

CEO Viewpoint

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When Vince Caponi was in high school in rural Tennessee during the early 1960s he watched as the Freedom Riders and other civil rights pioneers risked their lives for the cause of social justice. Now 61, he reflects on the period as personally formative in ways he's just begun to appreciate as CEO of a faith-based health system, St. Vincent Health, an Indianapolis-based 20-hospital system that is part of Ascension Health, the largest Catholic health system in the country. Born in Detroit as the middle of seven siblings of an Italian Catholic family whose father was an automotive-supply executive, Caponi followed two older brothers to Xavier University in Cincinnati where he earned an undergraduate degree in history. He eventually earned an MS in administration from Central Michigan University and attended the Wharton CEO Program for Healthcare Leadership. He got into healthcare when his hometown hospital CEO recruited him as head of medical records with the promise of paying for grad school. Prior to St. Vincent Health, he served as president and CEO of St. Vincent's Hospital in Birmingham, Ala. where he helped create a network of medical homes for the city's poor. He and his wife Robyn have been married 39 years and have three daughters and three grandchildren.

St. Vincent Health is obviously a large health system that's also part of Ascension Health, the largest health system in the country. How does that factor shape your strategic thinking?

First and foremost, Ascension offers a lot of tools that we couldn't afford on our own. We have access to such strong strategic thinking and wonderful programs ranging from HR to supply chain and clinical IT. The benefits cascade down from the national organization. We can share our own organization's innovations while we learn from other Ascension Health ministries.

You have been a leader of the Indiana Health Information Exchange, the nations' largest HIE. What's been your experience being part of this large and successful HIE and how can it translate to other HIE initiatives?

We were really fortunate when all that came together. In the 1990s several Indianapolis hospitals launched an initiative to collect ER information to provide clinicians with access to patient information, support public health and to identify ER 'frequent fliers.'

Also, the Regenstrief Institute had developed an information exchange initiative called 'Docs 4 Docs®.' All



VINCENT CAPONI, CEO,
ST. VINCENT HEALTH

that helped create an environment in which we could get all the major-system CEOs in the same room to agree to a clinical data repository and push lab results and other information out to physicians.

From that point we started working with the federal government and insurers, which led to sharing data like radiology images. We've had some success. The key is that an HIE must be a population-based product. If everyone doesn't play, it doesn't make sense.

The second part was that we had to get rid of paper. We said we had to bite the bullet: 'That's it, that's the

last piece of paper.' Regenstrief was early in recognizing that the best information was at the bedside or in the physician's office.

Are there other unique aspects of the Indiana market that affect St. Vincent Health's strategies for reform and other strategic initiatives?

When I arrived here 13 years ago, the plan was to build a regional presence in the area an hour-and-a-half north, south, east and west of Indianapolis. Today we have a statewide strategy and we care for patients from every county in Indiana.

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How is St. Vincent Health responding to Meaningful Use incentives?

First we had to understand what Meaningful Use was in terms of opportunities and dollar amounts, strategize around them, fund initiatives and then operationalize them. We have a large board on which we map each of our locations' status.

One challenge is to make sure our vendors are certified for Meaningful Use. Second, to determine what portion of the budget should be allocated to Meaningful Use, because it competes with investments like MRIs and outpatient centers. Third, what's the risk/reward for 20 hospitals?

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

I'm not sure I really know what an ACO is, but I know the discounted fee-for-service business is not sustainable and not in the best interest of our nation's lifestyle. A recent Wall Street Journal article estimated that 50 percent of people in the United State will become obese by 2030. We need to figure out how to assess risk, take risk and to get people to adopt healthier life styles. We think IT will be a core enabler in doing this. Social media will play an extremely important role in ACOs. How ACOs will play out in the central part of the country is a fluid story and still being written.

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

Our approach to IT has been to move to common platforms and integrated systems, which has required some tough decisions. We no longer seek best of breed and we don't have to have all the bells and whistles. We are standardizing our EHR as well as our business systems.

We have the same system in every location, implemented 20 times. We have a virtual business office with the main operation in Indianapolis. It's the same with supply chain. As we've grown, the information system has too. That includes becoming active in an HIE. The number one challenge even for a large hospital is to be collaborative.

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

If young people want to be masters of change, I can't think of a better arena for them. Be part of a great opportunity.

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

The opportunity to work with bright people who really want to make a difference in people's lives. I really believe we're blessed to work in a spiritually-based organization where you're allowed to live out your values. As CEO you get to be head of an orchestra, to wave the wand as associates and patients make music. The opportunity is to get them in harmony.

If you weren't running St. Vincent Health, what would you be doing?

I'd probably be working in governance in education or consulting. One of the things I like is working with governing boards and taking a deeper dive to help them become more productive.

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

'The Lost City of Z' by David Grann. I had already read 'River of Doubt' by Candice Millard, which is about Theodore Roosevelt's trip down the Amazon. I like history, especially anything by David McCullough. I just finished 'The Panama Canal.'

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