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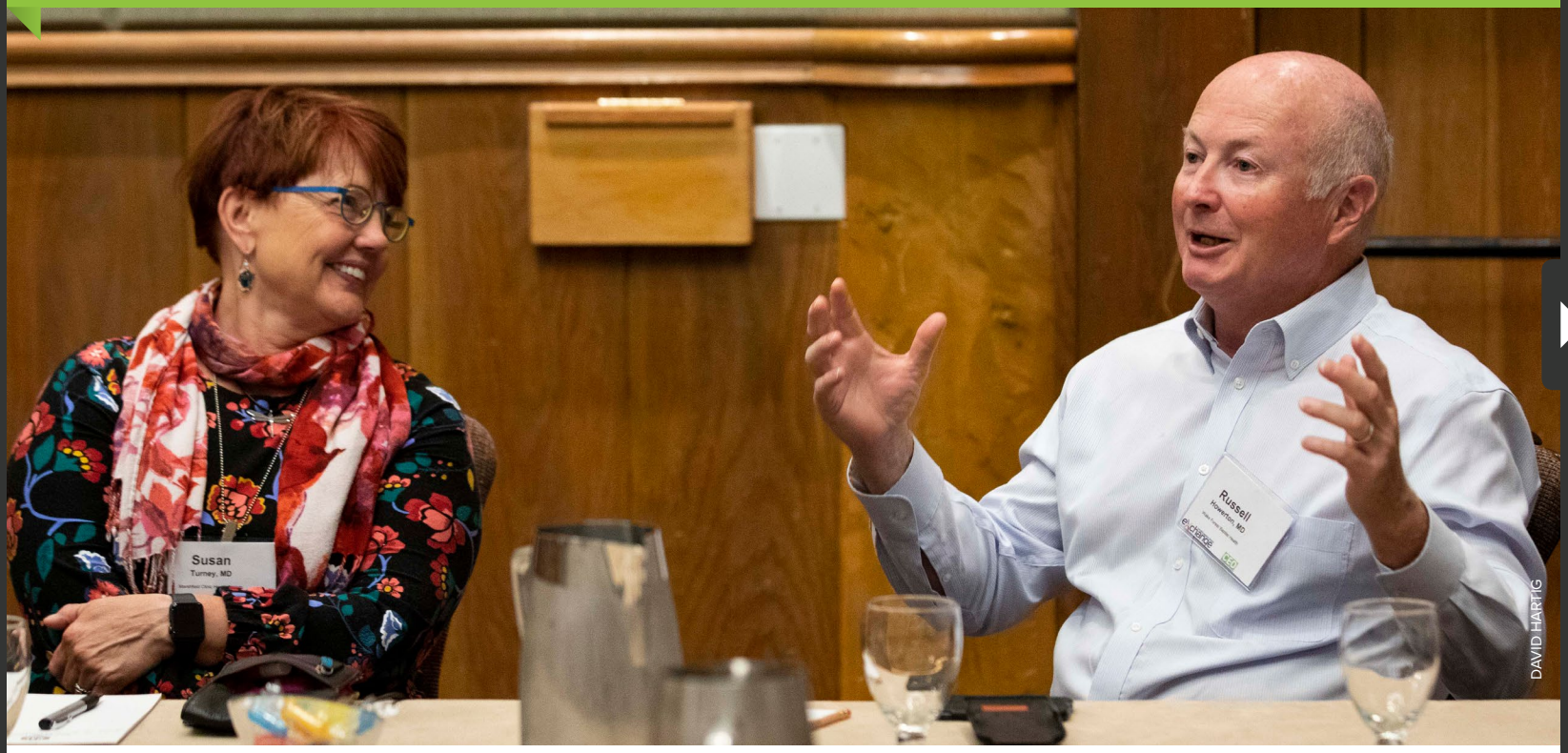

CRITICAL CHOICES: HOW HEALTH SYSTEMS NAVIGATE AN EVOLVING MARKET

Fresh insights from healthcare chief executives at the 2019 HealthLeaders CEO Exchange

