The Health Center of the Future

What do Patients Want?

Let me in

Don't waste my time

Care about me more than I do

Figure me out & fix me

Give me the best

Patient Centered MEDICAL HOME

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Let’s take this next hour to live in the Future…

- What are the implications for Community Health in the new Healthcare Landscape?
  - What is the future of Community Health?
  - What is the role of the CHC?
  - The role of the PCA?
  - What areas will see the most progress?

- What will the new patient experience look like and how will the physical building evolve?

- How will operational processes change? IT? Finance? Staffing?

- How will all of these changes affect the C-suite? Both as a collective and in your individual areas?

What are the Possibilities?
Today

We will focus on six key areas as adapted from a presentation shared at NACHC on Community Health Center Leadership

- CIO
- CMO
- CFO
- CHRO
- COO
- CEO
Implications for IT / CIO role

- Convenience factors are a HUGE “pull” by the market for whenever-, wherever-, whatever-Care services.

- More push by patients/consumers for “data liberacion!”  
  (Todd Park, past CTO of the White House)

- Data for supervising and monitoring work quality and time investment by staff.

- The world of technology is QUICKLY changing towards mobile and digital health.
  - Lab
  - Wearables
  - Watson
  - Indispensable Portal
Watson--esque Technologies

What is “machine-learning” and “artificial intelligence” in the context of health and healthcare?

IBM Watson Health has analytics engine API for:
- Written text (e.g., Blogs, Text messages, Twitter, Facebook, etc.)
- Speech and voice
- Video and facial expression
- Cognitive computing

How can we apply these technologies to “multiply” the access and effectiveness of Clinicians (e.g., Psychiatry, Social work, etc.)?

What if the Patient Portal was more interesting, intelligent, interactive?

- Patient Engagement and Patient Satisfaction is no longer a nice-to-have, it's a MUST-HAVE for Quality Metrics
- EMR companies are NOT in the business of UI/UX for Clinicians, so how will they understand the Patient? How much longer must we wait for a truly interactive patient portal?
- How do we collaborate with one another, with innovative companies, and create environments (physical and virtual) where patients want to be?
- What does innovation look like?
Lab Technology

- Do them at home, do them while you shop, ...
  You no longer have to go & wait in a waiting room
  for someone to do your tests (and from our friends
  at PPMM a new app):
  
  - POC and at-home Troponin (Philips MiniCare)
  
  - OMADA Health: A clinically validated model of
    the Diabetes Prevention Program (DPP)

Wearable Technology: Wear’re we going? Are we able to get there?

The Evolution of Wearables
Wearable Technology: Kids activity duration and intensity trackers

RESOURCES:
Center for Digital Game Research
UC Santa Barbara
http://www.cdgr.ucsb.edu/db

Hope Lab
http://www.hopelab.org/innovative-solutions/

Providence Health & Systems:
Pilot in Snohomish County every 5th and 6th grader got a Sqord in challenge to increase their physical activity
Geekwire Sept 23, 2015

Wearable Technology: Adult and Athletes

POWER DOT:
Work out from your phone. 14 muscle groups!

FITBIT:
Wearable Technology: Fertility and Heart Monitors

- **PRIMA TEMP**: Continuous cervical temperature monitor

- **iRHYTHM TECH**: FDA approved, cardiac monitoring up to 14 days

Integration: Universal API: Wearables and Apps into EHR

- Wearables Integration: via a Universal API

- Applications Integration: HIPAA, Secure, Scales, Translate HL7 to JSON, Bi-direction Patient data update EHR

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Collaboration. Communication. Dashboards. (Crowds, oh my!):

- **Cognitive Analysis**: IBM WATSON:
  Population Health technologies and analytics engines; Clinical Trials matching, MSK Oncology, Life Sciences “big data”

From Past Group Exercises

- **6 Areas of Priority for the CIO**
  - Help us become a **technology leader** (for patient care and for staff retention and recruitment)
  - Help us leverage **technology to educate patients** on their care
  - Engage in the **culture shift** – let’s improve patient care overall
  - Increase **teamwork and transparency**
  - Help us **brand** our EMR
  - Help us make **reporting useful**
**Implications for the CMO role**

