

2015 ACHE-SETC Conference on Healthcare Leadership

Practical Guide to Differentiating Between Good and Bad Strategy

(An ACHE Face-to-Face Panel Discussion)

Facilitator: Anita Halvorsen, FACHE

Regional Strategy and Growth Officer, Presence Health

Panelists: Heather Anderson

Vice President, Operational Improvement, Baptist Health System

Caroline Champion, CPA, FACHE

Director, Business Development, Memorial Hermann Katy

INSIGHTS FOR HEALTHCARE PROFESSIONALS

(A partnership with Medical World Americas)



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Learning Objectives

- Define probable scenario for the healthcare market in 2018 including payer mix, managed care plan design, payment methodologies, etc.
- Learn the specific strategies and tactics essential to optimize performance, including physician alignment, clinical integration and care design
- Identify critical competencies necessary to implement “understanding the New Math” strategies

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Agenda

- **Overview**
- **Introductions + Video (30 minutes) Presentation by Nate Kaufman, Strategic Advisor**
- **Topics for Discussion:**
 - ☐ Discuss how strategy is defined in your organization
 - ☐ How the process of developing good strategy in your organization changed since the implementation of the ACA
 - ☐ Define opportunities to measure costs and eliminate waste in your health care system
 - ☐ Discuss strategic approaches to monitoring and adjusting financial performance imperatives
 - ☐ The need to increase clinical integration in your strategic plan
- **Discussion**

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Biography

Moderator:

Anita Halvorsen, FACHE, MBA, MS, CCC-SLP is a Regional Strategy and Growth Officer for Presence Health. She designs and implements business vision and strategy across the continuum. Anita was Vice President for an inpatient rehabilitation hospital and has experience building service lines in multi-hospital health systems. She has 19 years of healthcare leadership experience beyond the Director level, overseeing department financial and human resources for all levels of healthcare. Anita has a MS in Speech-Language Pathology (Rush University), MBA with a healthcare concentration (Saint Xavier University) and BS degree (Ithaca College). She is a national invited speaker and holds Board Certification in healthcare management from ACHE.

Speakers:

Caroline Champion, FACHE, CPA, Director of Business Development, leads Memorial Hermann Katy Hospital's business development initiatives and strategic growth functions. New to her role at the Katy campus, Caroline has held numerous leadership roles throughout her 18 year tenure at Memorial Hermann. Ms. Champion joined Memorial Hermann as the Capitation Manager in 1997, where she was responsible for managed care contracting, risk pool settlements and contractual allowances. She progressed as an administrative fellow into a rotation of operational and performance improvement roles at various campuses. During the most recent eight years, she assisted with a redesign of the centralized planning and forecasting functions, leading to the successful adoption of a newly chartered system strategic planning department. She is considered an industry expert in all aspects of service line forecasting, market share analysis and planning research. She is often called upon to provide guidance and best practices with many of the Truven, Sg2 and Advisory Board analytic tools, as well as the Texas Hospital Association Patient Data System (PDS). Ms. Champion holds a BBA accounting from the University of Texas at Austin and a MHA in healthcare administration from Texas Woman's University.

