

# CEO Viewpoint

AN EXECUTIVE PUBLICATION FROM THE SCOTTSDALE INSTITUTE

JULY 2010

Long known as an IT pioneer, Intermountain Healthcare is also a management innovator, perhaps best embodied by Intermountain President and CEO Charles Sorenson, MD. A physician who has moved up through the executive ranks, Sorenson, 59, oversees the Salt Lake City-based integrated delivery system serving Utah and southeastern Idaho with 23 hospitals, 900-plus physicians, 32,000 employees and a health plan. His MD title is more than just an accelerator for the management fast track, as performing surgery and caring for patients continue to be of primary importance to him personally and inform his work as CEO. Sorenson earned his undergraduate degree in biology from the University of Utah and his medical degree from Cornell University Medical College in New York, completing residencies in surgery and urology at the University of Utah Affiliated Hospitals. He began his clinical practice of Urologic Surgery at Intermountain's LDS Hospital in 1982. As the hospital's medical staff president in the early 1990s, Sorenson was committed to making physician/hospital collaboration a reality when most people were just talking about it. "I've always really liked clinical work and resident education. I like being in the hospital and working with a surgical team to take care of patients," says Sorenson, who amazingly still spends three or four days a month in the operating room. He and his wife Sharee have four adult children.

## 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



CHARLES SORENSON, MD

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 health-care. 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.”*

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

I don't remember who said it: Find bright and educated people who are values-driven. Include a wide diversity of experience, culture, education, and background. Be sure they share the critical values of integrity, accountability, mutual respect, and a thirst for learning and excellence; then listen to those people and empower them.

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

Occasionally I hear about physicians who say, "I'd never go into medicine again." I don't feel that way at all; I'd do it again in a heartbeat. There's always been change in healthcare. What human endeavor hasn't changed greatly in recent years? In the next 20 to 30 years healthcare has to become much more effective, fair and affordable. The way to get there is by doing things that work and not doing things that add no value to patient care. Healthcare is a place you can go for your dreams. There's no better way to spend your days.

### If you weren't running Intermountain Healthcare, what would you be doing?

I'd be in the operating room doing surgery.

SCOTTSDALE INSTITUTE

*The Healthcare Executive Resource for Information Management*

Stanley R. Nelson, Chairman • Donald C. Wegmiller, Vice Chairman • Shelli Williamson, Executive Director

1660 Highway 100 South, Suite 306 • Minneapolis, MN 55416

Phone: 952.545.5880 • Fax: 952.545.6116

E-mail: [scottsdale@scottsdaleinstitute.org](mailto:scottsdale@scottsdaleinstitute.org) • [www.scottsdaleinstitute.org](http://www.scottsdaleinstitute.org)