

Blurring the Boundaries: Clinical Leadership, Post-COVID

SCOTTSDALE INSTITUTE 2021 CLINICAL OPERATIONS ROUNDTABLE



November 16, 2021

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ROUNDTABLE PARTICIPANTS

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Stephanie Jackson, MD, SVP Chief Quality & Clinical Value Officer, [HonorHealth](#)

Jonathan Koval, Principal Product Manager, [Amazon Care](#) (Guest)

Tamera Larsen-Engelkes, MSN, RN, NE-BC, Clinical Information Officer, [Avera Health](#)

Marjorie Mathews, VP, Healthcare Applications, [Beaumont Health](#)

Terry Myerson, CEO, [Truveta](#) (Guest)

Shannon Phillips, MD, MPH, VP & CMO Community-Based Care, [Intermountain Healthcare](#)

Bernard Porter, VP of System Informatics, [Baptist Health](#)

Luis Saldana, MD, MBA, FACEP, VP, Clinical Strategy, [Zynx Health/A Hearst Health Company](#)

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Moderator: Jeffrey Rose, MD, SVP Clinical Strategy, Hearst Health

Writer: Karen Sjoblom

Introduction

Physician, author, counselor and teacher Rachel Naomi Remen wrote a thought-provoking essay years ago about the challenges of living congruently. Having surveyed numerous medical caregivers on their most important beliefs and efforts, both professional and personal, she found they rarely coincided: Those who felt they needed to employ a somewhat distant, professional demeanor at work later wanted to be emotive at home; those who valued spontaneity in their personal lives had to dial it back in their professional lives.

Given that responding to the pandemic thrust our senior clinical operations executives into critically important business leadership roles, some are now finding an imperative to work—and live—more congruently. COVID revealed that we can move more quickly than we ever believed, but also that some of our old ways of thinking and working simply no longer fit. Toward this end, the Scottsdale Institute (SI) convened 22 Members and Guests, representing 22 organizations, to discuss the intersection of work and passion in moving healthcare forward more strategically and rewardingly in **Blurring the Boundaries: Clinical Leadership, Post-COVID**.

In moderating this Clinical Operations Roundtable, **Jeffrey Rose, MD**, SVP Clinical Strategy, Hearst Health, kept it very simple by asking only two key questions:

- **What is your organization's chief concern that will take the most of your time and effort in the next two years, and**
- **What is your area of passion?**

The resulting conversation showed the ways these two paths intersected—or diverged—as these critically important leaders look ahead to merging their purposes and passions in a fresh new way.

Brian Young, MD, MBA, MS,
System Physician Informaticist,
CommonSpirit Health

We're focused on health equity and want to add this as the fifth element, beyond the Quadruple Aim (the Quintuple Aim?). It feels like we might be at an inflection point to do this nationally, but we're still figuring out how to inculcate and bring health equity into analytics. My passion is enabling data science to help other physicians, and that's my goal... to deliver on the bold promise of data science in clinical workflow.



Tamera Larsen-Engelkes, MSN, RN,
NE-BC, Clinical Information Officer,
Avera Health

Our focus will be on promoting health organizations and internal structures so we can provide good service, optimize design, and innovate and elevate workflows in day-to-day care. People are my passion. My people—my patients, my colleagues, my clinicians. I'm always wondering what we can do next to maximize care to patients and promote high quality outcomes without burdening our clinicians.



Bonny Chen, MD, MBA, FACEP,
CPHIMS, VP & CHIO, AMITA Health;
Regional CMIO, AdventHealth

Our organizations will be converting EHRs to Epic—and there will be many changes to come over the next few years. My passion is around interoperability due to the challenges we all have with multiple systems. I'm also dedicated to global healthcare and IT, and want to work with hospitals at various stages of IT development. This is where the world is headed.



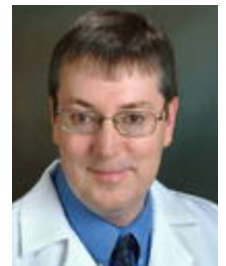
Marjorie Mathews, VP, Healthcare Applications, Beaumont Health

Currently we're focused on a merger with Spectrum, which will entail a lot of changes. In clinical care, we're also focused on length of stay and other documentation. COVID has forced some significant problems to the surface around managing patient throughput. My joy comes from engaging patients in their care, and the many ways we can get them to partner in these unique and new ways.



