

Who Am I?  
The AMC's Quest for Identity  
in a Complex World

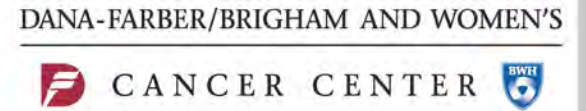
Academic Medical Group  
Leadership Roundtable

Dan Miers  
Chief Strategy Officer  
SPM Marketing & Communications

May 5, 2019









**HONDA**



**CHEVROLET**



**TOYOTA**



Mercedes-Benz



**SUBARU**



**HYUNDAI**



*Cadillac*



**JAGUAR**

---

## What Is Strategy?

by Michael E. Porter

*“Competitive strategy is about being different. It means deliberately choosing a different set of activities to deliver a unique mix of value.”*

## Market Forces, Structural Factors Growing Causes for Concern

Despite the overall bright margins of AMC performance, the future is murkier as strategists question whether the AMC model can thrive in the face of value-based payments and a growing consumerist streak in health care.

AMCs face growing financial pressures on all aspects of their tripartite mission: providing quality medical education, serving the health needs of their communities, and conducting innovative academic research. **Through their simultaneous commitment to all three, AMCs have often built up higher cost structures than their non-AMC counterparts. In turn, these cost structures frequently carry over into higher market-facing prices.**

### Media, Industry Groups, Leaders See Reason to Question the Future of the AMC

**BECKER'S  
Hospital Review**

"Will academic medical centers sink or swim?"

October, 2015

**The Washington Post**

"Harvard medical professor: The nation's teaching hospitals are under threat"

April, 2016

**THE WALL STREET JOURNAL**

"Once Cash Cows, University Hospitals Now Source of Worry for Schools"

April, 2015

“Every aspect of AMCs will undergo transformation in the decades ahead: how care is delivered, how students and residents are educated and integrated into clinical care, how the research enterprise is organized and funded, and how the missions come together in a new and meaningful way.”

AAMC  
"Advancing the Academic Health System for the Future"

#### Four Major Pressures Facing AMCs



CMS Push Towards Risk



Above Market Prices for Market Quality Care



Unattractive to Consumer-Preferred Networks



Inflexible Cost Structure

Source: AAMC, "Advancing the Academic Health System for the Future." Available at: <https://www.aamc.org/download/370550/data/advancing.pdf>.  
Robin T. "Will academic medical centers sink or swim?" *Becker's Hospital Review*, Oct. 2015; Gilsberg D. "Harvard medical professor: The nation's teaching hospitals are under threat." *The Washington Post*, April 2016; Korn M. "Once Cash Cows, University Hospitals Now Source of Worry for Schools." *The Wall Street Journal*, April 2015; Herman B. "Consideration could be made for academic medical centers." *Modern Healthcare*, July 2014. Health Care Advisory Board interviews and analysis.



“Through their simultaneous commitment to all three [missions], AMCs have often built up higher cost structures than their non-AMC counterparts... [which] frequently carry over into higher market facing prices.”

