

Viewpoint

AN EXECUTIVE PUBLICATION FROM THE SCOTTSDALE INSTITUTE

MARCH 2017

It's a cliché to say someone followed a long journey to where they are today, but that's literally the case with Patricia "Pat" Maryland, soon-to-be president and CEO of Ascension Healthcare, where she will be responsible for the strategic and operational aspects of Ascension's healthcare division, with 141 hospitals and 2,500 sites of care in 24 states and Washington, D.C. Ascension is the largest non-profit health system in the country and largest Catholic health system in the world. Maryland was born in Liverpool, England, graduated high school in West Berlin, Germany, and received her undergraduate degree in Alabama. "I was an Air Force brat. My father spent 31 years in the Strategic Air Command," says Maryland, who earned a master's from the University of California Berkeley in biostatistics and a doctorate in public health from the University of Pittsburgh. Now President, Healthcare Operations and COO of Ascension Healthcare, she will become the President and CEO of Ascension Healthcare on July 1, 2017. She previously served as president and CEO of St. John Providence Health System, Warren, Mich., and as the Michigan Ministry Market Leader for Ascension Healthcare, where she provided strategic and operational leadership for St. John Providence while promoting alignment among health ministries within the Michigan market and with the system office on issues related to mission and vision. When asked if she has any time for hobbies she laughs and says she tries to be a great wife to her biostatistician husband, great mother to two adult children, a daughter 27 and son 22, and tries to live a healthy lifestyle by eating healthy and exercising.

Ascension recently announced your promotion to President and CEO of Ascension Healthcare. What is your vision and what do you hope to accomplish?

It would be remiss of me not to mention Bob Henkel, our current president and CEO for Ascension Healthcare, who has been my mentor and sponsor. Bob has been instrumental in guiding and shaping my career, and is one of the most influential leaders in Ascension's history. It's been an honor to have learned from Bob over the past 12 years.

We have several strategies across our 24 states and the District of Columbia. Our overarching vision is to shift our clinically integrated systems of care to value-based care and away from fee-for-service. To do that we have to, first, grow our primary care base by increasing the number of access or entry points to care; second, bolster behavioral health and post-acute care capabilities; third, develop more of a consumer focus to help deliver on personalized care; and fourth, to provide value by delivering on our Quadruple Aim. The well-known



**PATRICIA MARYLAND,
DR.PH, SOON-TO-BE
PRESIDENT AND CEO,
ASCENSION HEALTHCARE**

Triple Aim is to improve the health of populations, reduce the per capita cost of care and improve the patient experience of care, which includes quality and satisfaction. We added a fourth aim: to improve the experience of caregivers. If we do this right we should be able to provide affordable care and exceptional health outcomes.

Our focus within Ascension is to achieve 100 percent access, coverage and affordability in healthcare. As a Catholic, faith-based organization, we stand ready to help as the new Congress and Administration take on the complex task of reshaping the Affordable Care Act and the healthcare system. Our

mission of serving all persons with special attention to those who are poor and vulnerable remains unchanged going into the future; indeed it's become even more important. At the end of the day there's the realization that as we as a nation move from a financially volume-based health system to one based on value we can improve our health and create a much more affordable health system.



Can you tell me about Ascension Healthcare's four national service lines? Why did you create these service lines? What are your goals?

At Ascension, we created four clinical service lines—cardiovascular, orthopedics, oncology and behavioral health. Our intent is to take advantage of shared metrics, protocols and care pathways to reduce variation and improve care for those we serve across our integrated national health system. We see service lines as a way to manage the care of populations and increase value through standardizing protocols and replicating evidence-based practices and pathways on a national level. We want to lift up our successful programs, identify their protocols and results, and emphasize these programs within our national



Pat Maryland inherits the top job previously held by Bob Henkel, who has served in that role since it was created in 2012.

health system. All four of our national service lines will support the achievement of our Quadruple Aim—delivering exceptional health outcomes, an exceptional experience for the people we serve, and an exceptional experience for providers, at an affordable cost—by enabling quality, financial and patient experience data to be tracked, reported and

analyzed to identify opportunities and spread effective practices more readily. We have developed Service Line Excellence Councils to guide each service line. Each provider-led council is a multidisciplinary mix of physicians and other clinicians along with leaders representing health ministry service lines, long-term care, Ascension Information Services and more. Together, each service line council recommends effective practices and programs to elevate personalized, person-centered care in Ascension.