An independent HealthLeaders report

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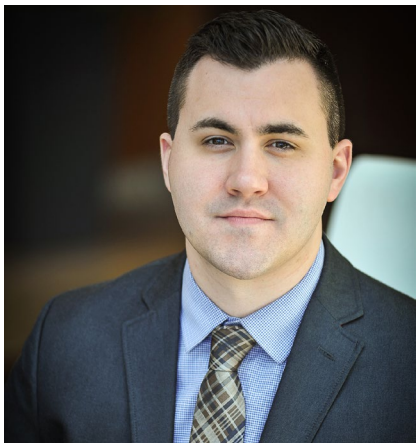
Critical Choices: How Health Systems Navigate an Evolving Market

Provider organizations are facing tough questions about consolidation, risk, consumerism, and more. But healthcare leaders are full of ideas about how to lead toward sustained success.



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ON THE COVER: Susan Turney, MD, MS, FACMPE, FACP, CEO, Marshfield Clinic Health System, Marshfield, Wisconsin, hears a fresh perspective from Russell Howerton, MD, FACS, senior vice president, Network Physicians, system chief medical officer and professor of surgery, Department of General Surgery, Wake Forest Baptist Medical Center, Winston-Salem, North Carolina, during a roundtable discussion.

The decisions healthcare executives make today will form the prologue to the success stories industry leaders recite tomorrow.

When strategists make choices that relate to the core identity, mission, and structure of their organizations—as CEOs do on a daily basis—they are determining what position and function they will fill in the future market. Will they dominate a geographic corner? Will they enjoy national recognition for specialty care? Will they attract physicians in droves? It all depends on how they choose to invest the energy and resources at their disposal today.

With so many variables at play, that decision-making task is a formidable one, especially in an industry that's reorienting around nascent understandings of value-based care. But leaders aren't shying away from potentially thorny questions about what their organizations are and what they should become.

Should health systems scale up through a merger or acquisition, or should they foster a sense of fierce independence? How much should they invest in their physicians, clinicians, and technology? How can they prepare to capitalize on risk-based opportunities? And what will be their competitive edge as

FAST TAKEAWAYS

1. **Consolidation versus independence: Thrive while delivering value locally.**
2. **Being physician destinations: Attract and keep doctors and clinicians.**
3. **Winning at risk: Play the value game effectively.**
4. **Connected consumerism: Meet patients where they are.**
5. **Competing with new players: Go toe-to-toe with retailers.**

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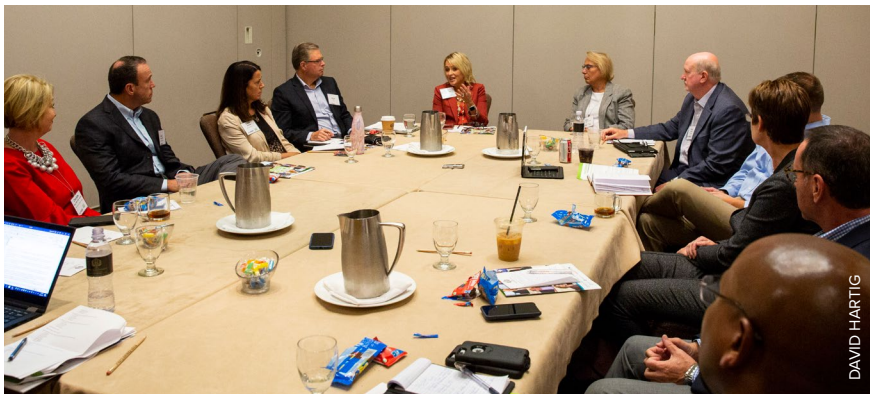

Chief executives address critical decisions facing healthcare leaders in the next few years at the 2019 HealthLeaders CEO Exchange in Park City, Utah. Roundtable discussions provide an opportunity for leaders to share successes and hear how others are confronting challenges.

retailers like Amazon and Walmart move deeper into the healthcare provider space?

These are just a few of the questions facing the industry's senior strategy executives, and they are among the topics that three dozen participants discussed and debated during roundtables at the 2019 HealthLeaders CEO Exchange in Park City, Utah.

This report draws from those discussions and highlights varying perspectives on five key topics: market consolidation, attracting physicians and clinicians, winning at risk, connecting with consumers, and competing with retailers.