**Best Hospitals 2018-19:  
Cancer**

Rank	Hospital	U.S. News Specialty Score	30-day cancer survival	Patient safety	Success in preventing deaths from treatable complications after surgery	Success in preventing major bleeding and bruising after surgery	Success in preventing respiratory failure after surgery	Success in preventing harm to patients during surgery	Number of patients	Nurse staffing	Intensivists	Advanced technologies	Patient services	Recognized as Nurse Magnet hospital	NCI-designated cancer center	Accredited by FACT	Reputation with physicians in specialty	Current AHA responder
1	University of Texas MD Anderson Cancer Center, Houston	100.0	10	5	5	5	5	5	7,855	2.0	Yes	8	8	1	Yes	2	53.3	Yes
2	Memorial Sloan-Kettering Cancer Center, New York	97.4	10	5	5	5	5	5	6,241	2.1	Yes	8	8	1	Yes	2	50.6	Yes
3	Mayo Clinic, Rochester, Minn.	95.3	10	5	5	5	5	5	4,019	2.8	Yes	8	8	1	Yes	2	22.3	Yes
4	Dana-Farber/Brigham and Women's Cancer Center, Boston	83.0	10	5	5	5	5	5	3,161	2.3	Yes	8	8	1	Yes	2	26.6	Yes
5	Cleveland Clinic	80.9	10	5	5	5	5	5	2,554	2.1	Yes	8	8	1	Yes	2	8.7	Yes
6	Johns Hopkins Hospital, Baltimore	80.3	10	4	4	4	4	4	1,855	2.1	Yes	8	8	1	Yes	2	17.6	Yes
7	Seattle Cancer Care Alliance/University of Washington Med. Center	78.5	10	5	5	5	5	5	1,580	2.0	Yes	8	8	1	Yes	2	8.1	Yes
8	H. Lee Moffitt Cancer Center and Research Institute, Tampa	76.6	10	4	4	4	4	4	3,264	1.2	Yes	8	7	1	Yes	2	7.0	Yes
9	UCSF Medical Center, San Francisco	76.6	10	6	6	6	6	6	2,089	2.1	Yes	8	8	1	Yes	2	5.4	Yes
10	Hosp. of the Univ. of Pennsylvania-Penn Presbyterian, Philadelphia	75.9	10	6	6	6	6	6	3,037	2.4	Yes	8	8	1	Yes	2	6.8	Yes
11	Mayo Clinic-Phoenix	74.1	10	6	6	6	6	6	1,761	2.9	Yes	8	8	1	Yes	2	2.7	Yes
12	Massachusetts General Hospital, Boston	72.6	9	5	5	5	5	5	2,866	2.4	Yes	8	8	1	Yes	2	9.9	Yes
13	Northwestern Memorial Hospital, Chicago	72.6	10	5	5	5	5	5	1,723	1.8	Yes	8	8	1	Yes	2	2.2	Yes
14	Stanford Health Care-Stanford Hospital, Stanford, Calif.	72.4	10	5	5	5	5	5	2,126	2.5	Yes	8	8	1	Yes	2	5.9	Yes
15	Siteman Cancer Center, St. Louis	72.3	10	5	5	5	5	5	3,402	2.2	Yes	8	8	1	Yes	2	4.0	Yes
16	University of Michigan Hospitals-Nichigan Medicine, Ann Arbor	72.3	10	7	7	7	7	7	2,128	2.7	Yes	8	8	1	Yes	2	3.7	Yes
17	USC Norris Cancer Hospital-Keck Medical Center of USC, Los Angeles	71.7	10	6	6	6	6	6	1,345	2.4	Yes	8	8	0	Yes	2	1.0	Yes
18	University of Iowa Hospitals and Clinics, Iowa City	70.2	10	5	5	5	5	5	1,356	1.8	Yes	8	8	1	Yes	2	1.4	Yes
19	Wake Forest Baptist Medical Center, Winston-Salem, N.C.	70.0	10	5	5	5	5	5	2,652	1.6	Yes	8	8	1	Yes	2	1.5	Yes
20	Ohio State University James Cancer Hospital, Columbus	69.9	10	5	5	5	5	5	3,206	2.1	Yes	8	8	1	Yes	2	4.8	Yes
21	City of Hope Hefford Clinical Research Hospital, Duarte, Calif.	69.4	10	5	5	5	5	5	2,152	2.4	Yes	8	8	0	Yes	2	5.0	Yes
22	UCLA Medical Center, Los Angeles	69.4	10	5	5	5	5	5	2,053	3.0	Yes	8	8	1	Yes	2	5.0	Yes
23	UPMC Presbyterian Shadyside, Pittsburgh	68.9	10	5	5	5	5	5	3,820	1.9	Yes	8	8	1	Yes	2	4.1	Yes
24	MUSC Health-University Medical Center, Charleston, S.C.	68.7	10	5	5	5	5	5	1,082	2.3	Yes	8	8	1	Yes	2	0.4	Yes
25	New York-Presbyterian Hospital-Columbia and Cornell, N.Y.	68.5	10	4	4	4	4	4	4,424	2.9	Yes	8	8	0	Yes	2	3.5	Yes
26	Jefferson Health-Thomas Jefferson University Hospitals, Philadelphia	66.4	10	5	5	5	5	5	2,082	2.2	Yes	8	8	1	Yes	2	2.1	Yes
28	University of Colorado Hospital, Aurora	65.4	10	5	5	5	5	5	1,805	1.9	Yes	8	8	1	Yes	2	1.5	Yes
29	OHSU Hospital, Portland, Ore.	67.9	10	5	5	5	5	5	1,548	2.0	Yes	8	8	1	Yes	2	1.2	Yes
28	University Hospitals Seidman Cancer Center, Cleveland	67.9	10	5	5	5	5	5	1,538	2.6	Yes	8	8	1	Yes	2	1.1	Yes
30	Mayo Clinic Jacksonville, Fla.	67.8	10	6	6	6	6	6	961	2.1	Yes	8	8	1	Yes	2	2.8	Yes
30	Roswell Park Comprehensive Cancer Center, Buffalo	67.8	10	5	5	5	5	5	1,257	1.9	Yes	8	8	0	Yes	2	2.1	Yes
32	University of Maryland Medical Center, Baltimore	67.7	10	3	3	3	3	3	1,073	2.9	Yes	8	8	1	Yes	2	0.5	Yes
33	University of Chicago Medical Center	67.2	10	7	7	7	7	7	3,318	2.4	Yes	8	8	0	Yes	2	3.8	Yes
33	University of Minnesota Medical Center, Fairview	67.2	10	5	5	5	5	5	1,680	2.0	Yes	8	8	0	Yes	2	0.4	Yes
35	Duke University Hospital, Durham, N.C.	67.1	9	6	6	6	6	6	2,047	2.1	Yes	8	8	1	Yes	2	5.4	Yes
36	University of California, Davis Medical Center, Sacramento	66.8	10	5	5	5	5	5	1,509	2.8	Yes	8	8	1	Yes	2	0.4	Yes
36	University of North Carolina Hospitals, Chapel Hill	66.8	10	5	5	5	5	5	1,598	1.8	Yes	8	8	1	Yes	2	2.4	Yes
38	University of Kentucky Albert B. Chandler Hospital, Lexington	66.1	10	5	5	5	5	5	1,015	1.9	Yes	8	8	1	Yes	2	1.2	Yes
39	Vanderbilt University Medical Center, Nashville, Tenn.	65.8	9	6	6	6	6	6	1,844	2.5	Yes	8	8	1	Yes	2	2.9	Yes
40	University of Virginia Medical Center, Charlottesville	65.6	10	5	5	5	5	5	962	2.1	Yes	8	8	1	Yes	2	0.8	Yes
41	Cedars-Sinai Medical Center, Los Angeles	65.5	10	5	5	5	5	5	2,650	2.6	Yes	8	8	1	No	2	1.5	Yes
42	University of Kansas Hospital, Kansas City	65.3	10	5	5	5	5	5	1,501	2.1	Yes	8	8	1	Yes	2	0.8	Yes
43	University of Wisconsin Hospitals, Madison	65.1	10	5	5	5	5	5	1,349	2.1	Yes	8	8	1	Yes	2	0.7	Yes
44	NYU Langone Hospitals, New York, N.Y.	64.4	10	5	5	5	5	5	1,699	2.3	Yes	8	8	1	Yes	1	1.4	Yes
45	UC San Diego Health-Moores Cancer Center	64.0	10	5	5	5	5	5	1,315	2.0	Yes	8	8	1	Yes	2	1.6	Yes
46	Indiana University Health Academic Health Center, Indianapolis	63.3	10	5	5	5	5	5	1,564	2.0	Yes	8	8	1	Yes	2	0.5	Yes
47	Mount Sinai Hospital, New York	62.3	9	6	6	6	6	6	1,933	1.9	Yes	8	8	1	Yes	2	0.8	Yes
48	Huntsman Cancer Institute at the University of Utah, Salt Lake City	62.2	10	5	5	5	5	5	1,153	1.8	Yes	8	8	0	Yes	2	0.7	Yes
49	Beth Israel Deaconess Medical Center, Boston	62.1	10	5	5	5	5	5	1,403	1.6	Yes	8	8	0	Yes	2	0.5	Yes
49	Rush University Medical Center, Chicago	62.1	10	5	5	5	5	5	1,505	2.2	Yes	8	8	1	No	2	1.2	Yes

Rankings are based on all of the above measures.

