

# Viewpoint

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“All of us have been shaped with visible and invisible hands,” says Laura Kaiser, who as executive vice president and COO of Intermountain Healthcare, can draw on her own experience as a guide. Kaiser, 53, was born in St. Louis and followed what seems like a natural journey into healthcare service, volunteering as a teenage Candy Stripper at a local hospital and encouraged even then by her father, a life-long Monsanto executive who recognized her leadership gifts, to go into healthcare administration. She earned an undergraduate degree in health services management at the University of Missouri and then an MBA and MHA at Saint Louis University. Prior to joining Intermountain, a Salt Lake City-based 22-hospital integrated health system with 1,200 physicians and its own health plan, Kaiser served as president and CEO of Sacred Heart Health System in Pensacola, Fla., president of the Daughters of Charity Foundation and regional executive for the Gulf Coast/Florida region of Ascension Health. She has been married to her husband Chuck for 18 years and has two daughters.

**Intermountain Healthcare has some strong advantages since you have a fully integrated health system including provider and payer components, and because of your market share in the region you serve. How have those advantages helped you achieve some unique results?**

When the Church of Jesus Christ of Latter Day Saints bequeathed the health system to the community in 1975, the charge was to serve as a not-for-profit health system serving the community and to endeavor to be a model healthcare organization. Since that time, Intermountain Healthcare has sought to provide an integrated structure, systems, processes and practices. This has enabled us to provide highly coordinated patient care which tends to improve quality and reduce cost. We continue our work today to align clinical and economic incentives to produce better patient outcomes and to help individuals live their healthiest lives possible.

**Are there any special partnerships between Intermountain providers and other payers? Does your health plan have any partnerships with non-Intermountain hospitals or providers?**

It's an ongoing dynamic. Intermountain hospitals, clinics and physicians currently contract with many insurance plans. Our own health plan is Select Health which has



LAURA KAISER, EXECUTIVE VICE PRESIDENT AND COO, INTERMOUNTAIN HEALTHCARE

been honored five straight years by J.D. Power and Associates as the highest-rated plan in the mountain region of the U.S. for member satisfaction. In the fall of 2012, SelectHealth formed a strategic alliance with St. Luke's Health System, Idaho's largest and only locally governed, not-for-profit health system to offer Idaho residents a new approach to health insurance benefits.

Over time, we will continue to transition from a traditional pay-for-volume model to a pay-for-value model with payers including SelectHealth. The mutual goals

are to achieve the triple aim of better health, better care and lower cost.

**Do you anticipate new payer - provider partnerships developing in the near term in your market—and in 5 years?**

I can't speculate on future alliances between providers and payers, but it makes sense to move in that direction. We think of partnerships as much broader than just with payers. Potential partnerships may involve employers (representing healthcare purchasers), other providers, and community organizations (representing the public and others). We are presently participating in the Utah Partnership for Value-Driven Health Care, which is a community collaborative comprised of a range of stakeholders. The purpose is to advance higher value health care in our community through

shared strategies that address transparency, variation in cost and quality, and community approaches to delivery system improvement.

**Hospital systems are building health plan capabilities, large payers are buying hospitals and providers. Where is all of this headed? Will there be other successful business models, or do you think ultimately everyone will look more like the Intermountain model?**

The integrated model we have built is working for our community and those we serve. An ongoing Dartmouth study of U.S. healthcare featured in the 2013 PBS documentary 'Money and Medicine' shows that Medicare spending nationally could be reduced by more than one-third if all areas of the United States delivered healthcare the way it is delivered in the greater Salt Lake City area. Even so, there is so much changing in our industry, and we have more work to do to perpetually evolve and improve the care we provide.

**Intermountain has always been a trailblazer in IT, starting with the HELP system back in the 1980s. Can you describe the organizational journey that included a major partnership with GE and that led today to selection of Cerner as your EHR vendor?**

Intermountain Healthcare's current electronic medical record (EMR) and electronic data warehouse was developed internally quite a while ago. These tremendous tools have provided critical, clinical information to clinicians at the bedside, enabling the use of evidence based information in real time.

A few years ago, we decided to evaluate our EMR systems, including the ability to support future requirements such as data interoperability, meaningful use regulations and

the evolution toward population health management. We partnered with GE to develop our next EMR platform. In 2012, the partnership was suspended amicably and we began evaluating other long-term options.

That thorough evaluation culminated with an announcement last fall that we have entered into a multi-year partnership with Cerner Corporation to implement the

Cerner EMR and revenue-cycle solutions across all of Intermountain's facilities. Also, at roughly the same time, we announced a partnership with Deloitte to provide health analytics insights to health care

systems and life sciences companies. This data mining partnership taps into our extensive medical records to help organizations accelerate research efforts, especially in the area of best practices.

**Will the patient/consumer finally be the ultimate owner of his or her data? What are the hurdles, both culturally and politically, and can/will they be overcome?**

One of my favorite things about Intermountain is that we tend to view hurdles as opportunities. Our portal 'MyHealth' provides consumers with online access to personal health information like lab tests, radiology results, pharmacy and health-risk assessment. MyHealth users can securely message their physician office with non-urgent requests, such as scheduling an appointment, getting a prescription renewed, requesting a referral, and even looking at recent health insurance claims. It's been well received and we will continue to improve it over time.

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