger will be more building it and taking it closer to the people.”

As an organization that includes hospitals, clinics, health plans and a medical school, Geisinger understands that better outcomes are enabled when healthcare is made easier. That's universally true, but especially so with the government programs, a major priority for Geisinger.

With that in mind, the health system launched Geisinger 65 Forward Health Centers this past summer, designed to provide what Ryu calls “Primary Care 3.0,” specifically for older adults. These concierge-style centers feature multidisciplinary teams and more time for doctor-patient interaction.

In an effort to better serve some of the system's sickest patients, Geisinger@Home began offering advanced in-home care. Clinicians are providing advanced care, such as IV infusions and ongoing care management. Among participants, there has been a decrease in utilization, with greater than 40% reductions in ED visits and inpatient admissions. For certain elective procedures, Geisinger is also offering home delivery of supply kits that engage patients in taking important steps for their recovery and reduce complications following surgery.

A “fresh food pharmacy” serving over 8,000 doctor-prescribed meals a week has also helped improve outcomes among food-insecure patients, according to Jun Amora, the system's vice president for enterprise supply chain services. Patients in the program are more likely to seek primary care and had an average reduction in Hemoglobin A1C of 2.0, according to data collected thus far.

Teresa L. Dail, chief supply chain officer at Vanderbilt University Medical Center, is working to ensure that, when care transitions to the home, patients have the high-quality tools they need to maintain their health, including medical equipment, transportation, food or medicine. Traditionally, this can involve a plethora of third-party partners. Dail's team decided that many

of these services could be brought in-house to optimize quality, ensure compliance and limit clinician burden.

“We need to be managing all of this, and if we're not doing it ourselves, we need to be managing the relationship and expectations of whoever those providers are,” Dail said.

At Oregon Health & Science University, the home has been branded as the academic health system's “next campus,” said Darren Malinoski, MD, FACS, OHSU's chief clinical transformation officer. The system's elevated location on Marquam Hill serves as an accurate metaphor that it can be difficult for some patients to access care.

“OHSU is located above the clouds, but we need to make sure we're gridded on the ground, providing care where people are,” Malinoski said.

OHSU has launched a systematic effort to bring care closer to patients through both virtual and in-home care as well as through its new health system, OHSU Health, which now includes four medical centers, 2,000+ providers and 52 physical sites distributed throughout the Portland Metro region. Driven in large part by the system's value-based initiatives and contracts, Malinoski's role at OHSU is to rally employees around value-based efforts, ensuring that “purpose motives” remain connected to “financial motives” that allow the system to continue to thrive and support its three missions of education, research and patient care. Clinician engagement has been centrally guided, jointly decided and locally led, all with the goal of keeping patients out of the hospital and providing care where they want it.

“A lot of providers came to us because they didn't want to focus on finances—people here came to teach and chart a new path forward,” Malinoski said. “Connecting to someone about financial metrics who has that mindset is very difficult. It's alienating. Instead, we are focusing on ‘days at home’ as an outcome, for it truly represents a patient-centered metric that also has total cost of care implications.”



Jaewon Ryu, MD, JD, presents on how Geisinger is bringing care closer to patients.

## How to tell your story

**A**s patients are increasingly “shopping” for care based on cost and quality, it’s more important than ever for health systems to be accurately and effectively telling their story. Sixty percent of a company’s market value is attributed to its reputation, according to ad agency Weber Shandwick.

Fawn Lopez, publisher of Modern Healthcare and vice president at Crain Communications, shared best practices for effective interactions with the media, as well as some tactics that leaders should avoid. Whether they’re looking to influence their reputation among patients, employees or even board members, c-suite executives must be the face of the health system.

“Most of your employees will never get interviewed or show up in an interview, but they’ll see you talking about your mission and vision, sharing your organization’s innovations and breakthroughs,” Lopez said. “You need to put a face to your organization, and it should be one that embodies leadership, innovation, transparency, vision and trust.”

Reporters and readers alike don’t want to read “PR speak.” When reaching out to the media or participating in interviews, Lopez noted that it is critical that executives use short sentences, include key details and avoid statements that are self-serving. Rather, communicate your message in a way that makes it clear why it is important to readers, and make sure to relate it to broader challenges facing the industry.

“While local media may be interested in your new inpatient tower or expanded services, national and trade media have to write stories with broader ramifications,” Lopez said. “Know who you’re talking to, and tailor your message to their audience.”

“Nobody can speak about your organization, your mission and vision, in the same credibility, authority and passion like you can—especially when the story may not look so great for your organization,” she added.

## Reducing burnout: using doctors for their expertise

**A**n increase in both administrative burden and caseload has left a growing number of clinicians fatigued and questioning whether they should remain in practice. America’s aging population will only exacerbate a shortage that already exists. Healthcare leaders must seek out innovative solutions to stem the tide of burnout and ensure clinicians are in the right mindset to provide high-quality care.

Suja Mathew, MD, FACP, chair of medicine at Cook County Health, notes that burnout doesn’t just present a problem for the bottom line—it can pose a serious risk to quality and safety. “We know when physicians are burnt out, they make more mistakes,” Mathew said, noting that an unhappy clinician also can lead to decreased patient adherence.

“Burnout, in most cases, is among highly motivated workers,” Mathew said. “The only way they achieve success is constant vigilance, which is why they’re burnt out when they’re overworked.”

The effort to stem burnout at Cook County started with residents. House staff were too often doing ancillary work like blood draws or patient transport—tasks that were below their license and typically performed by technicians. Mathew charged her residency program directors with creating a culture where it is unacceptable for residents to do work that does not belong to them, and rather “force the system to work the way it’s supposed to work.”

This virtue was eventually passed down to attending clinicians, who began to chip away at administrative work and bureaucracy in clinics. A pooled inbox strategy allowed non-physician team members to triage emails, and physicians have increased their use of templates and auto-text for EMR notes and email responses so that they can spend more time on care.

There is an unusual burden placed on doctors, Mathew noted: “Would you ask a chef to make high-quality food, bus tables, enter food into the electronic record, call the credit card company, wash dishes and seat guests?” she said, paraphrasing a 2018 article in *The Atlantic* by Rena Xu, MD.

### Five Lessons From The Summit

1. Healthcare in the future will be delivered in a consumer-friendly fashion.
2. Innovation must be CEO-driven to drive alignment and respond to pushback.
3. Digital health is transforming care by improving access, pay and experience.
4. Healthcare can learn from tech startups: tech companies don’t set out to disrupt incumbents, they innovate on behalf of their customers.
5. When you do something innovative, there will be many critics. Do not lose focus.

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