1 CONSOLIDATION VERSUS INDEPENDENCE: THRIVE WHILE DELIVERING VALUE LOCALLY

Several of the CEOs in attendance had recently begun or completed M&A activity that, they said, aims to position their organizations for long-term strength.

GUNDERSEN-MARSHFIELD

Scott W. Rathgaber, MD, the CEO of Gundersen Health System in La Crosse, Wisconsin, said his organization has about $1.3 billion in annual revenue and has been growing organically, so it's likely well positioned for the next three to five years. When he looks farther into the future, however, to about 15–20 years from now, the health system's vitality is less certain.

That's one reason why Gundersen is exploring a possible merger with Marshfield Clinic Health System, based in Marshfield, Wisconsin. The combined system would reportedly generate about $3.7 billion in annual revenue.

"Size probably does matter to some extent," Rathgaber said. "We're even seeing in the bond rating agencies that some of them are taking size as a precursor to certain levels of ratings; therefore, we worry that we will lose the ability to have access to capital over time."

"But I think really our motivation is the survival of the physician-driven model of care that we believe in," he added. "We talk about the Havens and the Apples and the Googles and everybody else; we wonder if that kind of healthcare delivery is going to be what we believe in, so

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we need to do everything we can to stay vital going forward."

Health systems can pursue a variety of options to expand their reach, including joint ventures, affiliations, and acquisitions. But this potential Gundersen-Marshfield tie-up is truly a merger of equals, and that's important for the path ahead, Rathgaber said.

"We really believe that you have to have a meeting of the soul, so to speak, so that you end up really being very aligned," he said. "We've had clinically integrated networks in other partnerships that we've had, which worked to a certain extent. But there always is that piece that, at the end of the day, you're not really completely aligned, so that's why we're looking at the merger option."

PIEDMONT–COLUMBUS REGIONAL

Scott Hill, MEd, MHA, FACHE, president and CEO of Piedmont Columbus Regional Health in Columbus, Georgia, said the health system's board engaged in a three-year process to select a culturally aligned partner that would position the organization for success in the coming decades. That led them to Atlanta-based Piedmont Health, with which Columbus Regional merged last year.

"We had three great finalists in our process, but at the end of the day Piedmont was selected because of their plan-on-a-page. It's probably the most succinct strategy document that I've ever seen or been part of in an organization," Hill said. "The patient is at the center and everything else wraps around it. It's all right there and it was consistent with who we are as an organization."

Thinking long term, Columbus Regional was looking for a partnership that would help the system compete in retail healthcare and value-based care, Hill said. As a stand-alone system, Columbus Regional wouldn't have been able to afford the electronic health record system it's now using, he said.

SUMMA-BEAUMONT

T. Clifford Deveny, MD, president and CEO of Summa Health in Akron, Ohio, said his organization is looking to become part of Beaumont Health, as market circumstances in the local area have grown increasingly difficult.

"We have a population that's getting older, poorer, and smaller, so we're actually shrinking, thus we needed to identify a partner to help us grow," Deveny said. "We've got a lot of capital being spent on replacement facilities and are basically dealing with a lot of chronically ill older patients. How do you deal with that?"

Summa hopes to have found its solution in Beaumont, Deveny said.

"If we want to become a destination for people to practice, we've got to recognize the true generational differences that exist, figure out a way to bring people to the table, and be able to talk to people in the ways they relate to the most."

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Northeast Medical Group
New Haven, Connecticut

"We have six integration teams that are building the strategic blueprint so when we do sign, we know immediately these are the things that we will focus on," he said. "One of the added things that our board was adamant about was clinical decision-making, that it will be local clinical teams making decisions on how we'll be providing care here."

"We're excited, and I think all the synergies are good, but what I am focusing on is trust," he added. "If there isn't trust at all those different levels and we aren't addressing it early on, you can see where things could fall apart."

MAINTAINING A LOCAL-MARKET MINDSET

As some local and regional organizations have joined sprawling national health systems, the executives at the CEO Exchange said geography should be a serious consideration when exploring M&A options and assessing their potential savings.

