

CEO Viewpoint

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As president and CEO of Boston-based Partners HealthCare, Jim Mongan, MD, captains one of the most respected and progressive health systems in the country. Founded in 1994 by Brigham and Women's Hospital and Massachusetts General Hospital (MGH), the non-profit integrated healthcare system has since added six community hospitals, primary and specialty physician groups, numerous community health centers, homecare and other specialty facilities and joint ventures. It is a major teaching affiliate of Harvard Medical School. Before taking the reins at Partners six years ago, the 67-year-old Mongan was CEO of MGH for seven years. You might say he is attracted to bay areas, having attended the University of California Berkeley and earning his medical degree from Stanford University, both in the San Francisco area, before eventually settling in Massachusetts. With his long-planned retirement looming at the end of 2009, we felt fortunate to have an opportunity to hear his thoughts about healthcare and his career.

What are the top two or three issues you face as president and CEO of Partners HealthCare?

I consider the major challenge to be continuing to move forward to build an integrated academic medical system from its disparate parts. Partners is 15 years old and we're continuing to make progress on that. The second major challenge is to balance projected revenues with expenses in what is a pretty challenging period going forward. In other words, make the budget work.

Will these issues change under a new administration in Washington?

No. Those will still be the two most dominant issues on our plate.

What advice would you give to the new administration and congress regarding healthcare?

I'm a couple decades past my prime in terms of advising the government. But on a serious note, I'd urge them to move forward to cover the entire population, the uninsured, and to take rational steps to address cost and quality issues on a national level. All that wraps up into a healthcare reform package. I'd encourage them to proceed with healthcare



JAMES J. MONGAN, MD

reform, including universal coverage, building organized systems that eliminate the fragmentation of our current system, building in more appropriate IT capacity, pay-for-performance mechanisms and establishing review bodies to monitor efficiency and effectiveness.

Organized care delivery systems are a key component of The Commonwealth Fund's Commission on a High Performance Health System, of which I'm chair. It means moving from our current fragmented system to one in which providers band together in integrated organizations where

patient information is available with all providers at the point of care and with the patient. Kaiser, Mayo, Intermountain and Partners are good models.

Can you identify two or three benefits that IT has had on your organization?

First, IT has vastly expanded our ability to track what goes on in quality care in our organization, for example, with diabetes patients. Second, it helps reduce variance in practice and standardize on more rational pathways in care. That will steer us toward more appropriate

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drugs and treatments. Third, IT has increased our ability to do disease management—to identify CHF patients, stratify them and develop appropriate processes of care.

Have CEO/Board of Directors relationships changed over the past five to 10 years?

In the case of our organization, I'd have to say no. Not any dramatic change. Our board was reasonably structured at the time of Sarbanes-Oxley. Nationally there's probably more emphasis on appropriately engaging and documenting a board's various fiduciary responsibilities.

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Has your organization developed different relationships with physicians over the past five to 10 years?

We have developed more thorough and integrated relationships with physicians. We're an organization that started and continues to deal with academic physicians at downtown teaching hospitals, physician groups at community hospitals and many independent physician practices. Through our Partners Community Healthcare Inc.(PCHI) over a 10-year period we've made significant progress in integrating work with doctors on quality and utilization.

What management skills have been most important/helpful in your experiences?

Good judgment is always a basic element. Then there's the ability to understand and diagnose problems and issues. I've often cited the medical model as a good framework for approaching management: 1) identify the chief complaint; 2) make a diagnosis; 3) determine the best therapies; 4) initiate therapy. A healthy dose of communication is important, including being able to listen and be reasonably articulate in stating your own or the organization's views.

What advice would you give a young aspiring manager entering the healthcare field? More specifically, what are the biggest lessons you've learned in your career?

I'd say the thing that differentiates the healthcare field is the role of physicians as integral to the equation. If you're running a hospital you get all the complexities of running a hotel, but at the same time you have physicians who are responsible for most of the revenue and a heavy part of the expenses. It's a complicated

accountability. Somebody who wants just one boss ought to avoid this field. Unlike other industries, physicians are independent—they don't

work for the person who manages the organization.

How do you relax and escape from the pressures and responsibilities of being CEO?

My wife always calls this “the dreaded hobby question.” Seriously, though, I mostly focus on work and my family, my wife Jean and two children, John 34, and Sarah, 31. I also like to travel and read, especially biographies and political books.

What do you believe are the most significant near term challenges that could be addressed by enabling Information Technologies?

In my mind, it's the challenge of implementing IT with decision support to overcome one of the most significant problems we have: the enormous variance in practice around the United States. I'm not advocating any single standard, but the degree of variance should be narrowed so we get more rational practice patterns. IT properly utilized with decision support can steer us toward that goal.



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