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**“Intelligent” Decision Support Tools**

- We will continue to make decisions, but there is more and more “intelligence” out there that will help us make decisions.
- No Show predictor software (manually done as part of Coleman Associates DPI™ Program)
- Clinical Decision Support Software

- Advances in Artificial Intelligence for Behavioral Healthcare will allow us to care for patients differently.
  - USC’s SimCoach for training mental health professionals on simulated humans [http://ict.usc.edu/prototypes/simcoach/](http://ict.usc.edu/prototypes/simcoach/)

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Implications for CMO

- The CMO becomes the champion for both the patients and the clinicians changing needs.
- The CMO becomes a key mentor for clinicians as they work through new technologies and apply them.
- As addiction care continues to grow, this area of service will be expanded out with more supportive that then needs to be further integrated into the whole of care delivery.
- CMO will lead the charge on utilizing and ensuring adequate clinical training and sign-offs for non-clinical support staff.

The Expectations of the CMO

- Connect the dots between exceptional patient experience, strong quality of care and a well-utilized staff in an intellectually stimulating work environment.
- Ensure that quality standards are met and staff have appropriate training and protocols to continually support the clinicians.
- Shepherd clinicians through new technologies ... which will continue to come our way.
- Be technologically savvy in order to be a leader in the coming age of medicine.
Chief Clinical Technologist?

- Many providers are not themselves major users of technology, in some cases the organization may bring on board a clinical technologist in order to help clinical staff engage in and understand how to interface with the technology.

- Simple tools, like a FitBit, could be used by physicians, health coaches to help patients improve their health status if we know how to read, interpret and help patients better use their tools.

- The implications for linking clinical – social support are broad if we can use the technology well.

From Past Sessions

- Six key areas of growth and priority for CMOs of the future
  - Lead innovation in the realm of quality of care – as we move from volume to value. Insist we are a quality leader.
  - Help us innovate around population health.
  - Recruit, retain and mentor our providers.
  - Help our providers move into team based care approaches.
  - Engage in program and grants development along with the C-suite.
  - Be a strong MD [DO/NP...] lead and delegate as needed.
Implications for Finance

CFO aka Chief “Futurist” Officer!

The CFO - CMO Connection

- There has historically been a chasm between Finance and Clinical areas.
- The future demands that we reach across this aisle.
- “Both of us have an interest in proving that quality care reduces costs.” (Mark Bogen, CFO at South Nassau Communities Hospital in Oceanside, New and CMO and new MBA Linda Efferen)
- The CMO got her MBA and the CFO became the technical administrative sponsor of the EMR.
- Historically, we perpetuate this problem as clinical staff holds onto the need to provide quality care and finance staff holds onto the need to stay financially viable. The two are not mutually exclusive.
- “In the era of big data and healthcare informatics that shared vision is key.” (David Weldon, 2016 The CFO CMO Connection Article)

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Value-Based Reimbursement?

- Fee for Service to Value-Based Payments in primary care.
- More and more payers are showing a trajectory to increase bonuses for reduced ED visits, clinical compliance, etc.. This is the transition to Value-Based Reimbursement.
- With this leap, comes a need to better quantify improvement ...
  - better data will be needed for collection and hopefully with ICD-10 we will be able to gather more detailed information.
  - Machine learning” from historical clinical and financial data sources;
  - Analytics that identify the patterns and attributes a “risk score” to important data elements identified;
  - Clinical workflow modifications by staff to alleviate the clinical risks to achieve positive patient outcomes, and correlate to the financial gains for hospital and groups.

Implications for Finance

- Changes in reimbursement seem eminent, however, as payment changes the demands on the CFO are changing.
- Cost vs. Efficiency
  - CFO of the future needs to be more than just good at the books/accounting, “bean counting” as clinical staff may see it. The CFO becomes partner to the CEO and connects the dots for:
    - The CMO by blending medical quality and financial viability
    - The CIO and helps them not overspend on the wrong stuff.
    - The COO by setting up systems to deliver services in a coordinated, effective way.
The New CFO

- Informs strategies
- Seeks out and fosters relationships with other organizations
- Participates in fund-raising
- Develops strategic partnerships
- Teaches and connects the dots for clinical staff and boards
- Sees the changing reimbursement terrain as an opportunity to stretch the organization and innovate.

