

# CEO Viewpoint

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Chemistry has always been important to Don Jernigan. As president and CEO of Winter Park, Fla.-based Adventist Health System, the nation's fourth-largest not-for-profit health delivery organization, personal chemistry drives his leadership of 37 hospitals in 10 states from Florida to Colorado and up to Chicago. The science, however, propelled him in college. A native Texan, Jernigan, 64, earned his undergraduate degree in chemistry from the University of Texas and his PhD in chemistry from Baylor University. Nearly 30 years ago he landed at Adventist Health and has never left, arriving at his current position in early 2006 after a steady climb that included stints as CEO of Adventist Health's flagship Florida Hospital in Orlando and its Florida region. "It's been fun," says Jernigan, who with his wife Sharon, a musician and teacher, have two grown daughters and three teenage grandchildren.

## What are the top two or three issues you face as CEO of Adventist Health System?

One, which could be unique to us, is that we're finding in this climate smaller systems or hospitals are looking for possible parents. I'm having to be careful at selecting what organizations we look at who are interested in joining us. You can't do everything.

The other issue, not unique to us, is that we're looking very aggressively at our "internal product." We've spent more than \$400 million getting wired, achieving a single platform and ridding ourselves of paper. We're beginning our CPOE rollout at three locations and it's going well. We work very hard on strategies for physician alignment. We've had a tremendous growth in employed physicians and now have more than 1,000. That's one way to do physician alignment. P4P, coordination of care—you can't do those in a loose alignment.

## Will these issues change under the current administration in Washington?

It's clear they will change. I'm very supportive of what they're doing and I hope it will be as comprehensive as they promise. Our world will benefit from improved care at lower cost. The country can't afford not to. That's



DON JERNIGAN

the way it's going to be. I'm not one to worry about it, though, I just work hard.

## What do you believe should happen and actually will happen with healthcare reform under the Obama administration?

We've been pretty active on that front. I've been personally pretty active. We would like to see uniformity in the country with handling claims electronically, extending coverage to all. We'd like to see smart reimbursement that incentivizes people for doing the right thing, not just doing things for payment.

I'd also like to see a rethinking of the Stark regulations so we can do physician alignment without running into regulations that need to be re-thought. We need a standard benefits package plus a well-thought-out prevention package that will have long-term benefits.

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

Absolutely. We believe in the next 18 months as we implement CPOE throughout the enterprise that we will qualify as a comprehensive clinical system, as described in the New England Journal of Medicine. For example,

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through IT we can do Medicare coding electronically anywhere in the health system. That's a direct benefit of the kind of IT we have.

A second example is the use of IT in our ERs, which has had a very large financial benefit. Previously, using a paper system we were losing a lot of charges for the work we did. So our charge capture has gone up fairly dramatically. Third is CPOE. Many physicians are taking less time because of its effectiveness in discharging patients. Physicians say they no longer have to spend all day on the phone clarifying their handwriting.

We find there are unintended issues but they aren't necessarily negative. IT changes everything about our operation. It doesn't mean it's fun to do, but it forces us to do good things.

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

The only thing I'd add is that now that we have our systems installed, the next steps are not about technology but change management, particularly with physicians and CPOE. All human beings struggle with change. We're going to see the same thing in nursing and pharmacy. While it is what it is, it's all good, because we're creating a better mousetrap.

#### **What has been the biggest change you have seen in healthcare over your career?**

That's an easy one for me. In my time it's the change in the working model between hospitals and physicians. The old model is gone. The most conspicuous difference today is that primary care physicians don't come to the

hospital. Their patients are managed by hospitalists, intensivists or another specialty. The old-time primary care physician who knew the patient, visited the patient in the hospital, wrote the orders—that's virtually gone and it's a huge change. With more employed physicians, hospitalists and intensivists, we're creating an almost virtual Mayo model.

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#### **What is the best piece of advice you've ever been given?**

The best piece of advice was from my father: Be sure you can live with the person you see every morning in the mirror.

#### **What advice would you give to a young person seeking to enter the healthcare field?**

I recently gave a commencement address at a college and told the graduates, 'You better come out of this with two things: One, be determined to be a lifelong learner and two, be flexible because you will not only change jobs but also likely careers.'

#### **What is your favorite part of the work you do?**

That's easy. It's always been the development of people. I love their leadership development. Get people in the right jobs and through mentoring and development watch them succeed.

#### **If you weren't running Adventist Health System what would you be doing?**

The thought of me just retiring and playing golf every-day is the most dreadful thought I can think of. If I'm in good health I'd do some type of teaching. It might be teaching freshman chemistry but more likely management. Some day I hope I can do that.



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