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Transitioning to Population Health: Scaling Change and Innovations

Jennifer H. Brady, MD, and Marque D. Macon, FACHE

Atrium Health began transitioning to value-based population health in 2016 with the launch of a physician-led clinically integrated network. A subsidiary of Atrium Health, Collaborative Physician Alliance is the engine that drives providers to collaborate and deliver evidence-based care, which is reducing costs of care and improving quality.

Today, that network includes more than 2,700 specialty and primary care physicians across 19 counties in North Carolina and South Carolina. About one-third are affiliated, and the rest are employed by Atrium Health.

Like many clinically integrated networks and accountable care organizations, Collaborative Physician Alliance began its transition by managing Atrium Health's employee population. The alliance has since grown to manage over 331,000 covered lives in value-based contracts that include the Medicare Shared Savings Program, and sizeable commercial and Medicare Advantage populations.

Since its inception, Collaborative Physician Alliance achieved almost $190 million in total savings. In addition to reducing cost, the organization has been focused on improving quality and health outcomes. The alliance earned over $33 million in pay for performance in the past two years with notable accomplishments, including a perfect Merit-Based Incentive Payment System score from the Centers for Medicare & Medicaid Services. To attain such success, Atrium Health built a cross-functional infrastructure to support thousands of physicians across diverse geography in a collaborative improvement effort.

To develop and grow the clinically integrated network, three steps in particular were critical: creating the vision, building the infrastructure and leveraging the right resources.

Creating the Vision

When Collaborative Physician Alliance launched, most of the physicians lived in a 100% fee-for-service world. The concept of managing medical

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LEADING WELL

Leading With Compassion During Times of Crisis

Anthony J. Mazzarelli, MD, JD, and Christine C. Winn, FACHE

Many people think leaders are the smartest, strongest, most charismatic and dominant personalities in organizations. However, science actually points us in a very different direction as to a leader's key attributes. Research indicates that those who focus on others rise to the top and find professional success. Even leaders who treat other leaders well, not just their teams, do better. Caring for others seems to be a key to success across industries.

In healthcare, however, compassion is particularly powerful. More than 1,000 research abstracts and 500 journal articles suggest there are 22 mechanisms, at a minimum, that demonstrate how focusing on others improves outcomes, reduces costs, and helps caregivers and leaders themselves. These data were the foundation for an emerging field called "compassionomics," or compassion science, which studies the effects compassion has on health, healthcare and healthcare providers.

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Factors Affecting Burnout Among Healthcare Leaders

As healthcare leaders strive to create resilient organizations, one of the key elements they are addressing is employee burnout. Burnout is a concern at all organizational levels, including among those who lead. Healthcare leaders set the direction, standards and tone for their teams. Having leadership teams well-positioned to cope with the challenges that come to them is critical to organizational success.

In June 2021, ACHE collaborated with Thom A. Mayer, MD, FACHE, founder, BestPractices, medical director, NFL Players Association, and executive vice president, Leadership, LogixHealth, Bedford, Mass., and Stanford University researchers Tait Shanafelt, MD, and Mickey Trockel, MD, PhD, to examine burnout and other stress-related symptoms among healthcare administrators. A survey was sent to 5,670 ACHE members holding positions of department head/director and above in healthcare provider organizations. Of those, 1,269 responded, resulting in a 22% response rate among eligible respondents who received the survey.

The survey results indicated that one-third of healthcare leaders in the study had burnout scores in the high range. The survey also measured various aspects of leaders' feelings about their work lives and health habits, with some interesting findings. (See "CEO Survey" and "Executive Survey" in the July/August and September/October 2022 issues of *Healthcare Executive*, respectively, for additional findings from this survey related to challenges in addressing job stress for leaders and leaders with high-range burnout scores.) Overall, respondents were largely satisfied with their careers, with 88.1% agreeing (39.6%) or strongly agreeing (48.5%) with the statement "I like my job." Similarly, 86.8% agreed (42.8%) or strongly agreed (44.0%) that they would "recommend a career in healthcare leadership as a good field for young people."

The degree to which leaders responding to the study felt professionally fulfilled was assessed using the Stanford Professional Fulfillment Index, which includes evaluation of meaning in work, sense of control when dealing with problems at work, feeling happy or worthwhile at work, and contributing professionally in the ways an individual values most. Healthcare leaders scored comparatively higher in this dimension than did physicians in earlier studies; 57% of leaders in this study had professional fulfillment scores in the high range.