"I struggle understanding how you can achieve scale nationally except for few things. I do absolutely believe that you can deliver scale, but it is easier within a limited geography," said Cliff Robertson, MD, the CEO of CHI Health in Omaha, Nebraska, which is part of CommonSpirit Health, the $29 billion system formed by the 2019 merger of Dignity Health and Catholic Health Initiatives.

"The way I think about it is, $7 billion of revenue is a much better proposition in a 400-mile radius than $2 billion if you're thinking about it purely from a scale play," Robertson said. "It gets harder as you get across four time zones, 22 different states."

While some health systems seek safety in the arms of a larger system, others have staunchly defended their independence. Kim Russel, FACHE, president and CEO of Bryan Health in Lincoln, Nebraska, said her regional health system views maintaining local control as an important part of its plans.

"There is a tremendous cultural value of independence in our state, and that plays out certainly with respect to our strategy for Bryan Health but also in many other ways––politically, socially, etc.," Russel said.

The prospect of gaining an upper hand at the negotiating table with insurers is a tantalizing reason to pursue scale. But getting bigger just to protect your business interests is

"Whether it's on your phone, whether it's in your laptop, whether it's in an office, whether it's Sunday at 4 o'clock in the afternoon, it's really how the patient defines what that access is, and we should be there to achieve that goal for those patients."

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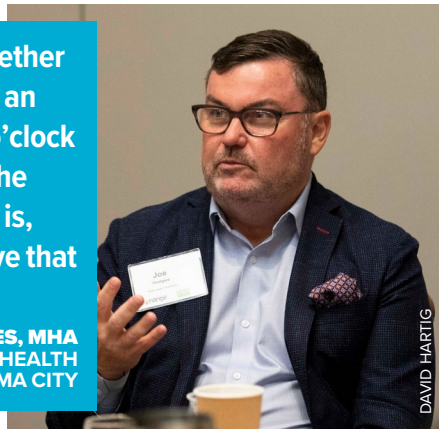
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a questionable rationale for mission-minded healthcare organizations, several CEO Exchange participants said. Instead, health system executives have a responsibility to ensure any consolidation serves the local market, they said.

Steven N. Little, CPA, former president and CEO of Agnesian HealthCare in Fond du Lac, Wisconsin, said hospitals that don't dominate their markets may reach a fork in the road that forces them to choose a partner, but that point isn't the same for everyone.

"There is no one secret formula that says you have to be of a certain size, in my opinion, or you're not going to survive. I think there's many, many factors," Little said.

The end goal should be to provide better care at a more affordable rate, he said.

"We have an obligation as nonprofit and for-profit healthcare providers to provide better health for the people we serve," noted Little. "And this country is at a point where we'd better figure it out soon as providers, or the Amazons and the Walmarts will figure it out for us."

Chris Woleske, JD, president and CEO of Bellin Health in Green Bay, Wisconsin, said the bottom line in this conversation is that healthcare is too expensive.

"At the end of the day, we need to find a way to reduce the total cost of care, and I don't see big systems in a position to achieve that more effectively than independent organizations that are community based and focused on achieving quality, affordability, and improving health and well-being for the communities," Woleske said.

Roberta Luskin-Hawk, MD, chief executive of St. Joseph Health, Humboldt County in Eureka, California, said consolidated health systems need to make sure they listen to leaders at individual facilities.

"I believe that there is significant value in the development of a cohesive and aligned culture and operations across large systems, but we need to ensure that there is meaningful input from the local markets—as [our system CEO] Dr. Rod Hochman talks about, being 'big and small at the same time,' leveraging your size while keeping that intimate personal connection with your community and the people you serve," Luskin-Hawk said. "That's the balance that we are trying to achieve."

2 BEING PHYSICIAN DESTINATIONS: ATTRACT AND KEEP DOCTORS AND CLINICIANS

Susan Turney, MD, MS, FACMPE, FACP, CEO of Marshfield Clinic Health System in Marshfield, Wisconsin, said the process of recruiting and retaining physicians, clinicians, and other staff has changed substantially in the past few years. The task is especially challenging, Turney said, for providers in rural areas like hers, where the biggest community has 70,000 people.