James Douglas, DO, Regional MIO, Southern and Mid-Maine Region, Northern Light Health

We've been focused on the digital front door and outreach to patients. It's a multifaceted approach, working with Cerner strategic partners. But my passion is to be MIO of all things COVID. Maine has a COVID vaccination mandate for anyone in healthcare, so we have lost caregivers over that. And while there's 70 percent immunization in the state, we're still filling ICUs. I want to find our way through.



Stephanie Jackson, MD, SVP Chief Quality & Clinical Value Officer, HonorHealth

I function as the CMO/CQO/Chief Home Health and Chief Utilization Review Officer. My organization is squarely focused on COVID right now, looking at our capacities, staffing shortages, etc. We're expecting to be over-capacity come winter due to all the snowbirds arriving. I am focused on patient safety and working to reduce physical harm, but am also interested in the impact of financial harm—that is, the harm patients suffer due to the costs of their care, such as personal bankruptcies.



**Joseph Evans, MD, CMIO/VP
Clinical Informatics, Sentara**

Sentara is focused on the digital front door, especially around areas of improving the customer experience (and the team member experience, too, like focusing on retention). We're working to make sure the information collected from our patients is actually seen by our clinicians: We're striving to integrate it into our workflow. My passion lies in Community Health and SDoH...and there are a lot of pieces to that: Matching up with resources, improving the health of communities and strengthening interoperability.



**Ken Fawcett, MD, VP Healthier
Communities, Spectrum Health**

We're exclusively focused on various facets of COVID right now: Medications, patient volume overrunning capacity, staffing shortages... We're having to talk about altering our standard of care, which is a difficult thing to fathom. Our quality metrics have been unchanged, but we expect we'll see a slide simply because we do not have as many resources. My heart, though, is in population health, and working to eliminate health disparities and reduce injustices around health. I'm committed to ensuring that everyone has the support they need to live well.



**Gretchen Brown, MSN, RN, NEA-BC,
Associate Chief Nursing Informatics
Officer, Stanford Medicine**

At Stanford, we've redirected resources toward COVID, but we also have a huge cancer and transplant population to support throughout our response. We must spend time as an enterprise trying to function as an enterprise...so how should we integrate our system when we have multiple, different structures? This is where my work will be focused, but we also have challenging decisions around workflow when it comes to technology. We must start challenging some of the norms. We need people to facilitate that process...and that's one of the things I really enjoy.



**Jay Bhatt, DO, MPH, MPA, Chief
Clinical Product Officer, Medical
Home Network and ABC News
Medical Contributor (Guest)**

I'm focused on bringing a safety net together for the thousands of beneficiaries in governmental care plans. Our focus is on Medicare-related growth and helping with strategy around that. My passion is imagining new care models for vulnerable populations, and increasing equity, quality and affordability for all.



**Shannon Phillips, MD, MPH, VP
& CMO Community-Based Care,
Intermountain Healthcare**

We're reimagining practice in our medical group around health and affordability emphasizing value contracts with insurers, and it's building rapidly. Our goal is digitally-enabled, person-centered care. As doctors, we have a lot of muscle memory about delivering care, and most of that needs to change. My passions are turning our thinking upside-down so we can best serve our communities and relationships. Spend important time being present with people...I feel the grief and discomfort of our caregivers who are giving more than they thought they were capable of doing. Utah isn't out of it yet.



**Bernard Porter, VP of System
Informatics, Baptist Health**

Right now, our focus is on providing the actionable information that stakeholders need to do their jobs, be it clinical, financial, service line, etc. The good news and bad news are the same: There's more information now than ever. It must be trusted and actionable so we can get results out of it, and we must be agile enough to keep up. The value comes from getting results, so my passion is for people who use technology and work with individual stakeholders. I want to help those who help others use tech—those are the people who get results.



Jonathan Koval, Principal Product Manager, Amazon Care (Guest)

Our work is all about redefining the patient experience—putting the patient back in the center and increasing satisfaction. But my passion is Digital Health—connecting data points that have never been connected before to empower clinicians, like data from Apple watches. People can have medical tests from their watches! There's so much more we can do.



Lea Ann Arnold, DNP, MS, RN, Director of Nursing Informatics, Northwestern Medicine

One primary part of my job is to integrate the EMR and technology for ease of use and usefulness. Synthesizing data into consumable information for timely clinical decision-making is key. But one of our practices is, if you put something in, you've gotta take something out. We cannot put more on our nurses; there's already a cognitive burden and a documentation burden. Since we took certain tasks out when working at COVID speed, our nurses are now saying, "Don't bring them back." So, I am passionate about workflow: It decreases variations and helps enable clinicians to do their best work every day.