Population-health strategies such as chronic-disease management fit well under the service-line approach. For example, one of the most prevalent chronic illnesses is congestive heart failure, or CHF, which is usually due to factors including obesity and diabetes. Under our cardiovascular service line, we can develop and implement a clinical pathway for a patient with uncontrolled diabetes who gains weight, offering the patient a full continuum of services including endocrinology and nutrition, so we can intervene earlier.

Behavioral support is critical to be able to change attitudes about food and exercise. Every service line is going to emphasize moving to a preventive, holistic approach around

the full continuum of care and away from a treatment-based approach. For example, if an office-based primary care physician has a patient with Type 2 diabetes, that doctor will be able to access nutritional and educational resources to enlighten the patient that specific behaviors will result in specific results. The entry point is the patient-centered medical home. We'll make sure every patient has access to a primary-care physician who will emphasize earlier screening and detection.

We know we can't do this alone. It's really important for Ascension to partner and collaborate with other clinical and service providers. If a patient needs certain social services that can best be found in the community, we might, for example, engage United Way's 2-1-1 program to identify the best resource.

I understand Ascension has a 2022 goal to achieve health equity for all. Can you tell me about this goal and your commitment to the elimination of healthcare disparities?

In advancing health equity for all persons we

serve, our Ascension vision is that every person receiving care has the opportunity to attain his or her full health potential by ensuring no one is disadvantaged from achieving this potential because of race, ethnicity, culture, gender identity, sexual orientation, ability status, language preference, socioeconomic status, healthcare access or other socially determined circumstances.

Our commitment to enabling patients to achieve health equity focuses on the following:

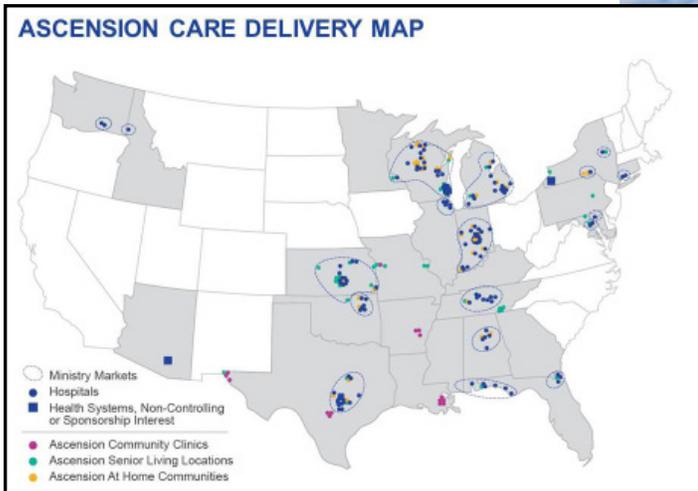
- » Identifying and eliminating disparity in health outcomes and eliminating gaps in care;
- » Strengthening our workforce by equipping all of our associates, including an engaged core of nurses, physicians and advanced care clinicians, with tools to competently and compassionately serve our diverse populations;

FACTS AND STATS*

A quick look at the nation's largest nonprofit health system and world's largest Catholic health system:

- **\$1.8 billion** in care of persons living in poverty and other community benefit programs
- **23,657,773** outpatient visits (excluding ER visits)
- **11,159,811** physician office visits
- **3,007,923** emergency visits
- **1,527,543** clinic visits
- **1,597,177** equivalent discharges
- **777,593** discharges
- **505,361** home health visits
- **316,804** observation days
- **151,000** associates
- **84,751** births
- **22,990** available beds
- **36,000** aligned providers
- **2,500** sites of care in **24** states and the District of Columbia
 - **141** hospitals
 - More than **30** senior care facilities

*Data for FY2016



- » Strengthening our efforts to improve community health by serving persons where they live, work, play and pray, and collaborating with like-minded partners;
- » Advocating for quality and affordable access to healthcare and therapeutics for all persons we serve;
- » Fostering a culture of diversity and inclusion across all areas of our ministry that enriches our leadership, governance, associates and diversity of suppliers—reflecting the communities we serve.

By fiscal year 2022, we seek to achieve zero preventable healthcare disparities across the Quadruple Aim.

I've seen reports of Ascension's innovative approach to clinical quality and safety. Can you tell me about your dyad leadership model and Ascension's strategy to develop clinically-integrated systems of care?

Our dyad leadership model consists of a two-person leadership team—a clinical professional (chief clinical officer) paired with an executive or administrative leader (chief operating officer). These two leaders have equal responsibility, and collaborate on key decisions and the direction of their respective ministry market. This partnership ensures alignment of our clinical services with the strategy and operations of our health system. This alignment of operations and clinical services is key in the establishment of our clinically integrated systems of care. As the healthcare industry moves from fee-for-service to fee-for-value, it is important that we have our clinical experts in leadership capacities to ensure that every decision we make supports our commitment to compassionate, personalized care.