Two individual factors were found to be strongly associated with higher burnout scores and less favorable professional fulfillment scores among healthcare leaders in the study after adjusting for differences in age, gender, relationship status, parental status, hours worked and position. The first was sleep-related impairment. Those respondents reporting evidence of poor sleep were more likely to have higher burnout scores and lower professional fulfillment scores. The second was self-valuation, a measure that looks at two things: a tendency to respond to personal imperfections with the desire to learn and improve rather than with self-disparagement, and appropriate prioritization of self-care and personal well-being. Higher burnout scores and lower professional fulfillment scores were found among leaders with lower self-valuation scores. The study results suggest that these areas merit attention as leaders consider their approaches to their work lives and organizations develop ways to address and reduce leader burnout.

A more extensive presentation of the study methods and results can be found in the September/October issue of the *Journal of Healthcare Management*.

ACHE thanks the healthcare leaders who responded to this survey for their time, consideration, and service to their profession and to healthcare leadership research.

From CNO to CEO

Audrey Gregory, PhD, RN, is president and CEO for AdventHealth's Central Florida Division—North Region, Orlando, Fla., and an ACHE Member. Prior to assuming her current role in October 2021, Gregory was the group CEO for Detroit Medical Center. Previously, she held various senior leadership roles with Tenet Health, where she worked for over 17 years, including CNO, COO and CEO.

Gregory earned her doctorate in global leadership from Lynn University, Boca Raton, Fla. She also earned master's degrees in nursing and in healthcare administration from Georgia Southern University Armstrong Campus, Savannah, Ga., where she also earned a bachelor's degree.

In 2022, she was recognized by *Modern Healthcare* as one of the nation's "Top 25 Women Leaders" and in 2020 as one of the country's "Top 25 Minority Leaders in Healthcare." Gregory served on the Michigan Health & Hospital Association's board of trustees and was appointed by Michigan Gov. Gretchen Whitmer to the Michigan Coronavirus Task Force on Racial Disparities.

You have held various C-suite roles in your career. Have you found there to be overlap in competencies needed as a CEO versus a CNO, for example? Although the scope and scale may differ, there is some overlap in competencies related to the CEO and CNO roles. Both require basic healthcare leadership competencies around budget planning, resource allocation, capital allocation and management, and the management of human capital. There are also overlapping competencies related to delegation, leadership, time management, and the ability to influence and drive results.

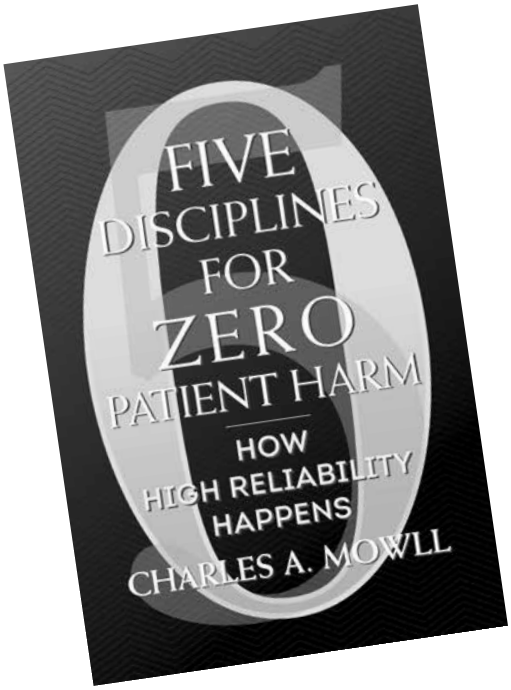
What competencies have you had to develop or improve upon as a CEO? Having grown into my role with experience drawn from so many other positions, I am still developing the competency of ensuring that I am only doing things that are required of the CEO. I am often tempted to solve an issue that does not need to be solved by the chief executive. Mastering this competency impacts how I manage my time and ensures I have the energy (mental and otherwise) and focus needed to do the things that only the CEO can do.