From the NACHC CFO Institute
(Woods and Lidell Group Presentation February 2015)

Evolution of CFO’s Role

**20th Century**
- Accounting
- Budgeting
- Accurately reporting financial results
- Expense reduction
- Financial analysis
- Audit
- Internal controls
- CFO or "C-F-No?"
- Focus of what happened
- Integrity and accuracy essential

**21st Century**
- CFO at nexus of financial, quality and patient experience goals
- More sophisticated financial tools
- Mergers & acquisitions
- Help CEO and C-Suite colleagues find and assess opportunities
- Strategic and enterprise risk assessment
- CFO firmly in C-Suite
- Focus on how can we impact what might happen
- CFO embodies mission as well as margin
From Past Group Work

- 7 Priorities and areas for growth for the CFO of 2020
  - **Harmonize the executive team**: CFO must work closely and well with COO and CMO
  - **Use data wisely and strategically**: help with data validations, help with business intelligence and decision making, use data to plan and forecast.
  - Help us **measure the value of services**.
  - **Speak to your audience**: simplify the financials, make data understandable and provide financial education for all staff and connect it to their roles in the clinic, be a champion for ROI.
  - Be a **model for new payment methodologies** as well as for interpersonal/leadership skills and Exec Team trust. Be part of the change management process.
  - Be a **champion of growth** help plan and finance growth and help find funds for staffing and technology to keep us up-to-date.
  - **Get out of your office** and gain a better connectedness and understanding of where the data comes from and see the multiple variables with which Operations must manage.

Implications for HR

- **Human Resource(fulness)**: Culture, Collaboration,…
Our Changing Workforce

- Our work force is evolving:
  - Health Care will likely continue to see an influx of workers from the service industry.
  - Younger generations have different skill sets and have different relationships with technology.
  - The next generations of employees are more culturally diverse (and linguistically more diverse).
  - Younger generations have different and greater expectations from their employers.

Implications for Staffing/HR

- Millennials are already the largest share of the work force and will be a larger portion of our staff. They interact with technology as a part of face to face conversation.
  - The workforce of 2020 will have been born born as late as 2002. They were five years old when the iPhone was introduced (2007) (apple.com)
  - Millennial generation is 19 – 35 years old in 2016. The Millennials have a disproportionately large share of immigrants.

- As Millennials become managers, they will need to be thoughtfully incorporated into the older generations of managers and management styles.
  - The oldest GenX-er is 55 and aging out of the workforce based upon the assumption that the prime working ages are 25 – 54... which is itself becoming an outdated concept.
  - Baby Boomers will primarily be retired—in 2020, the youngest baby boomers will be 56 years old. (Report by Pew Research Center May 2015)
Implications for Staff and Provider Retention

- We must create systems that work well
- Workers want work to be **work that is meaningful**
  - “The Power of Small Wins” HBR: Amabile and Kramer
- A key part of managing is combatting burnout among staff and providers – “progress managers”
- Employee Burnout?? – these are people who want to give work for us. However, they struggle to work through the system to get the right thing to happen for patients…
- We require More Nimble and Capable Managers to be “leaders” of staff

Our Patients and Staff will have Broader cultural/linguistic needs

- As our workforce becomes more and more diverse note that the US accepted:
  - 380,000 former Soviet Union Refugees (over decades)
  - 182,000 Vietnamese refugees (late 1980s and 1990s)
  - 169,000 from Yugoslavia - Bosnia refugees (late 1990s)
  - 160,000 Iraqi refugees (late 2000s)
  - 104,000 Burmese refugees (late 2000s)
  - Up to 4.8 Million Palestinian Refugees (over decades) (United Nations Relief and Works Agency)
- This does not include Afghani refugees, Liberia, as well as smaller refugee groups from Africa, Europe and Asia.
- Syrian Refugees???
- These refugees need screenings, healthcare, and ongoing care, many in their native tongue.
- These people are also our future employees.
Linguistically Sensitive Care Will Expand

- In 2009, 20% of the population of the US spoke a language other than English in the home.