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Align with Physicians

Strategic Intent

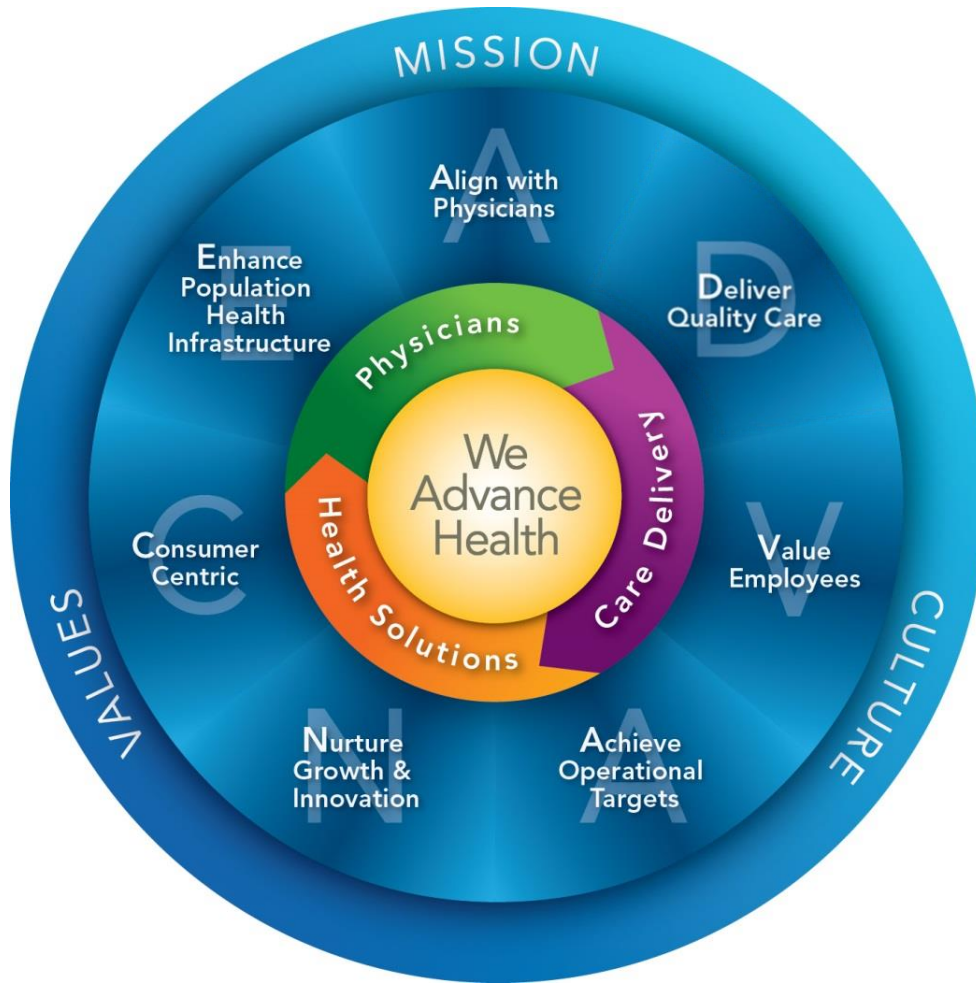


Provide integrated care across the continuum with indispensable value for our stakeholders.

- Implement ACO Agreements around heart & vascular, orthopedics & hospital medicine.
- Enhance adult and pediatric primary care network to meet geo-access standards for covered populations.

Deliver Quality Care

Strategic Intent



Advance health across the system with an evidence based, high reliability safety culture as our core value.

- Measure and hold accountable CEOs, facility executives and Medical Staff to eliminate SSE 1s and 2s.
- Create ambulatory analytics and quality management functions.

Value Employees

Strategic Intent



Attract and retain employees through engagement, workplace safety, inclusiveness and open communication.

- Implement employee retention plans (i.e. focus on involuntary terms, hiring for fit and onboarding and nursing turnover. Pay/benefit enhancements.)
- Attract local, 'out of market,' international and veteran hires.

Achieve Operational Targets

Strategic Intent



Achieve or exceed targeted financial operating performance.