What accomplishments from your career are you most proud of? I am most proud of the Tennessee Hospital Association Diversity Award that I received in 2017. In many ways, the award speaks to the work that has been accomplished but also highlights the work that remains to be done to ensure that the healthcare environment is safe and inclusive. I am also proud of the professional growth of the young professionals whom I have mentored and sponsored along the way.

What advice do you have for leaders who are transitioning from one C-suite role to another? I would first advise leaders to apply grace in how they view themselves as they transition to another role. Each C-suite role is unique, although there may be overlapping competencies; therefore, allow yourself grace and time as you settle into your new role, build new competencies or scale current strengths. Also allow grace for the new person who has transitioned into your previous role. Share information with the new person as he or she settles into the position. Recognize that it takes the entire team to be successful, and take the time to lean into the new learnings of your role. Do not make assumptions based on your previous role. Instead, look around yourself with fresh eyes as you take on the new role, even if you are within the same organization.

How has ACHE helped you prepare for being a senior healthcare leader? Formally, I have gained knowledge from ACHE offerings at conferences and workshops, and from articles I've read over the years. Informally, ACHE has provided me with a network of incredible professionals who have become friends and colleagues.

RECOMMENDED READING



Five Disciplines for Zero Patient Harm

Safe care for every patient, in every setting, every time, is an achievable goal. Aiming for improvement is a good start, but the ultimate patient safety goal is zero patient harm.

Five Disciplines for Zero Patient Harm: How High Reliability Happens offers real-world guidance for driving change that consistently achieves safe patient care. Drawing on best practices from high-hazard industries, author Charles A. Mowll, LFACHE, details the safety habits and disciplines ingrained in these organizations' cultures. When applied to healthcare organizations, the five key disciplines of performance excellence presented here can save lives and protect patients from harm.

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ACHE Management

TREND TRACKER

Health executives see cyberattacks, the supply chain and tax policy as top business risks, according to PwC's second pulse survey of 2022. From Aug. 1–5, PwC surveyed 722 U.S. executives from public and private companies in six sectors including health industries, which represents 7% of those surveyed. Forty-three percent of health industry executives cite cyberattacks as a serious risk to their organization, compared with 40% of respondents overall. Due to the rising threat of data breaches, ransomware attacks and leaking of sensitive data, companies are increasingly using technology in real-time detection and defense.

Almost one-quarter of health industry executives say they are already seeing benefits from using artificial intelligence in internet defense.

Health executives also rank supply chain disruptions and tax policy as more serious business risks than other sector leaders, with 41% citing these risks compared with 34% and 28% of other respondents, respectively. Rising production costs (37%) and talent acquisition and retention (31%) rounded out the top five most serious business risks for health industries.

Looking ahead to the next 12 months, health sector leaders are increasing their investments in IT (59%), digital transformation (57%), and cybersecurity and privacy (57%) to become more consumer-centric. Health sector respondents are also more likely to say that they are increasing investments in R&D and innovation in the next 12 months (51% vs. 40% overall).
pwc.com

When it comes to healthcare staffing shortages, it isn't just front-line workers who are leaving the field. Already this year, more than 70 hospital CEOs left their roles, a 20% increase from the same period last year,

according to a recent report from global outplacement and business and executive coaching firm Challenger, Gray & Christmas. In its latest CEO report, published in August 2022, the firm found that the overall number of chief executive changes at U.S. companies was down to 58 in July 2022, a 45% decrease from the 106 departures recorded in June 2022. The number of CEO changes in July is the lowest monthly total since April 2020. So far this year, 832 CEOs have left their positions, the highest January–July total since 2019. This year's number of chief executive exits is up 8% from the 770 changes announced through July of last year.

Looking at individual sectors, the report found that government and nonprofit entities lead all industries in CEO turnover with 187 so far this year, followed by technology companies with 87 departures for the year, and hospitals in third place with more than 70 CEO exits this year.

The top three reasons given for CEO changes so far this year are "stepping down," retirement and no reason given.
challengergray.com

Leading With Compassion During Times of Crisis (continued from Page 1)

The landmark Harvard Study of Adult Development, which started in 1938, is the longest-running scientific study ever conducted, lasting more than 80 years and tracking the health of over 250 Harvard University sophomores. The purpose of the study was to determine key factors related to good health and happiness.

