

CEO Viewpoint

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Tom Priselac's life has been a tale of two cities: one eastern and formative, Pittsburgh, and one west coast and fulfilling, Los Angeles. Both have exerted the pull of longevity. Most recently, Priselac, 60, has spent 33 years at Cedars-Sinai Health System in Los Angeles, where he has been president and CEO for the last 18 years. He was born 12 miles east of Pittsburgh in a tiny mill town called Turtle Creek, where he lost his father at the age of 12. He played outside linebacker at Washington & Jefferson College, a small liberal arts college 30 miles southwest of Pittsburgh where he earned an undergraduate degree in biology in 1973. In 1975 Priselac earned a master's degree from the University of Pittsburgh in health services administration and planning and then spent five years at Montefiore Hospital in Pittsburgh. It was there he realized how much he enjoyed the academic medical center's unique blend of care and teaching and where he met his wife Jody, who told him, "I love you but I'm not living in Pittsburgh." So the couple left for her home state of California and his first post at Cedars. He and Jody, a professor of education at UCLA, have two sons, a daughter-in-law and a granddaughter.

Cedars-Sinai was a trail blazer in CPOE implementation and was generous in sharing some of the earliest and most difficult lessons in this area. Do you still hear questions about that experience? How would you characterize your status today?

I don't hear a lot of questions about it today. People have recognized the things we learned that helped a lot of organizations. Today we are in the final stages of completing our multi-year EPIC installation, with CPOE scheduled to be installed in the near future.

You have written on accountable care organizations. Do you see ACOs transforming your organization and the patient experience? If so, how?

The transformation of healthcare will not come from ACOs, per se, but from the increased focus on high-quality care and optimization of care. It's about truly being accountable for quality and efficiency and a healthier population. People focus on the "O" in "ACO," but in the end if an organization focuses itself and optimizes its ability to deliver quality in



TOM PRISELAC, PRESIDENT AND CEO, CEDARS-SINAI HEALTH SYSTEM

the most efficient manner, it doesn't matter if it's an ACO or other P4P organization.

What are the other key initiatives related to reform that shape your strategic thinking?

First, we have to not only continue our leadership position in quality and safety, but continue to push forward toward our goal of becoming the true high-reliability organization we all seek to be in healthcare.

Second, our goal is to achieve clinical efficiency through the best resource utilization possible to gain the desired outcome. Depending on diagnosis and treatment, we need to be able to articulate for patients and purchase the optimal resources used to deliver exceptional outcomes.

Third is operational efficiency, which is enhancing throughput capability. That includes the relationship between ambulatory and the hospital experience, both of which have to offer outstanding personal experiences and clinical care.

Fourth is enhancing the physician relationship through our clinical integration strategy, which

involves aligning our faculty, medical group, IPA and private medical staff with common goals in patient care. CSLink provides a major IT tool to help achieve that goal. We believe in a pluralistic model. In addition to an active, supportive private staff, for physicians seeking a more integrated relationship we use the foundation model under which we have the 120-physician multi-specialty Cedars-Sinai Medical Group, 300-physician IPA model and affiliated specialty physician groups.

Cedars-Sinai is famous as a traditional hospital. Is Cedars-Sinai's future as a hospital or in the ambulatory area?

A certain amount of our reputation historically is as a hospital. We are proud of the fact that people who can choose to go anywhere in the world, choose to come here. Our clinical excellence is also directly tied to our role as a major center of translational research and medical education. Today and even more so in the future we will function as an integrated health care organization, blending the ambulatory and acute care. While we have not pursued horizontal integration we will continue to monitor that as the environment evolves.

Has the anticipation of ACOs, patient-centered medical homes and other emerging reform entities shaped your IT strategies? How?

Even before the healthcare reform law, we were of the belief that the world was moving to one of higher quality and more cost-effective care. Just looking at those trends in the field led us to develop CSLink, which supports the concept of one patient/one record and allows us to establish the communication we need among 12,000 employees and 2,000 physicians.

How has IT changed your thinking about planning and budget decisions over the past several years?

We had to make the needed room in our capital planning for what was already a significant appetite for

capital investment. The result was an increase in the overall capital budget in addition to IT becoming a bigger percentage of our operating budget.

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

This is the most exciting time in healthcare in the last 30 years. The country is struggling to preserve all the wonderful things of our health system and on the other hand address significant shortcomings in efficiency and a lack of uniform health quality. There's also a tremendous explosion in the use of IT as a management tool. Both are changing the game of what it means to be a leader. We'll look back on this time as the dawn of a new era.

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What is the most rewarding part of the work you do?

It's the same reason I became interested in healthcare management back in graduate school.

You have an opportunity to make a huge impact in people's lives by the care you provide, as well as the research and education. A corollary is the opportunity to work with tremendously talented people.

If you weren't running Cedars-Sinai, what would you be doing?

This might be the hardest question of all. If I were still engaged in healthcare I'd be involved in an organization devoted to enhancing the timely deployment of best practices in quality and efficiency. If I wasn't in healthcare, I'd be training for some amateur endurance events in cycling or running. There are a lot of similarities to my day job!

What's a favored book that you've recently read?

“Nemesis” by Philip Roth. My wife and I belong to a coed book club and that was the most recent selection. It's fiction set in the late '40s and early '50s with the backdrop of the polio outbreak at the time. Among other things it reminded me just how far our nation's healthcare system has evolved.



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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 • www.scottsdaleinstitute.org