

INSIDE EDGE

New Business Models: Operationalizing Strategy & IT Requirements

Part Two: An Interview with Mark Laney, MD, CEO, Mosaic Life Care.

Introduction

This is Part Two of our three-part series on New Business Models, how SI member organizations are redesigning their business frameworks for taking on risk, population health and value-based care. In this issue we interview Mark Laney, MD, CEO of Mosaic Life Care. Part One featured an interview with Greg Poulsen, chief strategy officer at Intermountain Healthcare. <https://scottsdaleinstitute.org/publications/>.

Part Three will feature an interview with Michael Pfeffer, MD, CIO of UCLA Health.

A Mosaic model

IT will play a foundational role in the new models of care built around population health and patient engagement.

“We’re moving toward a much more patient-centric model,” says **Mark Laney, MD, CEO, St. Joseph, Mo.-based Mosaic Life Care**, a regional health system with one hospital and 60 facilities serving 23 counties in northwest Missouri, northeast Kansas and southeast Nebraska <https://www.mymosaiclifecare.org/Main/About-Mosaic-Life-Care/>

“Our entire Life Care initiative is built around that. The way I describe it to our CIO Brennan Lehman is, ‘Turn the screen toward the patient.’ We’ve spent the past 20 years building EMRs, revenue cycle and other IT systems, all of which had the computer screen facing providers or

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**Mark Laney, MD, CEO,
Mosaic Life Care**



healthcare workers. Now it’s time to turn that screen toward patients, who need IT usability as much as we do. Otherwise there’s absolutely no way we’re going to engage patients, change behavior and move from an illness model to a wellness model.”

IT offers the best opportunity to achieve that change, he says, so he advocates a radical shift to redesigning IT to empower patients. Healthcare has traditionally relied on an acute-illness model that treats patients only when they’re sick, a poor strategy to move from fee-for-service to value, illness to health. “You need a continuous conversation between provider



and patient. Technology is an ideal way to build a digital, virtual relationship that’s both effective and economical,” says Laney.

“We have an extremely flawed model of population health today,” he says, largely because the current ACO model fails to provide adequate financial resources for infrastructure. While Mosaic has been successful to date, “we’ve learned some critical lessons, including that we must rely much greater on IT rather than care managers, who are expensive and not financially sustainable. We’re starting a journey to what we call Population Health 2.0, which puts much greater emphasis on physicians and IT without throwing bodies at the problem.”

Less satisfying

A leading internist at Mosaic conducted a self-study that found he spent 37 percent of his time looking at the screen, notes Laney. “And we wonder why half of doctors are suffering burnout.” A recent Medscape report found the physician title with the highest job-satisfaction rating was Psychiatry & Mental Health with ‘only’ 42 percent suffering burnout, with the highest burnout rates being Emergency Medicine (59 percent), Ob/Gyn (56 percent) and Family Medicine (55 percent).

<http://www.medscape.com/features/slideshow/lifestyle/2017/overview#page=2>

“That means IT must dramatically improve,” he says. “Today when you arrive at a doctor’s office a medical assistant spends 15 minutes clicking on the EHR. Why can’t the computer listen to the dialogue and automatically create the record for you? Notwithstanding physician shortage and burnout, there are times people need face-to-face conversations without a device between them. We need to develop the practical and social aspects of IT in order to engage physicians and patients—not necessarily new bells and whistles. Analytics, the other significant IT tool for population health, will identify who we need to stay in contact with most frequently.”