Nick Desai, DPM, MBA, CMO/CQO, Houston Methodist Sugar Land & System CIMO, Houston Methodist

We study consumerism in the realm of experience: How can we help deliver care in a new way? For nurses, doctors and other care team members, the model's changed: How can we fix it and still keep safety, quality, service and everything else that's in our tagline? My passion is being the Chief Change Agent, the Chief Dreamer. I welcome disruption but I want to be the one doing the disrupting. We should help redefine how it looks.



Luis Saldana, MD, MBA, FACEP, VP, Clinical Strategy, Zynx Health/A Hearst Health Company

My passion is recapturing and preserving physician joy. I want to make it easier and better for physicians to do the work they're called to do. In this field, we're to have empathy for our patients, but we also need to have empathy for our caregivers. It's my hope we can find ways to improve.



Ann Shepard, RN-BC, MSN, SVP & CNIO, CommonSpirit Health

As a merging company, it will be a five- to 10-year journey. We thought it would be easier. Nursing determined, before COVID, that we needed to have a Nursing vision for the next five years. It has been good for people to look at and redefine how care is delivered and how to use technology to make a bigger difference as an adjunct to having a caregiver in a room. During COVID, we streamlined clinical documentation, and our caregivers have asked, "Why can't it be like this always?" We have a project now to streamline the process for ALL documenters, automating where it makes sense to do so. We need to go into the weeds and solve this problem versus just laying something on what we have. We have a portfolio of products, with one-, two- or four of everything, so we must simplify add-ons. We also have a huge footprint in both Cerner and Epic. I want to know how to uncouple everything and use integrated products to improve interoperability and ease the burden for our clinicians.



Terry Myerson, CEO, Truveta (Guest)

Truveta was founded by innovative health system members who believed their collective de-identified data could be used to accelerate research, advance health equity and save lives. I learned about it as 24 initial health systems had been meeting and trying to find some way to put their data together to gain more insights. Many of these groups dropped out, but the ones that remained believed our country needed this data to exist for better pathways to health. There's been \$200M put in to coalesce this critical data. No single healthcare system could have contributed that much on their own. Everyone puts in some and the collective group—and all of us—will benefit from it.



Conclusion

Members and guests agreed that, as challenging as the pandemic has been on their healthcare systems, their roles and their very selves, they maintain a strong spirit of hope for the future and are still innovating, improving and imagining smarter ways of working. But in striving to overcome the barriers to achieving the Quadruple Aim (better patient experience, better outcomes, lower cost and improved caregiver experience), these professionals realize the latter especially has come into sharper view. As originally defined by the Institute for Healthcare Improvement, this model wisely noted that without improving clinical experience for providers, the patient-centric aspects couldn't be actualized. But by sharing leading practices, hard-won lessons and tender hearts, these professionals seek to alleviate burnout, streamline workflows and reinstall the joy of practicing medicine.

ABOUT THE SPONSORS

The **Scottsdale Institute (SI)** is a not-for-profit membership organization of over 60 prominent, advanced, not-for-profit health systems and academic medical centers whose mission is to improve healthcare quality, efficiency and personal experience through IT-enabled transformation. Our North Star is thought leadership guided by SI's Three Pillars of Collaboration, Education and Networking. We convene intimate, informal and collegial forums for senior healthcare executives, including but not limited to CEOs, CIOs/CISOs, Analytics, CMIOs/CNIOs, Innovation and SDoH/Employee Health, to share knowledge, best practices and lessons learned. Our goal: Gather the right people to discuss the right topics at the right moment.

For more information, visit www.scottsdaleinstitute.org



Hearst Health's mission is to guide the most important care moments by delivering vital information into the hands of everyone who touches a person's health journey. Each year in the U.S., care guidance from Hearst Health reaches 85 percent of discharged patients, 205 million insured individuals, 103 million home health visits and 3.2 billion dispensed prescriptions. FDB (First Databank), Zynx Health, MCG, Homecare Homebase, and MHK (formerly MedHOK—Medical House of Knowledge) comprise Hearst Health. The annual Hearst Health Prize, in partnership with the Jefferson College of Population Health, offers a \$100,000 award each year in recognition of outstanding achievement in managing or improving health.

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