One conclusion of the research: Good relationships keep us happier and healthier—and loneliness kills. Longevity had less to do with clinical measures, such as cholesterol or blood pressure, and more to do with satisfying relationships in participants' lives. Other studies confirm that physicians who are more compassionate improve outcomes in cancer care, preoperative management, diabetic medication adherence and even with the common cold.

A 2004 *Wall Street Journal* survey reinforces the importance of compassion in care. In the survey, 87% of Americans said that a physician's kind treatment is more important than other key considerations, including wait times, distance and cost. It is no wonder that compassionate care is associated with better HCAHPS ratings by patients.

Hospitals with excellent patient experience ratings had a mean return on assets invested of 5.6% compared with 3.4% for hospitals with low patient experience, even after confounders such as socioeconomics were adjusted. Additionally, the net margin between "excellent" and "moderate" hospitals was 2.6%, and regression analyses suggested that patient experience accounted for 60% of the margin difference after accounting for all other factors.

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expense risk for a patient population was foreign to many of them.

The alliance helped providers envision a pathway to risk-based payment and away from fee for service by educating them on how value-based care works and how to move toward it. This education helped network providers to realize the vision of the alliance and to be proactive and invest in value even before acquiring a critical mass of value-based contracts, ensuring its preparedness as market dynamics changed.

Building the Infrastructure

Due to Atrium Health's large size and scale, the health system required sophisticated solutions to help evolve its value strategy. To do this successfully, the alliance created a methodical plan for building the infrastructure and prioritizing tasks and initiatives. Additionally, the health system leveraged various tools, technology and programs to enable providers across different locations and settings.

Obtaining needed analytics. By participating in the MSSP and entering risk-based contracts with health plans and employers, Atrium Health has access to claims and clinical data. The health system needed a population health platform that could translate rich data into actionable information. Applied analytics allows the system to assess its performance, down to the practice and provider level.

While providers have grown accustomed to seeing their quality metrics, until recently, they were not privy to cost and utilization metrics. The technology platform the system now has in place provides various scorecards, dashboards and actionable reports. For instance, Atrium Health can see how well each practice is performing on key metrics, such as total cost of care, pharmacy expenses, and ED and inpatient utilization.

Getting actionable data into the hands of providers. Although useful to network leaders, the population health platform data was too high-level to be useful to front-line physicians and teammates. They required data they could use to identify care gaps and improve patient care.

This led to Atrium Health building a clinical decision-support tool called the "care team-enablement hub." The tool provides a 360-degree view of each patient based on comprehensive claims information. When providers click on a patient's name, they see the patient's diagnoses, providers seen, medications filled and any existing care gaps.

The tool also identifies patients in a physician's practice who are high-risk due to their health conditions or if they are high users of inpatient and ED care. This helps providers pinpoint patients who would be a good fit for care management interventions, and it alerts front-line staff to patients who are due for mammograms, annual wellness visits or other needed care so the practices can follow up with them.

At a network level, Atrium Health uses the care team-enablement tool to inform and drive its care gap campaigns. During the worst months of the COVID-19 pandemic, many of

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Maybe most important for today, and contrary to conventional wisdom, is the finding that physicians who provide more compassionate care are less likely to experience burnout. With the pandemic increasing physician and nurse burnout—which one study suggests costs our healthcare system $4.6 billion—this inverse relationship is significant. Traditional medical training advises providers to avoid getting too close to patients to prevent burnout. However, the science clearly demonstrates practicing compassion in healthcare will reduce burnout.

Leadership, Compassion and Crisis

In 2020, McKinsey & Company researchers proposed four key qualities that are paramount for successful crisis leadership: awareness, empathy, vulnerability and compassion. Leaders excel when they are aware of what is going on around them, when they are empathetic and understanding of their teams' feelings, when they exhibit vulnerability, and when they act with purpose to confirm they genuinely care about their team. The COVID-19 crisis tested compassionate leadership in each of these key aspects.

The pandemic confirmed the truth of the Stockdale Paradox, which states one must never confuse faith that you will prevail in the end with the discipline to confront the most brutal facts of your current reality. The paradox was articulated by Admiral James Stockdale, who was one of the most decorated officers in the U.S. Navy. As a prisoner in the Vietnam War, Stockdale found those who confronted their brutal reality, yet kept their faith in prevailing, survived more than those who were overly optimistic or pessimistic.