"We're seeing people move into our communities, they're there two or three years, and off they go—so we've had to rethink our strategy around what it means to recruit and retain all staff and how to position the advantages of living and working in rural communities," Turney said.

Marshfield's leaders have spent a lot of time and effort thinking through the best approach to onboarding and continuous employee engagement, she said.

Hill, from Columbus Regional, said there seems to be big generational differences that affect the way health systems must recruit and retain physicians and nurses today.

"The question [from physician candidates] used to be, 'Whose hand do I need to shake? What country club do I need to join? What's the busiest day in the physician's dining room so I can get in there and I can build relationships?'" he said. "Now it's, 'How much are you going to pay me? How much call do I have to take? And how many days off do I get?' "

Younger clinical staffers tend to be idealistic and more willing to leave an organization if they don't believe their work matters, Hill said.

> **"When you can get the physicians and the hospital collaborating, and financial incentives aligned, it's like an orchestra."**
>
> **KIM RUSSEL, FACHE**
> **PRESIDENT AND CEO, BRYAN HEALTH, LINCOLN, NEBRASKA**

Scott W. Rathgaber, MD, CEO, Gundersen Health System, La Crosse, Wisconsin, says Gundersen is focused on doing everything it can to stay vital going forward.

"We, as an industry, have to own that," he said. "If we want to become a destination for people to practice, we've got to recognize the true generational differences that exist, figure out a way to bring people to the table, and be able to talk to people in the ways they relate to the most."

4-PART FRAMEWORK

Rathgaber, from Gundersen, said health systems are all fighting for the same limited resources when it comes to physician and clinician recruitment. The framework he uses includes four key points:

1. **Purpose:** Gundersen has sought to define a sense of purpose to which employees can contribute, Rathgaber said. "I would argue that, not my generation, but the millennial generation, really resonates with that," he said. "They want to make a difference. And that's not to say that baby boomers didn't want to make a difference, but I think [the sentiment is] a lot stronger with millennials, and that connection is great."
2. **Teamwork:** A lot of people, especially members of younger generations, are driven by a sense of teamwork, too, which is counterintuitive for some established physicians, Rathgaber said. "I wasn't trained in that," he said. "It was more the cowboy rather than the pit crew, but we're so complex now that we really have to work together in order to provide the best care. A lot of people appreciate that teamwork."
3. **Mastery:** Gundersen also strives to have clinicians work at the top of their licenses, Rathgaber said. "If you're going to do something, we want to make sure we support you so you can be the absolute best you can possibly be and you go home saying, 'I did a great job today. I can really do the job you hired me to do,' " Rathgaber said.
4. **Autonomy:** This idea of promoting autonomy works only when teams are aligned with the organizational mission, Rathgaber said. He likes to compare the leadership team's broad vision to the Mississippi River, which is wide but has banks. "As long as you're going in the right direction and you stay within our aligned boundaries, we're going to be good," he said.

When you can connect employees with a sense of purpose, teamwork, mastery, and autonomy, you are more likely to get an engaged and motivated workforce committed to the organization's success, Rathgaber said.

3 WINNING AT RISK: PLAY THE VALUE GAME EFFECTIVELY

Dale Maxwell, president and CEO of Presbyterian Healthcare Services in Albuquerque, New Mexico, said his organization has been in the risk business for 30 years and has "many scars to show for it."

Even so, he and fellow CEO Exchange participants had plenty to say about the ways healthcare providers can use risk-based contracting to position themselves wisely for the future.

About $3 billion of the $4.5 billion in revenue that Presbyterian Healthcare Services generates annually comes from its insurance arm, which has been growing amid greater investments in value-based care, further blurring the lines between payer and provider, Maxwell said.

"Are we a hospital? We have nine of them. Are we a physician practice? We have over 1,000 employed physicians. Are we an insurance company? We're kind of all of those," he said. "But it's really how you manage that care, and we can do it better."

"It's how Presbyterian can be very successful in a very low-resourced market," he added. "You learn how to be creative and take care of patients in different places, different venues, lower cost, higher quality."

Prathibha Varkey, MBBS, MPH, MHPE, MBA, MA, president and CEO of Yale New Haven Health Northeast Medical Group in New Haven, Connecticut, said articulating value-based care goals in terms of population health won support from her organization's clinicians.