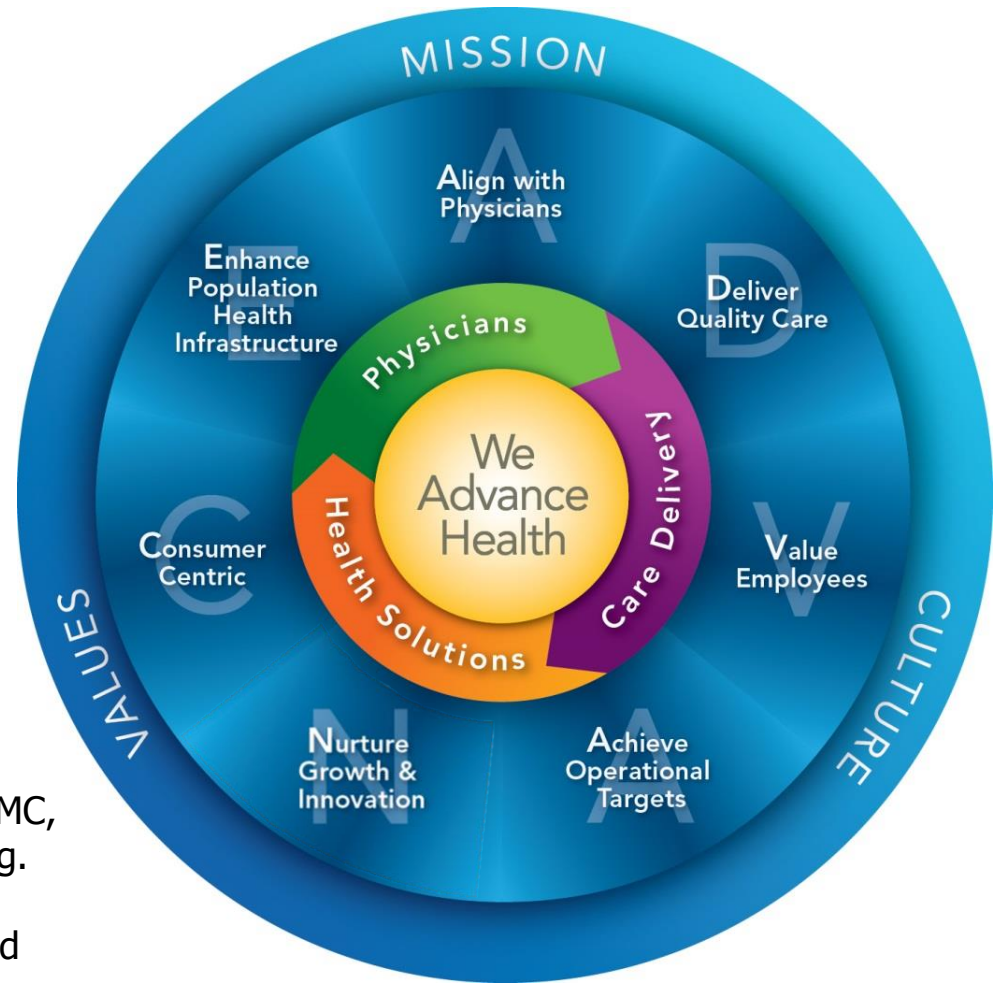
- Length of stay optimization to assist with Medicare breakeven, occupancy constraints and admission denials.
- Developed centralized “pre-access” center to optimize collections and reduce denials at time of rising co-pays, coinsurance and deductibles.

Nurture Growth & Innovation

Strategic Intent

Advance system service line growth, quality, service and organizational structure. Deepen direct employer relationships and drive high performing post-acute services. Continue to grow market share.