Mosaic does not have its own insurance plan, but does have a Medicare Shared Savings Program, an ACO and risk contracts with commercial payers. “We’ve redesigned ourselves around a ‘life care’ model, a health model versus an acute-illness model and are moving incrementally from fee-for-service to a greater value proposition. We hear at hospital associate meetings: ‘You’ve got to move toward the premium,’” he says. However, building a new model of care and

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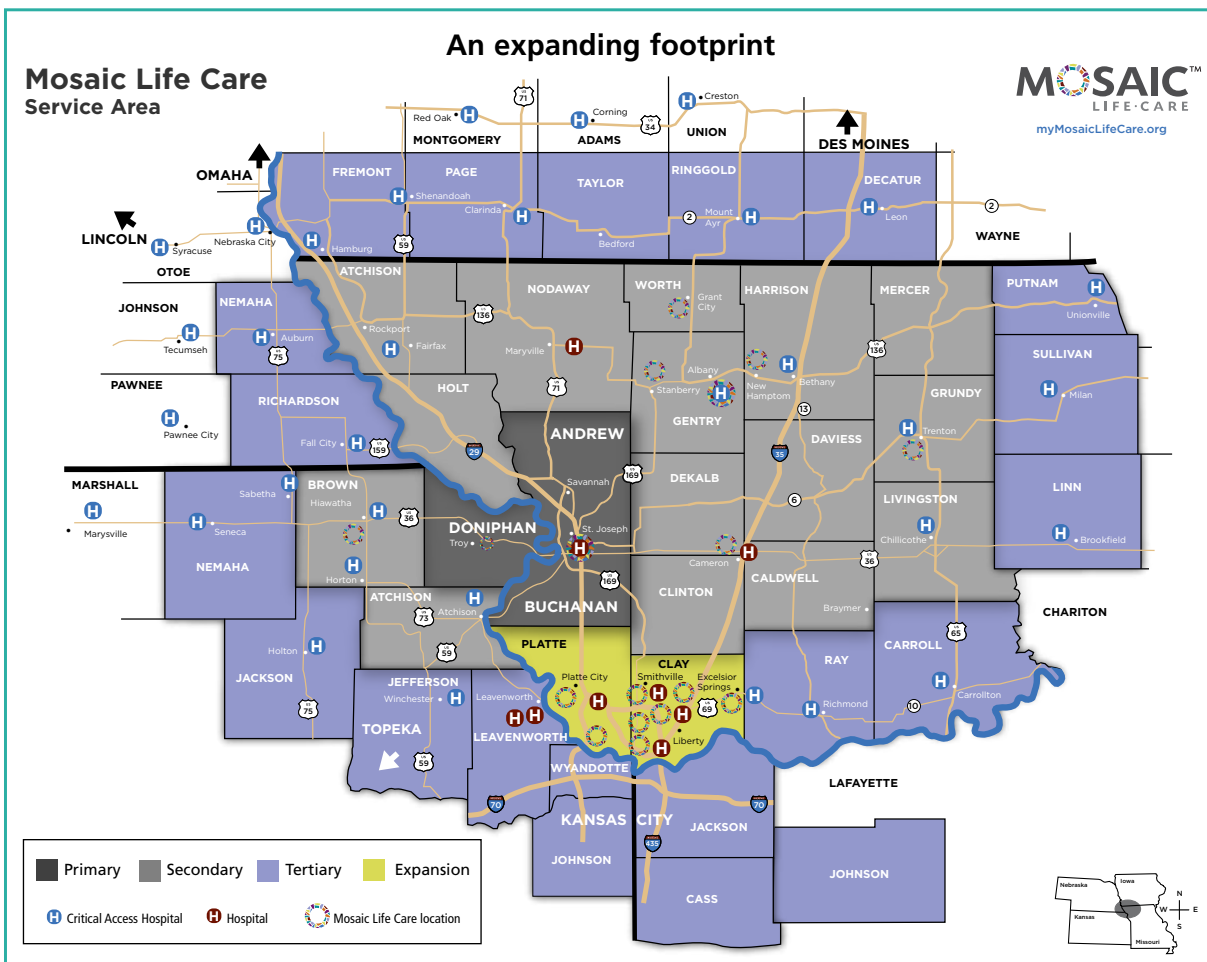
finance is a bit more complicated, involving many, many components including:

- > physician engagement—reduce variability and adopt best practices;
- > become more adept at how we staff with the changes in reimbursement;
- > how we handle hand-offs from hospital to skilled nursing facilities to home;
- > how we coordinate all of that;
- > patient and consumer engagement—how we interact with patients when they're not ill.