"What happened was a remarkable change in terms of physician engagement: physicians showing up on Saturdays to have this conversation, because this suddenly felt meaningful versus the traditional focus on numbers and productivity. Talking about and working on quality and value also created a huge improvement in quality metrics," Varkey said.

The financial benefits of the medical group's undertaking also came sooner than expected, she said.

"I actually thought it would take us another three years to get there, but it has become an entire new revenue generation stream sooner than we had anticipated," she added.

Gary Baker, MS, FACHE, senior vice president and regional hospital CEO for HonorHealth in Scottsdale, Arizona, said his organization's clinically integrated network (CIN) has been fairly successful in its efforts to get the private practice community to work together and to accept certain at-risk plans.

"I believe there is significant potential there, but right now it is how you motivate loosely affiliated private practice doctors to work together when historically there was no motivation to do so," Baker said. "So we've had some good success, and I am excited to see how it continues to develop."

Russel, from Bryan Health, said these types of contracts can be a great tool to rally teams around a common cause. "I think the most exciting or attractive thing about these opportunities is if you can structure things to really bring the hospital and physicians together as kind of one decision-making entity," she said. "When you can get the physicians and the hospital collaborating, and financial incentives aligned, it's like an orchestra. It's just that that's obviously extremely difficult and challenging to do."

4 CONNECTED CONSUMERISM: MEET PATIENTS WHERE THEY ARE

Health systems use a wide variety of tactics to improve patient access, such as extending their hours of operation, opening clinics in more convenient locations, and offering telehealth options to meet low-acuity care needs without requiring an in-person visit.

But health systems shouldn't unilaterally define access for their local markets. That's because access means meeting patients where they are, and you can't fully know where patient populations stand without asking them, said Joe Hodges, MHA, regional president of SSM Health Oklahoma.

"Whether it's on your phone, whether it's in your laptop, whether it's in an office, whether it's Sunday at 4 o'clock in the afternoon, it's really how the patient defines what that access is, and we should be there to achieve that goal for those patients," Hodges said. "If we're not, I feel like someone else is going to fill that gap for us."

Just about every major health system has adopted a virtual care solution in one form or another, but not all of those solutions have lived up to their potential. Several participants in the CEO Exchange event said their virtual care options have gone woefully underutilized.

Chris Woleske, JD, president and CEO, Bellin Health, Green Bay, Wisconsin, says she prepared the organization for a successful virtual care rollout by beginning with her own team.

Woleske, from Bellin Health, said one great way to prepare your organization for a successful virtual care rollout is to begin with your own team. That's why her organization put an initiative in place to adopt tech tools internally before offering them to the public, she said.

"When we rolled out e-visits and video visits, we did it first within our own employee base and tested it with them because, if they like it, they're going to tell their patients about it and they're going to encourage their family members to use it," she said. "Creating that internal set of ambassadors has been successful."

5 COMPETING WITH NEW PLAYERS: GO TOE-TO-TOE WITH RETAILERS

As health systems adjust their operations to meet consumer expectations, they face a growing competitive threat from major retailers and pharmacy chains that aim to capture a portion of the revenue around lower-acuity care services.

More than two-thirds (68%) of executives surveyed by

HealthLeaders for the 2019 Intelligence Report *Navigating the M&A Landscape: Achieving Clinical and Financial Objectives* said they expect CVS Health's merger with Aetna to have a significant impact on the industry. About half (49%) said they expect the Amazon-backed healthcare venture Haven to have such an impact.

But there's some disagreement over which competitors incumbents should worry about, said Keith Alexander, regional vice president for the southeast region of Universal Health Services, based in King of Prussia, Pennsylvania.

"I see a lot of people talking about CVS-Aetna or Walmart or Amazon and, frankly, the one that really has my attention and has for a couple years now is none of those," Alexander said. "It's United Healthcare's Optum, which is now a $280 billion company. How did that happen overnight?"

Alexander said it seems like Optum's big business strategy is to move into the nation's 75 largest markets and turn the services acute care hospitals provide into commodities.