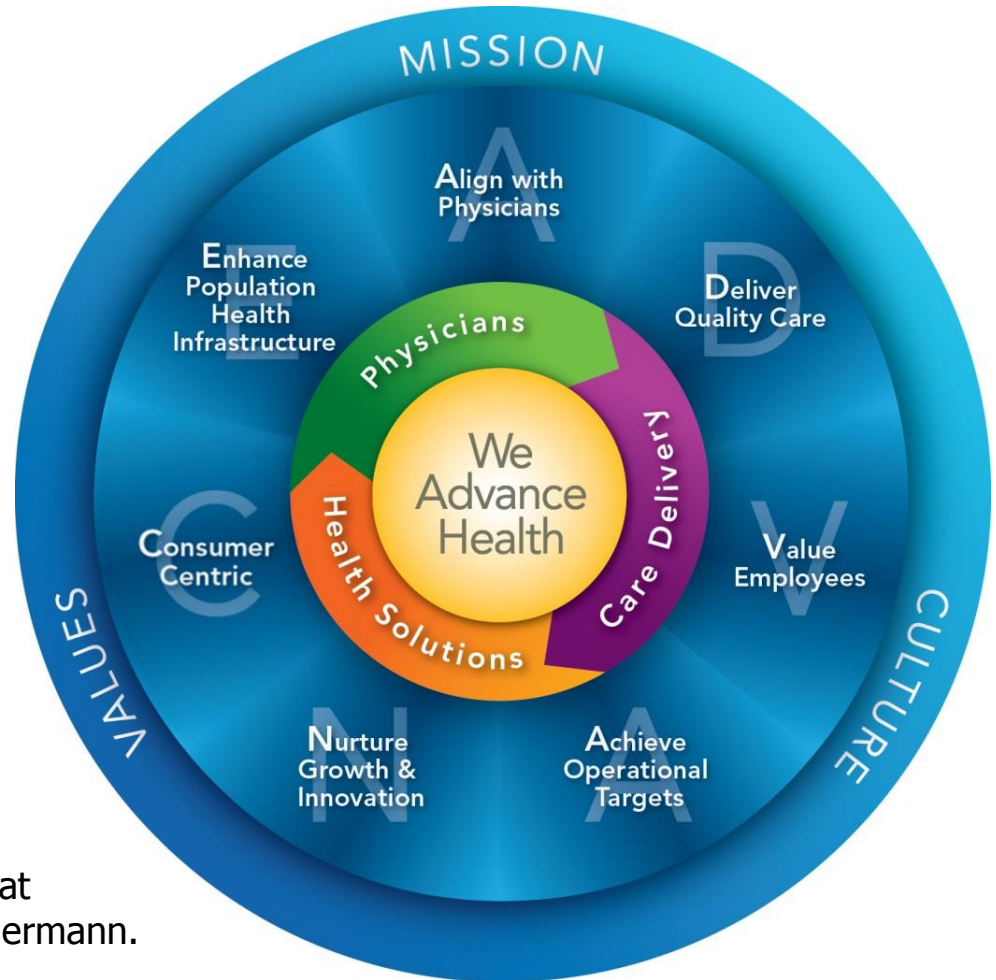
- Execute “growth plans” in Katy, Sugar Land, TMC, Pearland and Cypress. Open new CCC in Spring.
- Develop service line plans around oncology and trauma.



Consumer Centric Strategic Intent

Deliver a more satisfying experience by placing the individual at the center of our integrated health system. Develop new consumer/retail offerings that result in more people receiving health services from Memorial Hermann.

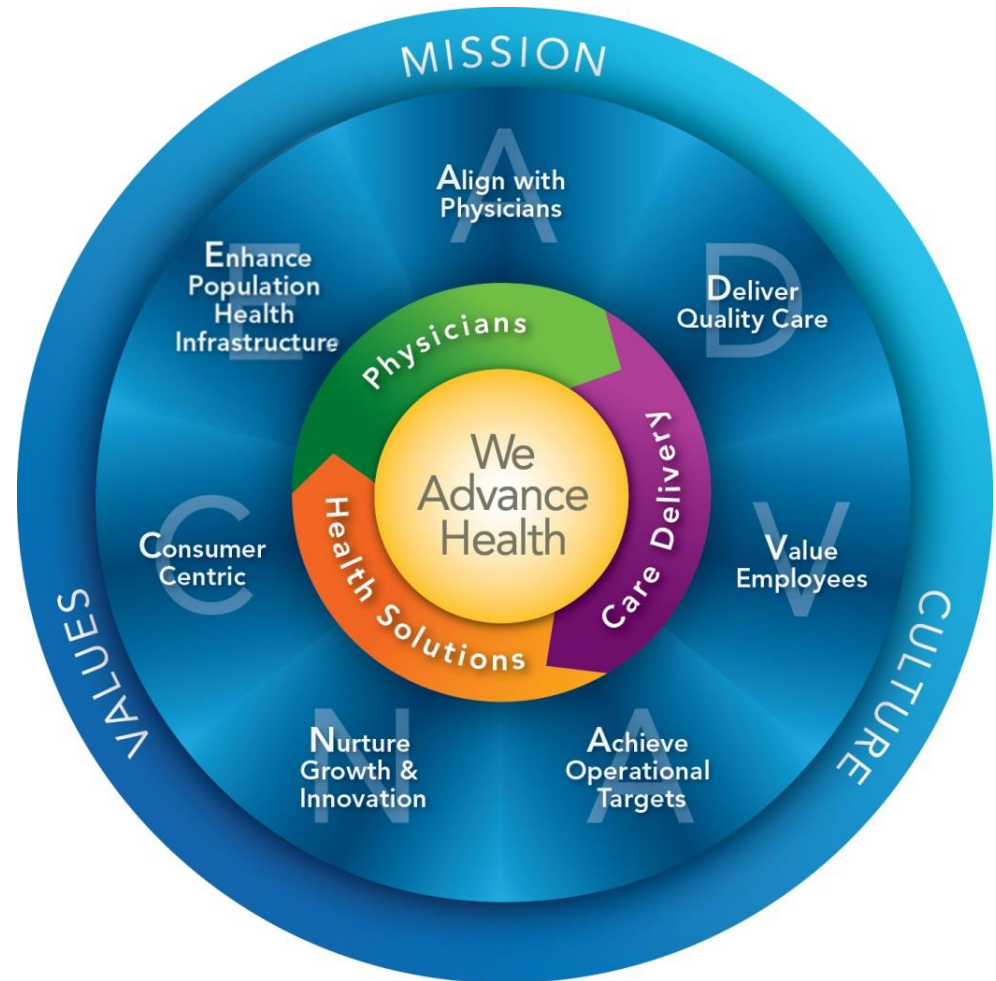
- Explore new health plan and retail offerings that provide additional access points to Memorial Hermann.
- Implement digital engagement strategy for consumers