Fleshing out the record

Mosaic's robust patient portal enables patients to email physicians or advanced practice nurses, avoiding telephone tag. They can log into their EHR to check lab results or enter in their own words their goals for a doctor's visit, which becomes part of the permanent record. "Ultimately we'd like to flesh out the record with information on pathways, mental health and social environment," Laney says.

Everything goes back to the Life Care model, whose genesis was the Malcolm Baldrige National Quality Award, which Mosaic won in 2009 <https://www.mymosaiclifecare.org/Main/About-Mosaic-Life-Care/Awards-and-Recognition/Malcolm-Baldrige-Award/>. A year later Laney took the executive team literally to the top of a mountain to brainstorm about where healthcare was headed and what the organization needed to get there in terms of clinical, operational and financial strategy. As the team worked its way backward from their desired end result they developed a flight path for a new identity called Mosaic Life Care. Initially a response to a legal need to change its name from Heartland Health when it entered the Kansas City market, the new name turned out to be a blessing. "It allowed us to rebrand ourselves around a new product, Life Care, and that's what differentiates us in the market as an organization that thinks differently," says Laney.





“When you’re in a highly innovative mode some things work and some don’t. You dust yourself off and consider what happened. We’ve been on both sides of the equation—much more positive than negative—but we’ve not succeeded at everything.”

Frequent fliers

On the positive side, for example, relative to population health, he says, “We’ve integrated in an amazing way the quality indicators necessary for CMS and high-quality scores into the EHR. They’re flagged so you don’t miss not ordering that

“It’s time to turn the computer screen toward the patient.”

hemoglobin A1c or that diabetic eye exam. These things pop up literally in front of you, a number in the top right of the screen. If

you’re in the top 5 percent of spend because you have complex medical needs, we know your frequent flier number, which tells us to be especially careful about coordinated care and follow-up.”

In 2015 Mosaic’s Medicare Shared Savings program ranked number two in quality; last year the health system’s quality improved and ranked number 32 because other organizations also really improved. “Our third-year quality score is up yet again. We’ve done really well leveraging IT to hardwire quality into the EHR—and not rely on analysts in the back office—and push population health out to nurses, physicians and other caregivers. So they know at their fingertips who needs additional support,” says Laney.

“We haven’t been as successful thus far at gathering information from patients and consumers about other things that affect their health. You go to your doctor and get vital signs but there are other signs that don’t have to do with blood pressure or temperature that have a major impact on your health. I call those Life Care signs. In a regular office visit caregivers and patients don’t have time to deal with these factors because they’re

addressing an acute need. That aspect of life care is best done when you’re on the couch in your jammies, in a rested and comfortable mode. We need to re-examine the pillars of life—socioeconomic, faith, friendship, finances, work—that shape an individual’s well-being,” he says.

“While it may not be our role to intervene, we certainly have relationships with individuals and organizations in the community who can. How can we help you connect with the right person? We sat down with psychologists, health coaches, financial advisors, reviewed with them our Life Care model and vetted their skills and experience, educating them so they understand we’re there to enrich people’s lives. Then we asked them if they’d like to collaborate as trusted advisors to whom we could refer our patients. It’s not a matter of ‘Deal with it yourself’ anymore,” says Laney.

Community Connect <https://www.mymosaiclifecare.org/General/community-connect/> is Mosaic’s process to enlist non-profit community organizations to implement innovative programs that address one or more of the three primary health needs: One, social determinants that affect access to health care; Two, obesity prevention; and Three, mental health.

More than your problem list

“We’re not there yet,” he says in reference to achieving an adequate social and demographic data set on a patient. “That kind of information is not something everyone wants to share. This is an additional benefit of being in our health system: We know more about you than your problem list, which rarely tells you everything you need to know about your health.”