"They're going to own the integrated-delivery system outside of the acute care, and they're going to commoditize the hospital," he said. "It's like Walgreens and Walmart and Amazon are saying, 'We want to go do that,' but Optum is doing that right now," he added.

Pamela Stoyanoff, FACHE, CPA, MBA, executive vice president and chief operating officer of Methodist Health System in Dallas, said her organization works with Optum, using its consulting services, even though Optum is already competing in the retail healthcare space.

"We have to have a relationship with them at some level so that they get to know us, respect us, rather than not," Stoyanoff said. "It's the same thing with Amazon or Google or whoever. A lot of systems are just trying to find a way to have some sort of relationship, so that if their retail clinics have a need to refer patients, they think of us first, and we get them."

The conversations at the CEO Exchange took place just a few days after Walmart announced the opening of its pilot health center in Georgia, adding to concerns that deep-pocketed retailers could swoop into a market and offer healthcare services in a brick-and-mortar setting that directly challenges local health systems' infrastructure.

In the face of such threats, Jeremy P. Davis, MHA, president and CEO of Grande Ronde Hospital (GRH) and Clinics in La Grande, Oregon, said he has been working to deepen his organization's ties to the local community, fostering a sense of loyalty that could come in handy if an outside competitor were to attempt to come between the organization and its patients.

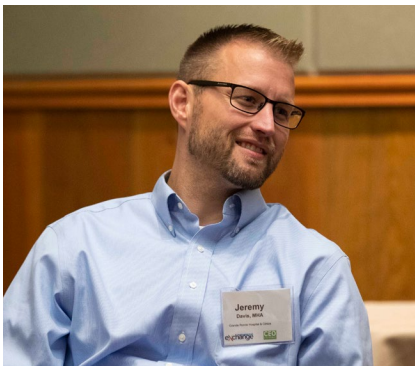
Davis said he has been hosting a monthly breakfast at the hospital with 15–20 key community leaders, including mayors, representatives, fire chiefs, school teachers, and business leaders. He usually introduces a physician or two to those who attend.

The practice helps to demystify the hospital in the mind of community members, Davis said.

"I'm talking about cost, quality, or access, some of the things happening on a national stage," he said. "Consequently, I'm really promoting the hospital to the community over and over again, so that way when the time does come where we have some threat, I've hopefully built support."

Davis said he's been working to plant a seed of appreciation and support in the minds of local leaders for their hospital. "If they want our community to be successful, it's that 'buy local' mentality," he said, noting that GRH represents nearly 5% of the local workforce.

The HealthLeaders CEO Exchange annually gathers leading hospital and health system CEOs for a custom dialogue on the critical issues facing the future of their organizations. The 2020 event will be held August 26–28 at The American Club in Kohler, Wisconsin. For more information on this and future events, please email *exchange@healthleadersmedia.com*.



Jeremy P. Davis, MHA, president and CEO, Grande Ronde Hospital and Clinics, La Grande, Oregon, hosts breakfasts with key community leaders to help demystify the hospital for their market.