The early days of the pandemic were scary. At Cooper University Healthcare, Camden, N.J., leaders communicated with honesty, hope and compassion. Executives communicated directly to their teams about challenges and uncertainties, while at the same time offering actions the system would take to prevail under the circumstances.

Focus on Compassion

The raging pandemic in New Jersey required new ways of demonstrating a supportive, compassionate work environment for clinical teams. Health system leaders incorporated tactics outlined in a 2020 *JAMA* article, "Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic." In the article, Stanford University researcher Tait Shanafelt, MD, and co-authors summarize targeted approaches to addressing the concerns of healthcare professionals:

- ***Care***. Health consultations were available if team members were exposed to the virus. They also received pay during quarantine periods due to exposure.

- ***Support***. A behavioral health resilience team worked directly with clinical units. When possible, the system accommodated staff with remote work options and solutions for child care and schooling.

- ***Hear***. Leaders conducted continuous rounding with purpose in all areas and on all shifts. The health system had modified celebrations, and executives wrote thank-you notes to all employees, all of whom were also paid COVID-19 bonuses.

- ***Protect***. Cooper University Health obtained PPE for team members, tested new types of masks on-site to ensure proper fit, and established COVID-19 test and vaccination centers.

- ***Prepare***. Health system leaders shared frank communications multiple times a day as conditions changed. The system also provided winter clothing to patient testing teams who worked outside in inclement weather.

These actions conveyed that the leaders cared about their team members as individuals. This compassion in action was deliberate and purposeful, and it worked. Despite the pandemic, Cooper University Health has strong engagement scores, and *Forbes* recognized the organization two years running as a "Best Employer."

In today's environment, the workforce must feel valued. Creating a culture of compassion demands robust effort by leaders, but the benefits are vast.

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the health system's patients canceled or delayed nonemergent care. To address this, the system held network-wide events in 2020 called "value metric sprints." For each sprint, Atrium Health focused on a particular care gap such as A1C checks for patients with Type 2 diabetes. Collaborative Physician Alliance staff would work with physician practices to contact patients to obtain needed care or launch centralized efforts. Using the term "sprints" created a sense of urgency and helped to motivate network members to mobilize and address these care gaps.

Atrium Health continues to hold these sprints. For instance, if the system sees its practices are falling behind on annual wellness exams, it holds a sprint to help improve those care gaps. It also adopted the term "value metric marathon" to emphasize the concept that addressing care gaps is a long-distance, continuous activity.

Documenting and coding. Another priority for the health system has been improving the accuracy of documentation and coding. Collaborative Physician Alliance staff educate and support Atrium Health's practices to ensure they are adequately documenting and coding the complexity of a patient's true clinical condition. This effort is critical for payers to set adequate medical cost targets and support predictive analytics. To accomplish this, the system has adopted clinical decision-support technology, added an ambulatory clinical documentation integrity program and implemented a "Never Miss" educational program.

Leveraging the Right Resources

Collaborative Physician Alliance has also played a critical role in finding the right resources. This involves understanding when the alliance can leverage existing functions and teammates across Atrium Health versus when to seek additional resources. For example, the system has been able to call on its care management, quality and call center staff for help, but needed to supplement actuarial support.

One resource-related lesson Atrium Health learned is not to overburden its providers. For instance, when the system first designed the care team-enablement hub, there was an understanding that the individual practices would proactively use it on their own to address care gaps.

However, the health system found that physicians often do not have time to do that. In addition, many of the physician practices do not have dedicated staff to call patients and encourage them to come in for vaccines and other care they might need.

To support the practices, Collaborative Physician Alliance developed the Population Health Engagement Center, a centralized team of patient care advocates who handle targeted patient outreach. For instance, if one of the system's payers sets a goal to increase the number of Medicare beneficiaries obtaining annual wellness visits, patient care advocates will contact Medicare patients via phone, text or through the patient portal to remind them they are due for a wellness visit and to then schedule the visit with their physician.

Atrium Health helps patients to see their provider, and then leaves it up to the practice or the care team to address care gaps and connect the patient to needed resources. Ultimately, Atrium Health wants providers to focus on their relationships with patients while Collaborative Physician Alliance provides the tools, technology and support the system's providers need to manage their patient panels and, ultimately, improve outcomes and lower costs.

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