D-1

**Best Hospitals 2018-19:  
Cancer**

Rank	Hospital	U.S. News Specialty Score	30-day cancer survival	Patient safety	Success in preventing deaths from treatable complications after surgery	Success in preventing major bleeding and bruising after surgery	Success in preventing respiratory failure after surgery	Success in preventing harm to patients during surgery	Number of patients	Nurse staffing	Intensivists	Advanced technologies	Patient services	Recognized as Nurse Magnet hospital	NCI-designated cancer center	Accredited by FACT	Reputation with physicians in specialty	Current AHA responder
1	University of Texas MD Anderson Cancer Center, Houston	100.0	10	5	2	2	2	2	7,855	2.0	Yes	0	0	1	Yes	2	53.3	Yes
2	Memorial Sloan-Kettering Cancer Center, New York	97.4	10	5	2	1	3	2	6,241	2.1	Yes	0	0	1	Yes	2	50.6	Yes
3	Mayo Clinic, Rochester, Minn.	95.3	10	5	2	2	2	2	4,019	2.0	Yes	0	0	1	Yes	2	22.3	Yes
4	Dana-Farber/Brigham and Women's Cancer Center, Boston	83.0	10	5	2	2	2	2	3,161	2.3	Yes	0	0	1	Yes	2	26.6	Yes
5	Cleveland Clinic	80.9	10	5	2	2	2	2	2,554	2.1	Yes	0	0	1	Yes	2	8.7	Yes
6	Johns Hopkins Hospital, Baltimore	80.3	10	4	1	2	2	2	1,855	2.1	Yes	0	0	1	Yes	2	17.6	Yes
7	Seattle Cancer Care Alliance/University of Washington Med. Center	78.5	10	5	2	2	2	2	1,580	2.0	Yes	0	0	1	Yes	2	8.1	Yes
8	H. Lee Moffitt Cancer Center and Research Institute, Tampa	76.6	10	4	2	2	2	1	3,264	1.2	Yes	0	7	1	Yes	2	7.0	Yes
8	UCSF Medical Center, San Francisco	76.6	10	6	3	2	2	2	2,089	2.1	Yes	0	0	1	Yes	2	5.4	Yes
10	Hosps. of the Univ. of Pennsylvania-Penn Presbyterian, Philadelphia	75.8	10	6	2	3	2	2	3,037	2.4	Yes	0	0	1	Yes	2	6.8	Yes
11	Mayo Clinic-Phoenix	74.1	10	6	3	2	2	2	1,761	2.0	Yes	0	0	1	Yes	2	2.7	Yes
12	Massachusetts General Hospital, Boston	72.6	9	5	2	2	2	2	2,866	2.4	Yes	0	0	1	Yes	2	9.9	Yes
12	Northwestern Memorial Hospital, Chicago	72.6	10	5	2	2	2	2	1,723	1.8	Yes	0	0	1	Yes	2	2.2	Yes
14	Stanford Health Care-Stanford Hospital, Stanford, Calif.	72.4	10	5	2	2	2	2	2,126	2.5	Yes	0	0	1	Yes	2	5.9	Yes
15	Siteman Cancer Center, St. Louis	72.3	10	5	2	2	2	2	3,402	2.2	Yes	0	0	1	Yes	2	4.0	Yes
15	University of Michigan Hospitals-Michigan Medicine, Ann Arbor	72.3	10	7	2	2	3	3	2,128	2.7	Yes	0	0	1	Yes	2	3.7	Yes
17	USC Norris Cancer Hospital-Keck Medical Center of USC, Los Angeles	71.7	10	6	2	3	2	2	1,345	2.4	Yes	0	0	0	Yes	2	1.0	Yes
18	University of Iowa Hospitals and Clinics, Iowa City	70.2	10	5	2	2	2	2	1,356	1.8	Yes	0	0	1	Yes	2	1.4	Yes
19	Wake Forest Baptist Medical Center, Winston-Salem, N.C.	70.0	10	5	2	2	2	2	2,652	1.6	Yes	0	0	1	Yes	2	1.5	Yes
20	Ohio State University James Cancer Hospital, Columbus	69.9	10	5	2	2	2	2	3,205	2.1	Yes	0	0	1	Yes	2	4.8	Yes
21	City of Hope Heford Clinical Research Hospital, Duarte, Calif.	69.4	10	5	2	2	2	2	2,152	2.4	Yes	0	0	0	Yes	2	5.0	Yes
21	UCLA Medical Center, Los Angeles	69.4	10	5	2	2	2	2	2,053	3.0	Yes	0	0	1	Yes	2	5.0	Yes
23	UPMC Presbyterian Shadyside, Pittsburgh	68.9	10	5	2	2	2	2	3,820	1.9	Yes	0	0	1	Yes	2	4.1	Yes
24	MUSC Health-University Medical Center, Charleston, S.C.	68.7	10	5	2	2	2	2	1,082	2.3	Yes	0	0	1	Yes	2	0.4	Yes
25	New York-Presbyterian Hospital-Columbia and Cornell, N.Y.	68.5	10	4	2	1	2	2	4,424	2.0	Yes	0	0	0	Yes	2	3.5	Yes



## Best Hospitals 2018-19: Cancer

Rank	Hospital	U.S. News Specialty Score	30-day cancer survival	Patient safety	Success in preventing deaths from treatable complications after surgery	Success in preventing major bleeding and bruising after surgery	Success in preventing respiratory failure after surgery	Success in preventing harm to patients during surgery	Number of patients	Nurse staffing	Intensivists	Advanced technologies	Patient services	Recognized as Nurse Magnet hospital	NCI-designated cancer center	Accredited by FACT	Reputation with physicians in specialty	Current AHA responder
1	University of Texas MD Anderson Cancer Center, Houston	100.0	10	5	2	2	2	2	7,855	2.0	Yes	0	0	1	Yes	2	53.3	Yes
2	Memorial Sloan-Kettering Cancer Center, New York	97.4	10	5	2	1	2	2	6,241	2.1	Yes	0	0	1	Yes	2	50.6	Yes
3	Mayo Clinic, Rochester, Minn.	95.3	10	5	2	2	2	2	4,019	2.0	Yes	0	0	1	Yes	2	32.3	Yes
4	Dana-Farber/Brigham and Women's Cancer Center, Boston	83.0	10	5	2	2	2	2	3,161	2.3	Yes	0	0	1	Yes	2	26.6	Yes
5	Cleveland Clinic	80.9	10	5	2	2	2	2	2,554	2.1	Yes	0	0	1	Yes	2	8.7	Yes
6	Johns Hopkins Hospital, Baltimore	80.3	10	4	1	2	2	2	1,855	2.1	Yes	0	0	1	Yes	2	17.6	Yes
7	Seattle Cancer Care Alliance/University of Washington Med. Center	78.5	10	5	2	2	2	2	1,580	2.0	Yes	0	0	1	Yes	2	8.1	Yes
8	H. Lee Moffitt Cancer Center and Research Institute, Tampa	76.6	10	4	2	2	2	1	3,264	1.2	Yes	0	7	1	Yes	2	7.0	Yes
8	UCSF Medical Center, San Francisco	76.6	10	6	3	2	2	2	2,089	2.1	Yes	0	0	1	Yes	2	5.4	Yes
10	Hosps. of the Univ. of Pennsylvania-Penn Presbyterian, Philadelphia	75.8	10	6	2	3	2	2	3,037	2.4	Yes	0	0	1	Yes	2	6.8	Yes
11	Mayo Clinic-Phoenix	74.1	10	6	3	2	2	2	1,761	2.9	Yes	0	0	1	Yes	2	2.7	Yes
12	Massachusetts General Hospital, Boston	72.6	9	5	2	2	2	2	2,866	2.4	Yes	0	0	1	Yes	2	9.9	Yes
12	Northwestern Memorial Hospital, Chicago	72.6	10	5	2	2	2	2	1,723	1.8	Yes	0	0	1	Yes	2	2.2	Yes
14	Stanford Health Care-Stanford Hospital, Stanford, Calif.	72.4	10	5	2	2	2	2	2,126	2.5	Yes	0	0	1	Yes	2	5.9	Yes
15	Siteman Cancer Center, St. Louis	72.3	10	5	2	2	2	2	3,402	2.2	Yes	0	0	1	Yes	2	4.0	Yes
15	University of Michigan Hospitals-Michigan Medicine, Ann Arbor	72.3	10	7	2	2	3	3	2,128	2.7	Yes	0	0	1	Yes	2	3.7	Yes
17	USC Norris Cancer Hospital-Keck Medical Center of USC, Los Angeles	71.7	10	6	2	3	2	2	1,345	2.4	Yes	0	0	0	Yes	2	1.0	Yes
18	University of Iowa Hospitals and Clinics, Iowa City	70.2	10	5	2	2	2	2	1,356	1.8	Yes	0	0	1	Yes	2	1.4	Yes
19	Wake Forest Baptist Medical Center, Winston-Salem, N.C.	70.0	10	5	2	2	2	2	2,652	1.6	Yes	0	0	1	Yes	2	1.5	Yes
20	Ohio State University James Cancer Hospital, Columbus	69.9	10	5	2	2	2	2	3,206	2.1	Yes	0	0	1	Yes	2	4.8	Yes
21	City of Hope Heford Clinical Research Hospital, Duarte, Calif.	69.4	10	5	2	2	2	2	2,152	2.4	Yes	0	0	0	Yes	2	5.0	Yes
21	UCLA Medical Center, Los Angeles	69.4	10	5	2	2	2	2	2,053	3.0	Yes	0	0	1	Yes	2	5.0	Yes
23	UPMC Presbyterian Shadyside, Pittsburgh	68.9	10	5	2	2	2	2	3,820	1.9	Yes	0	0	1	Yes	2	4.1	Yes
24	MUSC Health-University Medical Center, Charleston, S.C.	68.7	10	5	2	2	2	2	1,082	2.3	Yes	0	0	1	Yes	2	0.4	Yes
25	New York-Presbyterian Hospital-Columbia and Cornell, N.Y.	68.5	10	4	2	1	2	2	4,424	2.9	Yes	0	0	0	Yes	2	3.5	Yes