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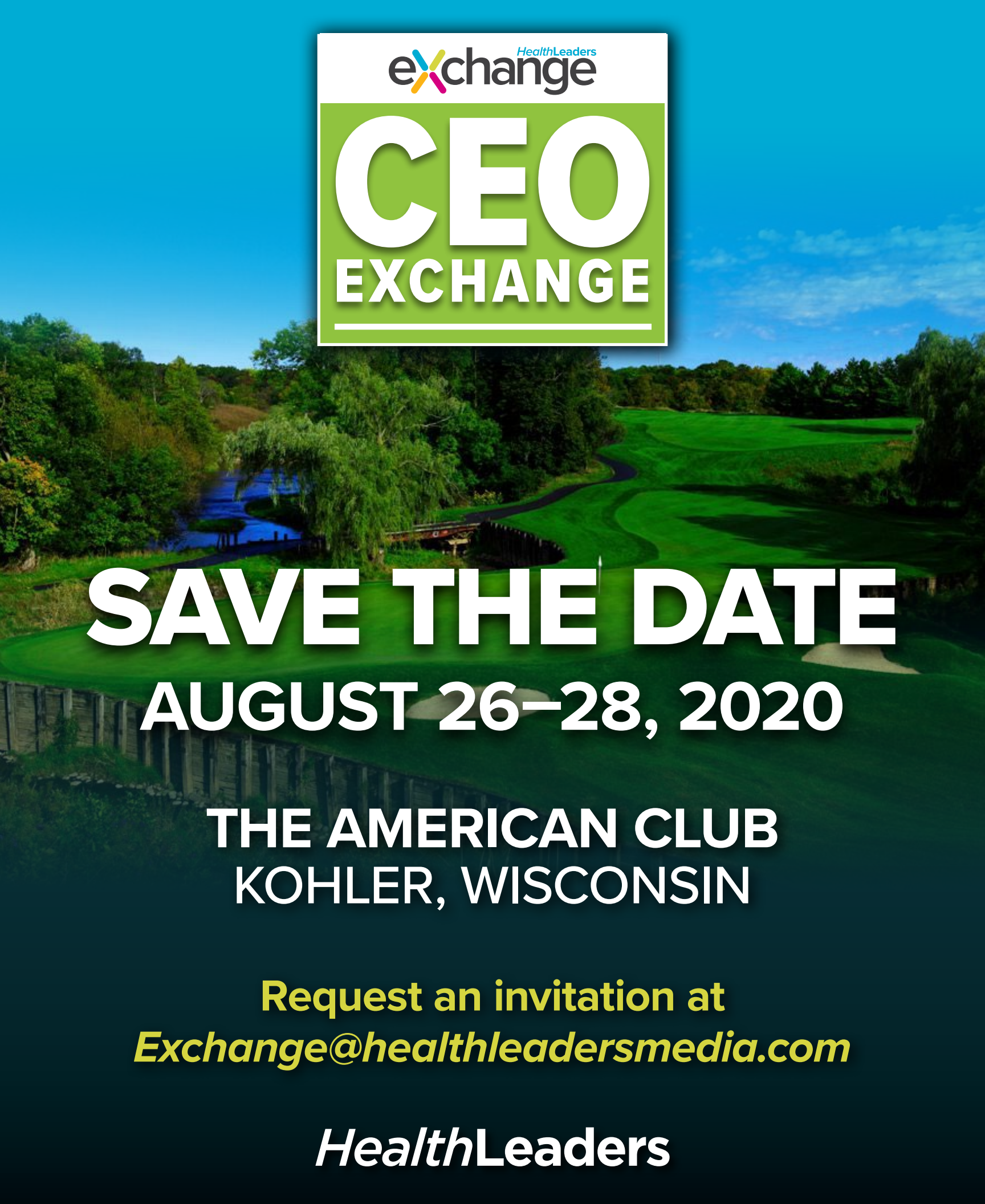
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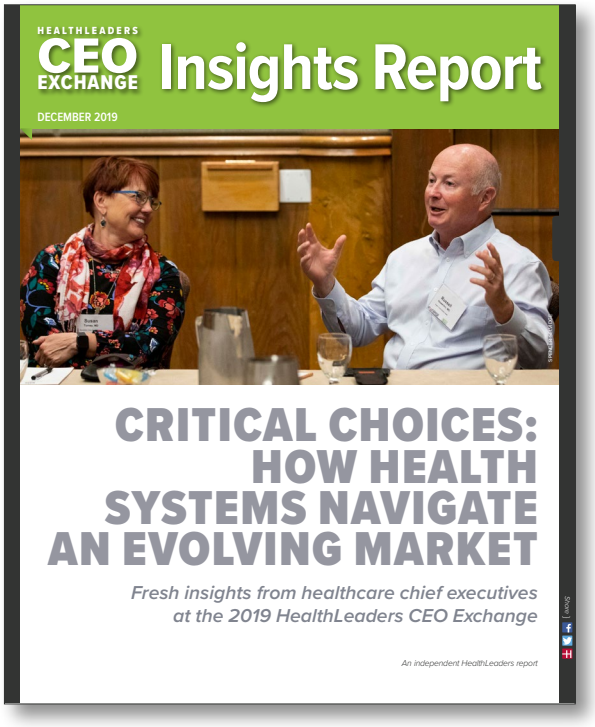

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