We've been developing what we call "clinically integrated systems of care" that involve partnerships and collaborations in our local communities, sometimes even with our competitors. These tend to look different

community by community, but the overall intent is to ensure the full continuum of care is available and connected for those we serve.

An example includes Together Health Network (THN). THN is a clinically integrated network formed in 2014 by Ascension Michigan, Trinity Health Michigan, and physician partners across the state. Our vision with THN was to develop a physician-led, statewide, clinically integrated network that delivers on the Quadruple Aim. We will build on the successes of our health systems and partner physicians to better coordinate care and shift to a proactive, planned and engaging approach. Both sponsoring organizations have a shared vision and goals of improving the health and care of those we serve. In addition, both organizations support the efforts to further the Catholic healthcare presence in Michigan. In August 2016, Ascension and Trinity added Michigan Medicine (formerly the University of Michigan Health System) as an equity partner in THN. As a participating provider, Michigan Medicine provides highly specialized quaternary healthcare to individuals served by THN.

Ascension Medical Group is one of the largest medical groups in the country. How does establishment of this group fit into Ascension's strategic vision as it seeks to transform healthcare in this country?

Ascension Medical Group is about 6,500 employed providers in 16 states and the District of Columbia. We see the creation of Ascension Medical Group as a catalyst for transforming healthcare, as it will enable us to leverage our collective resources while making it easier for our patients and communities to access the care they need and navigate their health.

By establishing a national network of employed providers we are better enabling our organization and our providers to successfully make the transition to a fee-for-value, population health-focused world more quickly. As a result of this integration, we are becoming more standardized in our approach, which has resulted in innovation and the implementation of initiatives to improve clinical quality and patient and physician experience.

How is Ascension tapping into the potential of data analytics to address population health?

Ascension considers healthcare data one of its most valuable assets. We have strategic initiatives designed to improve data availability, both for the focused work of day-

“We envision an ecosystem where it is as easy to share data across national and global networks, as it is to share data within our own facilities.”

to-day patient care, as well for utilization in population health analytics. We have begun utilizing standards-based data exchange across our ambulatory and acute care electronic health records in order to help our providers have a more complete clinical picture of those we serve. Our vision is to make appropriate data accessible in order to seamlessly integrate along the healthcare continuum.

We are particularly interested in non-traditional data sources, reflecting social determinants of health, as they are critical to our goal of reducing disparities in health outcomes across vulnerable populations. The Ascension Clinical Research Institute, led by Dr. David Pryor, Executive Vice President and Chief Clinical Officer of Ascension, and supported by the CEO of Ascension Information Services, Gerry Lewis, is working to provide us with real-time access to important data.

How successful has Ascension been in its efforts to standardize interoperability, particularly with regard to EHRs, and how have you achieved and defined that success?

We've focused our priorities around the goal of achieving open, connected care within the communities we serve, advancing interoperability, and enabling the free movement of data among our health information systems. Our approach values creativity and is courageous in the pursuit of technology innovation that provides value, builds community bridges, and offers patients and their family members the ability to actively participate in their own healthcare. These innovations include patient portals and patient engagement applications using technology standards that help providers share health information with patients and caregivers in a manner that improves care while ensuring privacy and security. We've also engaged in health information exchanges and are committed to expanding standards-based exchanges to connect our ministries to other healthcare partners. As this work expands we envision an ecosystem where it is as easy to share data across national and global networks, as it is to share data within our own facilities. When we achieve that, we will consider it success.

~ Chuck Appleby

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Related Resources

Patricia Maryland, DrPH, was recently featured in the Healthcare Financial Management Association's magazine, "Ascension Health President and COO Makes Career Out of Coordinating Care With Efficiency." Read it here <http://www.hfma.org/Content.aspx?id=52969>

Check out these SI Teleconferences

"Technology Governance at Ascension," **March 21, 2017.**

<https://www.scottsdaleinstitute.org/teleconferences/2017.asp>

"Becoming Agile: Leveraging Strategies from Outside of Healthcare to Transform How Ascension Works," **November 15, 2016.**

<https://scottsdaleinstitute.org/teleconferences/2016.asp>

"Ascension—IT General Controls (ITGC) Program Evolution," **October 20, 2016.**

<https://scottsdaleinstitute.org/teleconferences/2016.asp>



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