ACURA



BUICK



LINCOLN



*Cadillac*

INFINITI

Mercedes-Benz



JAGUAR



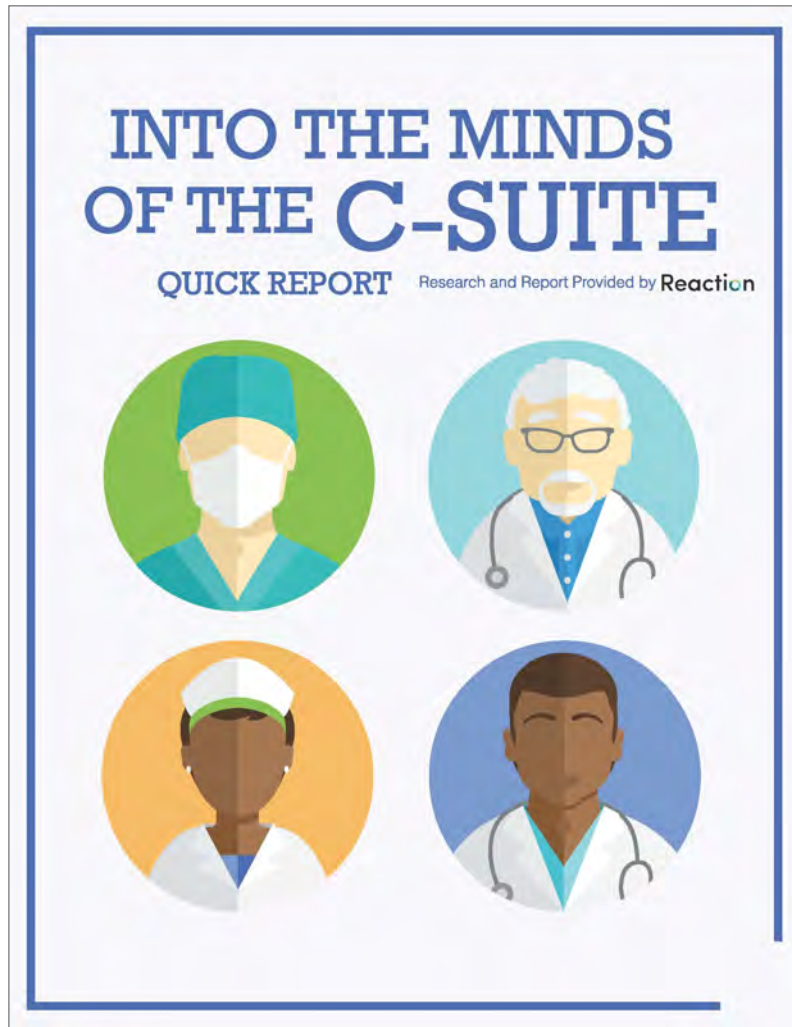
# Implications are Clear & Significant

Increased Competition for:

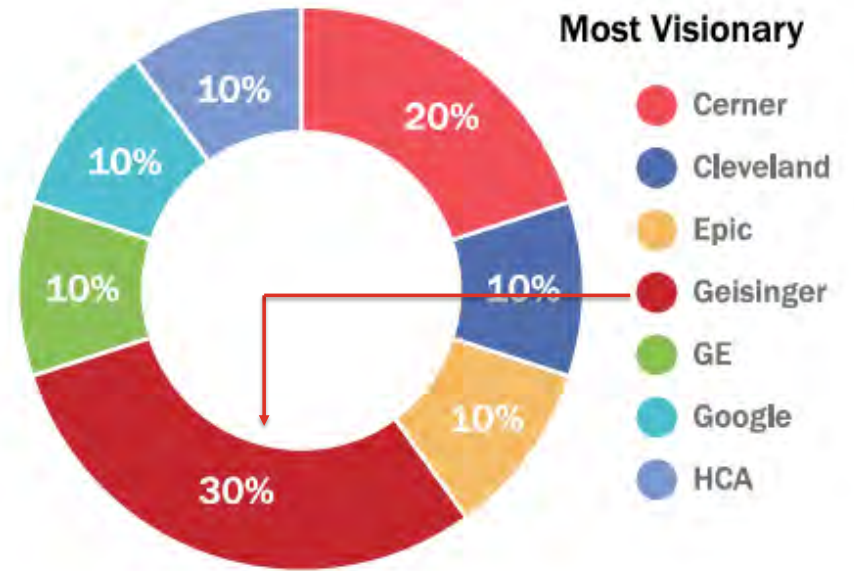
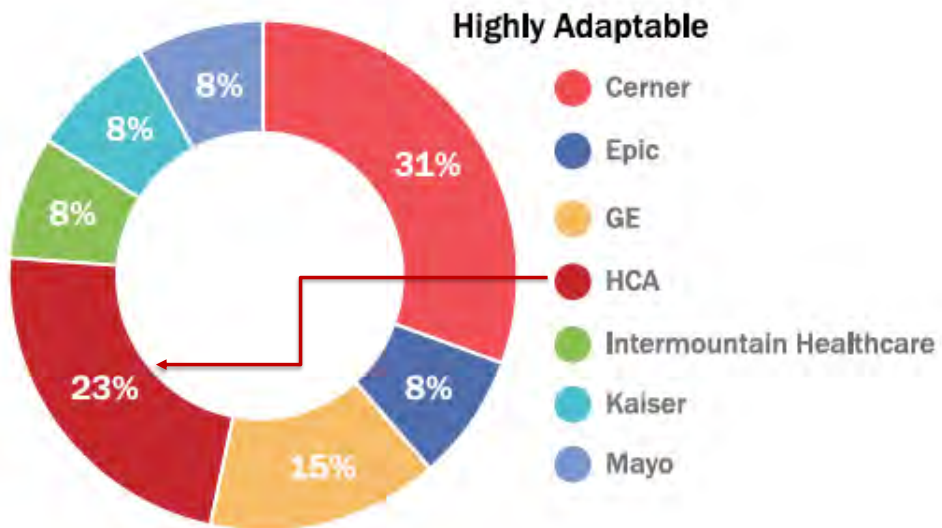
- Patients
- Talent
- NIH (and other) grant funding
- Partnerships
- Corporate and private investment
- Business, community and legislative support

