What are the top two or three issues you face as president and CEO of Intermountain Healthcare?
They’re the top three issues in healthcare: cost, quality and access. Starting 14 years ago, we began to address the quality side through system-wide clinical process improvement initiatives aimed at eight different areas including cardiovascular, women and newborns, primary care, behavioral health, pediatrics, surgical services, intensive medicine and oncology. We look for the best outcomes and then identify the best process to achieve them.

I’ve always believed that the best way to engage physicians is through measurably excellent outcomes for their patients. That’s the top priority for most doctors. We’ve found that by focusing on doing the right thing, through evidence-based best practice, we can achieve not only better outcomes but lower overall costs. However, the more you know about how well you’re doing, the more gaps you see.

Our operational goal is to be as efficient as possible. Being not-for-profit should never mean being less efficient. In fact, one of the important parts of our mission is to provide care as affordably as possible.

The issue of access has always been important to Intermountain, especially the pressure felt by rural communities and the urban poor, who often have difficulty accessing care. Our mission has always been to provide care for the old and young, rich and poor, and people living in urban and rural communities. Over the years we’ve developed an excellent, proactive financial assistance program to assist those who need our help covering the cost of their care.

Will these issues change under the healthcare reform act?
Probably not much, although critical priorities may shift. Obviously, we need to focus even more on quality and cost. Arguably, healthcare reform will eventually address access. About 12 years ago, we recognized that Intermountain’s primary responsibility isn’t just managing beds or physician practices, although those are certainly core competencies. Our true core business is perfecting the clinical work process and delivering evidence-based best practices.
What elements of healthcare reform act do you feel are valuable?
We’ve been trying to understand how healthcare reform will play out. So much will be determined by regulatory language. My concern is what are we doing about the old perverse financial incentives? I wish we had a clearer vision of how to reward people for doing the right thing.

What elements of healthcare reform act do you feel are overreaching?
I wish we had better incentives to give accountable care organizations responsibility for population health. I realize it’s challenging, but I’m convinced that’s the real solution to the cost/quality dilemma in America.

Can you identify two or three benefits that IT has had on your organization?
IT has been absolutely key in the past 15 years. Intermountain has had a legacy of using medical informatics to improve care for over 35 years. We were extremely fortunate to have had the pioneering leadership of Dr. Homer Warner, who recognized the computer’s ability to assist clinicians in management and analysis of mountains of complex data.

A good example of our clinical information system’s usefulness is an antibiotic assistant program we’ve had for years. Decision support systems like these have made Intermountain’s clinical information systems unique, which is the primary reason we’ve partnered with GE to build the next-generation enterprise-wide clinical information system, which will be called Qualibria.

What do you believe are the most significant near-term challenges that could be addressed by enabling Information Technologies?
Improved efficiency on both the clinical side and operational side, and improving outcomes. You look at the next-generation CT, MRI or proton accelerator and you realize that modest incremental benefits come at greatly increased cost. I look at clinical information systems like ours and see an opportunity to transform healthcare. In the more-than-30 years I’ve been in practice, the increase in medical knowledge makes it impossible for anybody to manage the variables in their head at the point of care without advanced technological support.

What has been the biggest change you have seen in healthcare over your career?
There have been lots of changes, including clinical changes, but the biggest change has been the evolution of medicine from a master-apprentice and individual expert model to a more evidence and system-based approach. Healthcare is now much too complicated for a single expert. It takes a team.

“"I've always believed that the best way to engage physicians is through measurably excellent outcomes for their patients.""