Enhance Population Health Infrastructure

Expand the operational and technology infrastructure to support a high quality, efficient and collaborative physician/hospital network to grow covered lives, and manage populations, value based payments and contractual risk.

- Enhance 'medical economics' expertise – Risk assessment/rate setting & analytics.
- Investigate TPA functionality/ability to accept and pay claims within MH system.



BE the Difference: Leadership Roles



Biography

Heather K. Anderson has over 16 years experience in healthcare and is currently the Vice President of Operational Improvement for the Baptist Health System, San Antonio, TX since 2012. Heather is responsible for the lean operations of the system which includes development of the daily management structure, kaizen events, strategic deployments, and lean training and education. Heather also oversees the DSRIP projects for Baptist Health System, market analytics and business intelligence. Previously, from 2008 – 2012 she was the Regional Director of Organizational Improvement for the Baptist Health System, San Antonio. From 2000 – 2008 Heather served as the Director of Financial Operations, Medicare Profitability, and Organization Effectiveness for the Memorial Hermann Healthcare System. Prior to that she worked in financial operations for Columbia HCA Bayshore Medical Center. She received her Bachelor of Arts degree from the University of Texas at Austin and her MBA/MHA from the University of Houston-Clear Lake. Heather serves as adjunct faculty for the Baptist School of Health Professions teaching Healthcare Performance and Process Improvement for the B.S. in Healthcare Management Program. Heather is also a certified lean six sigma master black belt.