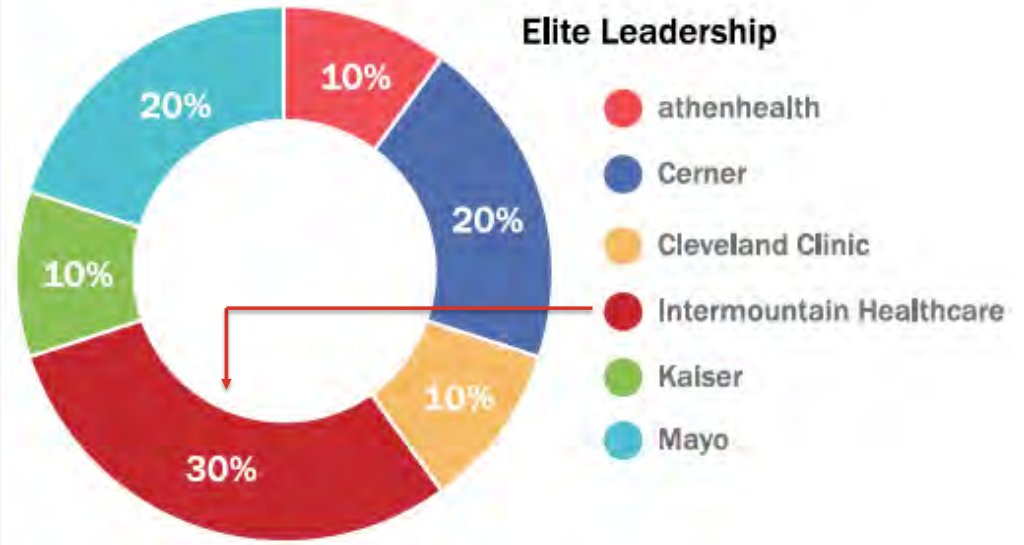
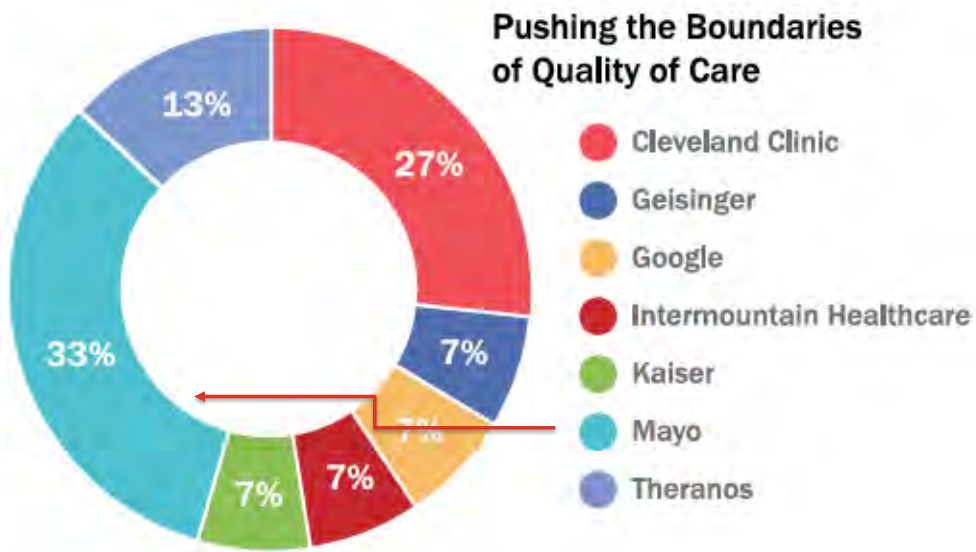
# How National Leaders Generate Talk Value

- ✓ Have earned a **reputation** for making bold, innovative moves and tackling **business-critical** issues
- ✓ Goals are **made public** and are foundation for all strategic initiatives
- ✓ **Leadership communications** reflect a focus on industry transformation
- ✓ Develop new care models based on **evolved consumer needs** and insights
- ✓ Brand and leadership's national coverage allows **others to learn**, build and adapt



- Most Innovative** Healthcare Organizations Overall:
1. Mayo Clinic
  2. Kaiser
  3. Cleveland Clinic
  4. Geisinger
  5. Intermountain Healthcare
  6. HCA





# National Recognition Case Examples





---

## What Is Strategy?

by Michael E. Porter

*“The essence of strategy is in the activities—choosing to **perform activities differently** or to **perform different activities** than rivals.*

*Otherwise, strategy is nothing more than a marketing slogan that **will not withstand competition.**”*

# National Recognition



- President & CEO Marc Harrison reinforces that Intermountain “has a [history of making really bold, innovative moves](#)”
- Defined [goals have been made public](#): Operate nimbly internally, better disseminate best practices, make care more affordable for everyone
- Leadership communications are focused on relentless pursuit of industry innovation and maintaining a “[model health system](#)”
- Intermountain defines the future (and its target model) as: [consumer-centric, digitally-enabled and highly integrated](#)
- Pathways for asserting authority, significance and magnetism:
  - Transforming care models based on consumer needs: [Project RX](#), SelectHealth (insurance division)
  - Partnering for the better good: Live Well Lanes at Associated Food Stores, Opioid Alliance
  - Rural Outreach: Virtual hospital now live and supporting rural communities throughout Utah

# National Recognition



## The New York Times

HEALTH

### Fed Up With Drug Companies, Hospitals Decide to Start Their Own

A group of large hospital systems plans to create a nonprofit generic drug company to battle rising costs.

By REED ABELSON and KAREN

## Advisory Board

RESEARCH PLATFORM | FOCUS AREAS | SERVICES | MEMBER CENTER

At the Helm

### Marc Harrison promised to turn Intermountain into a 'Tesla.' He wasn't kidding.

#### Lessons from the C-suite: Marc Harrison, president and CEO, Intermountain Healthcare

9:32 AM on January 29, 2018 by Eric Larsen, Managing Partner, IHS

## BECKER'S HEALTH IT & CIO REVIEW

## Modern Healthcare

The leader in healthcare business news, research & data

Providers | Insurance | Government | Finance | Technology | Transformation | Safety & Quality

Home > Safety and Quality

### Intermountain helps grocery shoppers steer past junk food

By Modern Healthcare | February 4, 2017

Anyone who's unsuccessfully fought the lure of the candy and junk food that grocery store shoppers face in the checkout lane may appreciate a new initiative by a Utah-based healthcare system.

Intermountain Healthcare is partnering with a grocery company to offer the healthy food lanes.

Intermountain Healthcare and Associated Food Stores have partnered with the Utah Department of Health to set up a Live Well Lane checkout stand in 43 of Associated's Utah grocery stores. These lanes feature healthy snacks selected by dietitians instead of the candy and single-serve junk foods usually offered.

### Health IT coalition rolls out opioid alliance

Written by Julie Spitzer | January 26, 2018 | Print | Email

Health IT Now, a coalition of patient groups, provider organizations, employers and payers, launched a working group Thursday focused on advancing technology to fight opioid abuse, including expanding virtual care and making EHRs more accurate and accessible.