The University of Oregon,” Laney says, “has done a great job screening things that go on in your life. We should be able to look at those screens based on the score in the privacy of your own home and say, ‘Here





are some recommended resources for you that might add value to your well-being.’ That doesn’t require a physician or a care manager to intervene. That could be done automatically through technology. That’s cost-effective.”

For Laney, Life Care is less an explicable model than an experience that keeps evolving. “It’s definitely a journey. My experience has been that the best way to understand the Life Care model is to experience the Life Care model. We’ve learned that it doesn’t lend itself to a 30-second commercial. It begins when you come in our door and start exploring



Patient-friendly architecture is a signature of the Life Care model.

a multi-faceted story. For example, we’ve changed the architecture of our buildings, designing new facilities without waiting rooms because we don’t want people to read an old magazine. Even our furniture is designed differently. We don’t have receptionists behind glass walls as if we’re afraid we’re going to get TB. Rock features, cedar wood and soft music provide a more natural, relaxed setting for greeting visitors. We’ve also made our billing more patient-friendly,” he says.

While there’s a lot written about the patient experience, Laney asserts that much of it amounts to cynical marketing. “At

Mosaic we believe patient and consumer experience is really about engaging the patient and family. When we become part of the family, we transform from being a traditional provider in an isolated, acute-illness encounter to being a trusted adviser over time.”

Digital model with patient at the center

It’s impossible to define a model’s every detail when the patient and patient experience constitute the model. However, because this new model is heavily dependent on the digital world, an organization like Scottsdale Institute—which focuses on collaboration and sharing of best practices in healthcare



IT—can play an important facilitator role in health systems’ transition to it. “The source of truth—the glue that holds it all together—is the digital record. It accurately reflects who that person is and the more holistic it is the better job we can do in caring for them,” he says.

For example, digital mobile technology will play a significant role because it will allow health systems to do continuous home monitoring which has not previously been possible in a comprehensive way. “My father was born at home and a few years ago passed away at home,” says Laney, who recounts a recent AHA meeting the question was raised: “How do we redefine the blue





H sign that points to a hospital as you drive down the highway?’ I suggested that in the future it will stand for home.”



Does the traditional blue H sign now stand for home?

We’ve just begun what promises to be a mass migration. “As technology advances, we’ve moved from the hospital to the outpatient

world,” he says. “The next generation will be the move from outpatient to the home. How do you get there? Technology gets you there. Would you really want to be in the hospital or at home in your own bed? We can do all of that at home for less than \$500 a day, but in a hospital it’s a minimum of \$2,000 a day. Technology will allow us to deliver more and more care at home. Let’s turn the screen toward the patient and move toward home.”

Conclusion

Stay tuned for the third part of our three-part series “New Business Models: Operationalizing Strategy & IT Requirements,” which features an interview with Michael Pfeffer, MD, CIO, UCLA Health.

RELATED RESOURCES

Mosaic Life Care is a member of the Mayo Clinic Care Network, which offers Mayo Clinic’s expertise to its physicians and providers through eConsults and AskMayoExpert with the goal of keeping patients close to home: <https://www.mymosaiclifecare.org/General/Mayo-Clinic-Care-Network/>

Check out these 2017 SI Teleconferences on Digital Healthcare and New Business Models at <https://scottsdaleinstitute.org/teleconferences/2017.asp>

June 20: NYP Launches On-Demand Digital Health Services

June 1: Behavioral Health Integration and the EMR at Partners HealthCare

May 23: Journey to NextGen ACO at KentuckyOne

May 17: Leveraging the EHR with CDS to Prepare for Value-based Care at Cedars-Sinai

May 11: Achieving the Triple Aim in Critical Care Using Advanced IT and Business Strategy at Emory

For an interesting snapshot of how CIOs view digital technology, including mobile technology, in designing new business and clinical models, check out the CHIME survey report “The Healthcare CIO perspective on supporting clinical workflows.” <http://mailchi.mp/mail/survey-report-cios-on-supporting-clinical-workflows?e=037c17a009>



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