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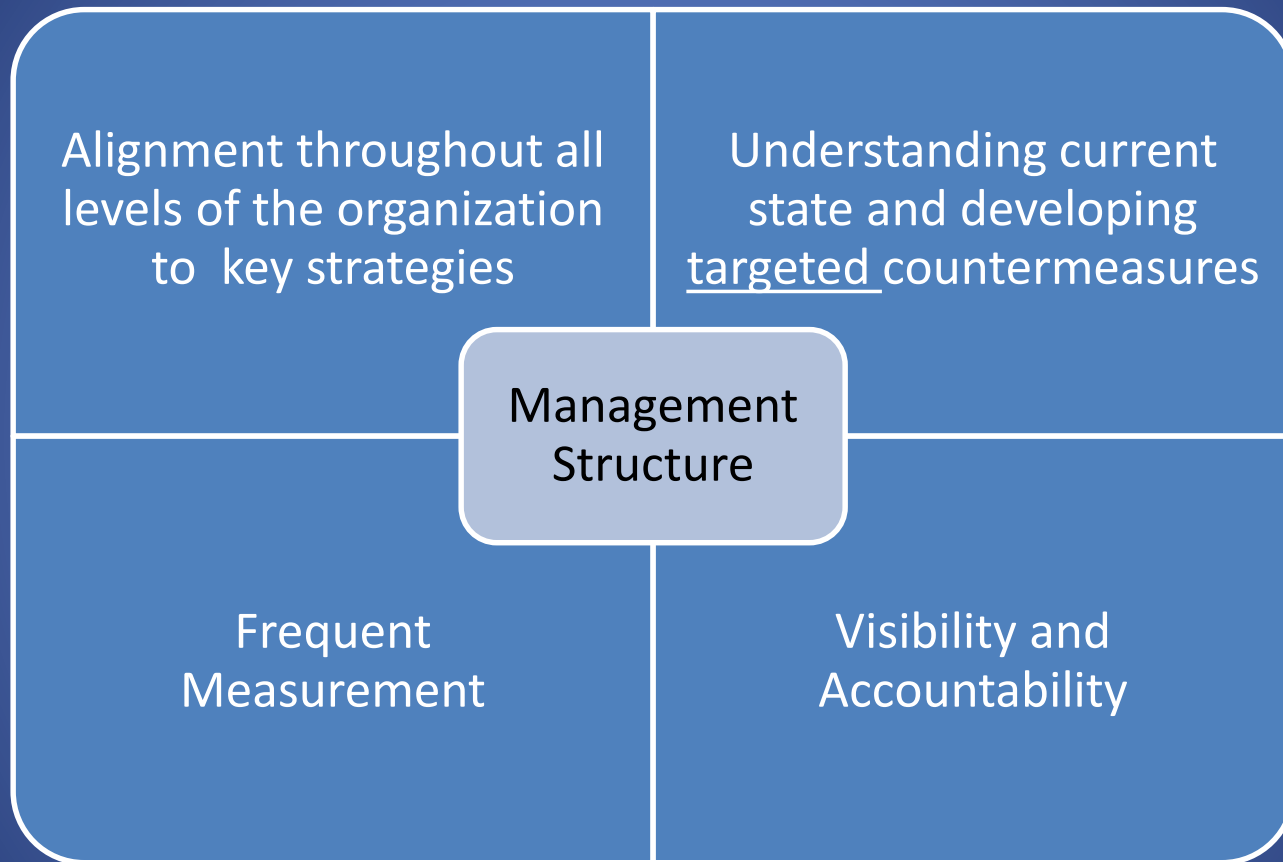
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Strategy Deployment



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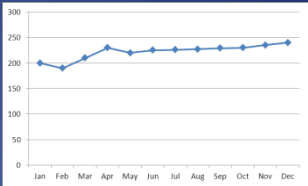
STRATEGY



Facility-level KPIs

- Monthly measurement

Increase volume by x%



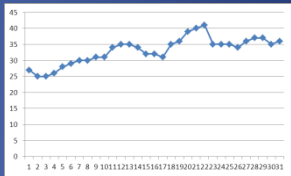
Senior Leader or Director KPIs

- Daily measurement
- Leading indicator to facility –level KPI
- Visibility & Accountability of problem solving journey and countermeasures

Operational
Decrease LWOTS



Tactical
Increase Surgeries

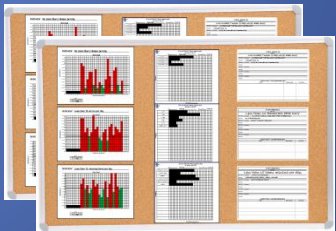


Documented
Problem Solving &
Countermeasures

Front-line problem solving

- Daily measurement
- Problem solving to identify what is preventing target condition

What is
extending
door to
provider
time?



Why is
turnover time
greater than
25 min?

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Bibliography/References

- Rumelt, Richard. (2011) *Good Strategy Bad Strategy*. Crown Publishing Group.
- Zuckerman, Alan M. (2012) *Healthcare Strategic Planning. Third Edition*, Health Administration Press.

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