The Opioid Safety Alliance is comprised of Health IT Now members as well as non-members. Leading the first-of-its-kind multistakeholder effort are organizations like the Association of Behavioral Health and Wellness, IBM, McKesson, and Salt Lake City-based Intermountain Healthcare, among others.

The alliance will advocate for the following reforms.

1. Enacting a facilitator model for patient safety.
2. Supporting funding to upgrade prescription drug monitoring programs' technology
3. Ensuring clinician access to substance abuse information
4. Expanding treatment options
5. Testing emerging technologies

WHAT DOES IT TAKE TO TACKLE  
HEALTH CARE'S BIG PROBLEMS?  
**BIG THINKING.**

You may have heard of integrated delivery systems, fancy words to describe doctors and hospitals working together.

Championship performance comes from careful, planned collaboration. Analyzing each role and finding ways to do things better.

That's what we do at Geisinger — in a way others can't and don't. We study the latest scientific research, compile national guidelines tested and shown to lead to better results, and analyze the thousands of patients we treat every year.

Then, because our doctors and hospitals are so uniquely connected — *integrated* — we put this robust medical data at their fingertips. The result: we achieve the best possible outcomes for each patient.

When you have a team that works like ours, you have a truly integrated delivery system. And our patients reap the benefits.

It's one of the ways Geisinger is Redefining Boundaries. Learn more about Geisinger Quality at [www.geisinger.org/quality](http://www.geisinger.org/quality)

Sincerely,



Glenn Steele, MD  
President and CEO, Geisinger Health System



WHAT DOES IT TAKE TO  
IMPROVE PATIENT CARE?  
**INNOVATION.**

Electronic Health Records. They've been in the news a lot lately. Nearly every presidential candidate for 2008 has endorsed the adoption of health information technology. And for good reason: to improve patient care.

While some healthcare organizations are just getting started, others are leading the way. At Geisinger, these systems are already in place. And we're putting them to good use to make care safer and more effective.

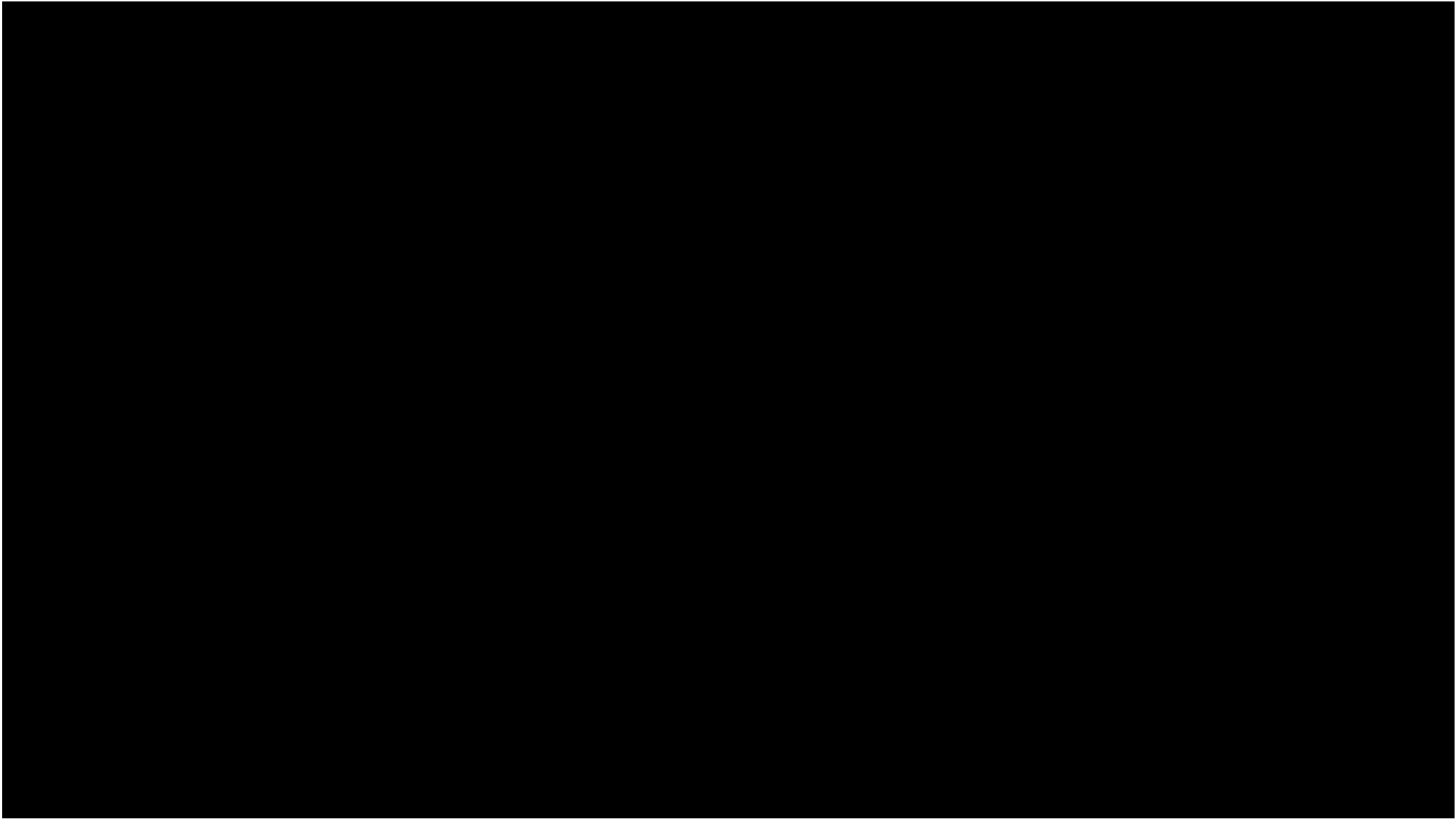
Today, for example, we're using our electronic health record to make sure all diabetic patients receive recommended care including their annual flu shots and vaccinations for pneumonia. We're also implementing a secure e-mail system that reminds patients and parents of important appointments, such as mammograms and childhood immunizations, allowing them to schedule appointments directly online.

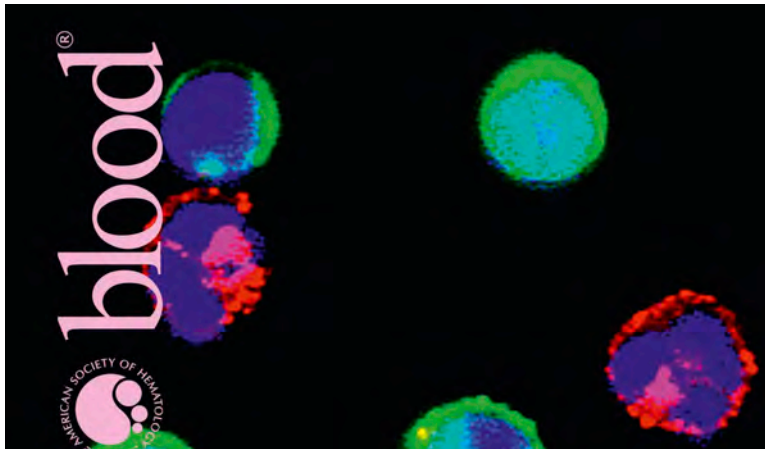
Of course, this is just the beginning. While national policymakers see Geisinger's leadership as a preview of the future, we see it as simply finding new ways to make healthcare convenient and keep the people we serve healthy. After all, that's what we're all about.

Sincerely,

Ronald Paulus, MD, MBA  
Chief Technology and Innovation Officer







**We're cracking the cancer code.**

**DANA-FARBER**  
CANCER INSTITUTE

Discover Care Believe. [org/cure](http://org/cure)

HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

**Booth #2915 – American Society of Hematology Conference**

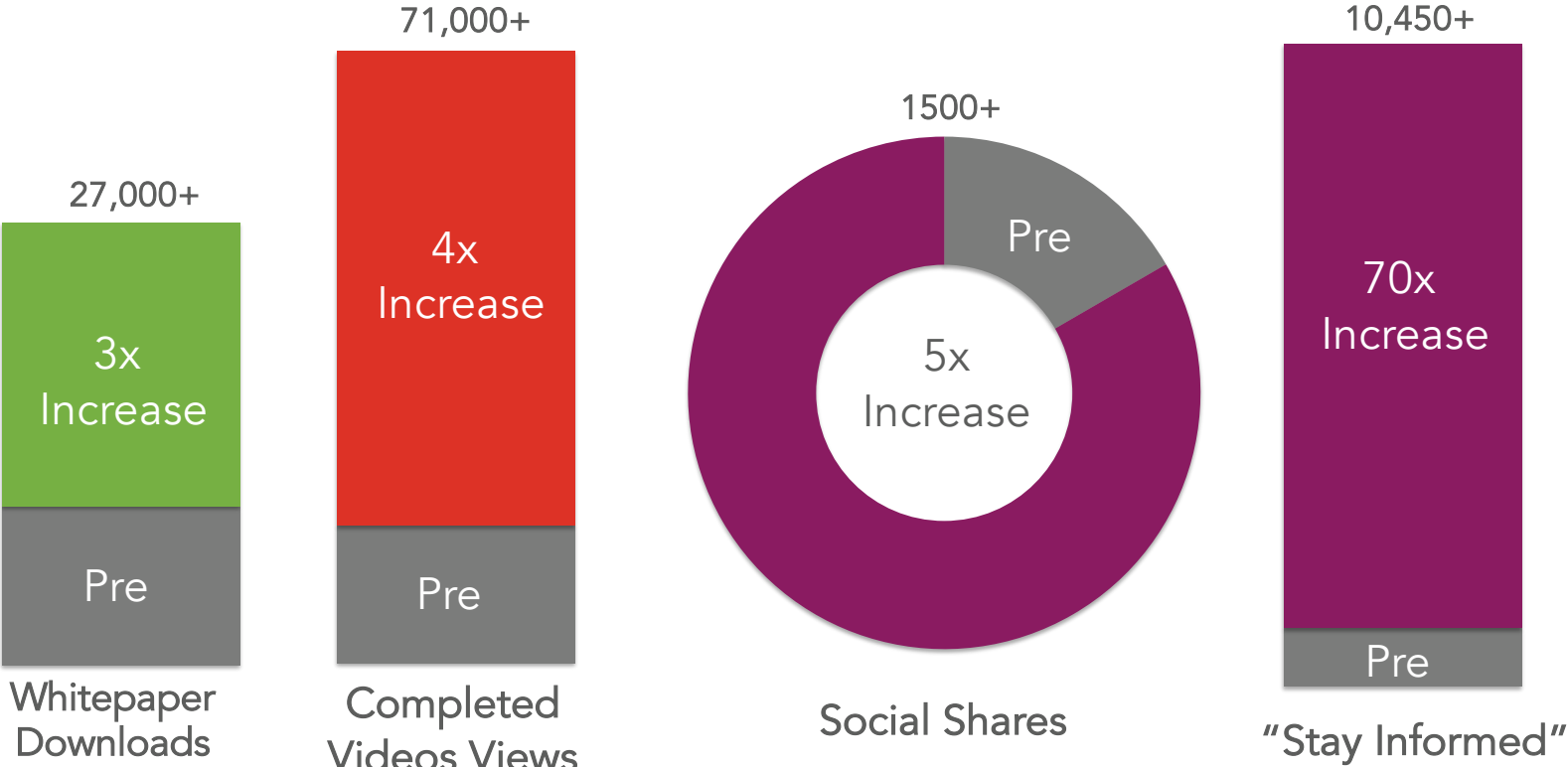
of anti-CD20 antibodies  
(p 2596, p 2636)

[www.bloodjournal.org](http://www.bloodjournal.org)





# Influencing The Influencers





## Aligning Teaching and Research with an Evolving Clinical Model

For AMCs, true systemness means aligning not only clinical operations but also the teaching and research functions that comprise the rest of the tripartite mission. While there is no “one-size-fits-all” solution for doing so, many AMCs have found success in integrating clinical care with the unique value of a university and medical school.

Some AMCs are forging innovative partnerships with their universities to create new platforms for evidence-based research that translates into practice. Still others are investing in EHR and other technologies that promote streamlined standardization of evolving practices and enhance collaboration with partners and affiliates.

As for teaching, programs related to population health, primary care, and team-based care are proliferating. Some AMC-partnered universities have started programs, departments, and even schools dedicated to population health. Others are turning to nationwide partnerships with facilities where population health is the established model of clinical care.

### Many AMCs Leveraging Distinct Value of University Asset



System-wide efforts to eliminate depression by 2100 draws on perspectives from over 25 academic departments



Partnered with Kaiser Permanente for students to gain clinical experience in a population health setting



\$43 million NIH grant for precision medicine emphasizes complementary data and expertise across Banner hospitals, University of Arizona research



Established College of Population Health in 2008 to connect prevention, wellness, and behavioral health science with health care delivery

### Key Questions for Tripartite Alignment

#### Education



- How can public and population health content be integrated into graduate medical education?
- How will faculty and staff be educated and engaged on quality improvement efforts?

#### Research



- How much should faculty priorities shift toward translational research?
- How can research in real-world settings help to develop evidence-based interventions?

#### Clinical Delivery



- How can care best be coordinated across diverse sites within an AMC system?
- How can the specialty enterprise be better linked with primary care partners to create interdisciplinary pathways?

Source: Feuer, J. (2016) "Hope is Real: The UCLA Depression Grant Challenge." UCLA Magazine: UA Health Sciences (2016). "UA, Banner Receive Historic Funding in Precision Medicine." UA News. Jankovic, A. (2015). "MED Students Thrive in West Coast Clerkships." BU Today. Davis, N. L., Davis, D. A., Johnson, N. M., Grzovnik, K. L., Hasknick, L. A., Pingston, S. K., & Gibbs, R. (2015). Aligning academic-contributing medical education with quality improvement: a model for the 21st century. Academic Medicine, 88(10), 1437-1441. Gourevitch, M. N. (2014). Regulation, health, and the academic medical center: the time is right. Academic Medicine: Journal of the Association of American Medical Colleges, 89(4), 544. Rabon, E. A., Chrenvik, R. A., & Miller, E. D. (2012). Fully aligned academic health centers: a model for 21st-century job creation and sustainable economic growth. Academic Medicine: Journal of the Association of American Medical Colleges, 87(7), 942. Stern, D., Chen, C., & Aokany, D. C. (2015). Disruptive innovation in Academic Medical Centers: Balancing Accountability and Academic Care. Academic Medicine, 90(5), 594-598.

Using their particular platforms to lead and have impact.

Confront critical questions to achieve the desired distinction.



Source: PwC Health Research Institute, "Provider systems of the future: What happens when the hospital is no longer the center of the health universe?" October 2018



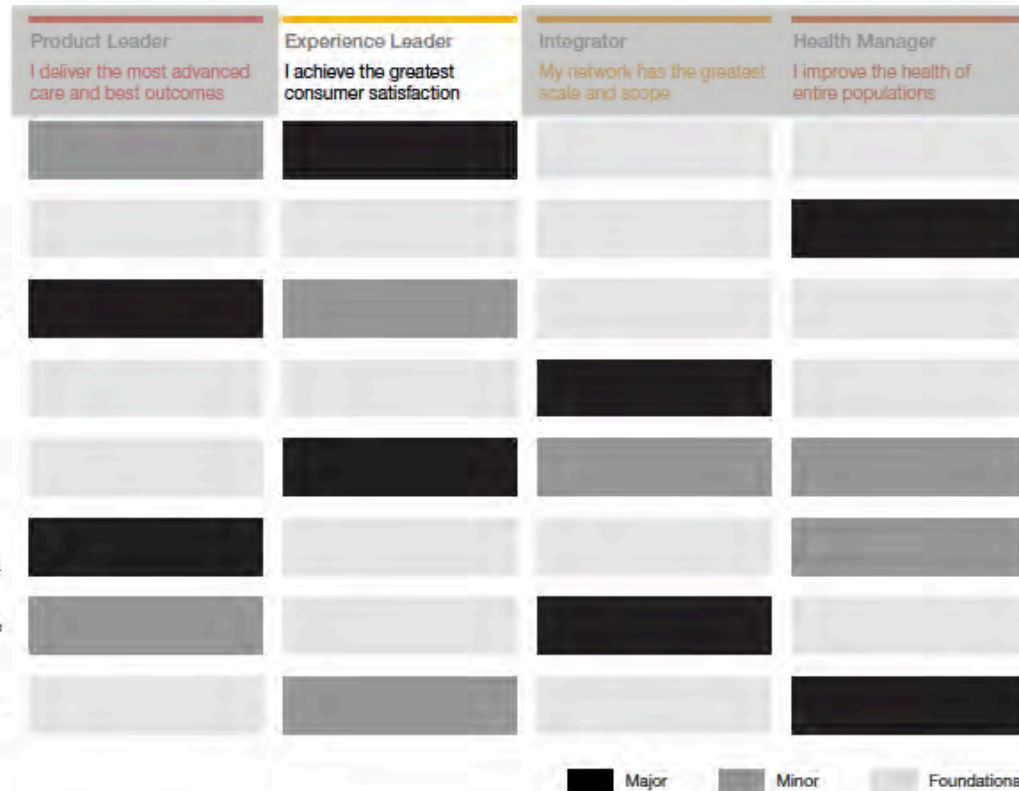
	Product Leader I deliver the most advanced care and best outcomes	Experience Leader I achieve the greatest consumer satisfaction	Integrator My network has the greatest scale and scope	Health Manager I improve the health of entire populations
<b>Consumer</b> Individualized consumer experience that drives loyalty	Major	Major	Foundational	Foundational
<b>Risk</b> Mix of risk-based and fee-for-service revenue depending on consumer need	Foundational	Foundational	Foundational	Major
<b>Clinical</b> Holistic health and wellness care across a seamless ecosystem of physical and virtual locations	Major	Minor	Foundational	Foundational
<b>Cost reduction</b> Cost savings and efficiencies to drive competitive pricing	Foundational	Foundational	Major	Foundational
<b>Information technology</b> Connected, modular platforms and advanced analytics	Foundational	Major	Minor	Minor
<b>Culture</b> Consumer-focused practitioner and talent focus; alignment of incentives and culture across network	Major	Foundational	Foundational	Minor
<b>Growth and M&amp;A</b> Wide range of assets with aligned economic models across the network	Minor	Foundational	Major	Foundational
<b>Health equity</b> Focus on addressing social determinants of health and overall well-being of consumer	Foundational	Minor	Foundational	Major

Major
  Minor
  Foundational

Source: PwC Health Research Institute, "Provider systems of the future: What happens when the hospital is no longer the center of the health universe?" October 2018

"Most AMCs could aspire to be a Product Leader in one or two products or service but not in all."

"It's hard to say you are a Product Leader when people make decisions based on the same AI support."



Source: PwC Health Research Institute, "Provider systems of the future: What happens when the hospital is no longer the center of the health universe?" October 2018

"[Becoming an Experience Leader] could mean injecting patient retention and social media perception data into daily huddles typically focused only on quality and safety reports."

"If you don't embed training around the patient experience in the first two years of medical school it becomes much harder."



Source: PwC Health Research Institute, "Provider systems of the future: What happens when the hospital is no longer the center of the health universe?" October 2018

"The Integrator... will make money on risk and care... a low-cost provider that has achieved multiregional or national scale."

"Health systems with health plans that are upgrading into the AMC space—such as Kaiser Permanente—are primed to be an Integrator because of their scale and scope."



Source: PwC Health Research Institute, "Provider systems of the future: What happens when the hospital is no longer the center of the health universe?" October 2018

"The Health Manager...will reap the benefits from improving the health of communities over time by being experts in managing population health and risk-based contracts with payers and employers."

"Today's Health Manager tends to define the role narrowly...[and needs to] have a much broader role."

# “To What End?”

## AUTHORITY

- Command local, state and national leaders’ respect
- Influence important conversations/debates
- Open doors to new opportunities

## SIGNIFICANCE

- Deliver important results at scale
- Impact across your service area and beyond
- Worth watching, following and learning from
- An organization whose continued success is important

## MAGNETISM

- Attractive partner to other healthcare providers and prospective business partners
- A desired place to work and learn—from front line staff to clinical leaders

## Key Take Aways for National Distinction Planning

- ✓ Tap into your **vision and core strengths** to **build initiatives** that support bold goals
- ✓ **Prioritize audiences** (media, key influencers, high-value referrers, recruits, funders) who will recognize the organization for tackling business-critical issues that attract national attention
- ✓ Brand and leadership coverage **allows others to learn,** build and adapt



# Where To Begin? Examine Your Strategic Distinctions Against Specific Criteria

- Do you have **results and data** to support position, strategy and execution?
- Does the focus demonstrate a **transformative**, innovative healthcare approach?
- Can you describe specific **choices and actions** taken in pursuit of the path?
- Will it **resonate** and make an impact on priority audiences? Why?
- Does it create **traction** short and long term?

# Thanks.



#### CONFIDENTIALITY NOTICE

Copyright © SPM Marketing & Communications, Inc.

All rights reserved. The design and content herein are the exclusive property of SPM Marketing & Communications, Inc. Any unauthorized copying, reproduction, modification, distribution, transmission, republication, display or use of this design and content is strictly prohibited.