- “Language is used as an indicator of cultural assimilation…”
  (page 4 of Ortman report)

- This number is expected to rise given current birth rates and based upon a study using consistent questions (on 3 consecutive census surveys, and using projection models)

- This does NOT take into account international migration.

According to the US Census Bureau projections (2008 presented in 2011 by Jennifer M. Ortman)
Implications for Operational Leaders

- Each activity will consider patients and their time and their service experience as the most important factors.
- Facilities no longer have to be designed for a time when workspace were governed by computers (which were larger in those days).
- Facilities need more technology connections, more transparency, more healing feel.
  - This will have a “pay at the pump” type of evolution to it.
- Operational Management will be handled differently as staff won’t spend as much time in one “station” where they can be easily watched or supervised. COO will have to find different and more appropriate metrics to measure output and effectiveness.

Customer Service is Paramount

- The idea of patients coming to us at various points is an outdated model and will be replaced by us being mobile and coming to the patients.
- Unnecessary visit activities will be handled over the phone and on-line prior to the visit.
- “In the past, healthcare has been a B2B [Business to Business] system,” Martin said. “In the future it is going to be a consumer-focused business. They’ll be able to vote and choose.
- To have a say in the future you have to be willing to disrupt your own business model.”

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Physical Plant Implications

- As hospital rooms change, the general public is being more sensitized to being in spaces that are conducive to comfort, relaxation and healing. This will trickle down to outpatient care.

A More Modern Waiting Room

- Spaces evolve to become more healing, less institutional and more like home.

From One Medical's SoMa office .. “The waiting room feels more like home” than like a place to hang out and wait. (courtesy of ArchPaper.com)
As we start to consider aesthetics more... exam rooms can be

- More Fun
- More like home

On-Line Appointment and Check In Systems

- Book your appointment on line (from Planned Parenthood Mar Monte website)
  
  MAKE YOUR NEXT APPOINTMENT ONLINE

  It's fast and convenient. Book your next appointment online for services such as:
  annual exams, birth control, pregnancy tests, emergency contraception, STD testing,
  and more.

- Check in through a kiosk:
  
  With the Savance Health, you can accomplish both goals:

  Simple Pa
  Upon entering
  Screen Kiosk
  is the goal. T
  patient can b
  screen patient
  will be at a r
  Check
Virtual Visits expand care to the Social Network

- This can include getting input, care, consent, engagement from family members, reviewing patients social situations, etc.

This patron at the DeYoung in San Francisco can share the experience with a homebound companion.

Virtual Visits change Patient Expectations

- Pay at the Pump mentality is causing some patients to want more services with less face-to-face time
The Evolving CEO

CEO as the Rudder and Keel

- As the rudder, the CEO has to provide direction at all times. The directional changes and adjustment must be steady and measured.

- As the keel, the CEO supports and nurtures and keeps the shipping from tipping too far from one side to another through changing conditions.
The CEO’s Vision

- The CEO has to pull it all together and be the bridge between:
  - board,
  - patients,
  - executive team,
  - community resources, and
  - the staff.

- There are many evolving factors that will affect the entire executive team and its configuration.

- Communication to staff and through leadership team members is critical.

What your Peers said…

- 8 Priorities and areas for growth for the CEO of 2020
  - **Manage growth strategically** – don’t push to go after every grant which can create unnecessary locations/resources to manage.
  - Make sure everyone has the **tools** and the **communication** and the **vision** for the upcoming changes.
  - Collaborate and **champion a highly functioning C-suite**: plan long term, plan for successors, build a strong team now, reinforce communication among exec. Team and **board**.
  - Represent calm leadership in our harried work days. **Be the beacon** and speak the vision, be supportive and walk the talk.
  - **Put people in the “right seats on the bus”** in the C-suite so that you can trust advice/input.
  - Develop and grow management and help us **acquire the right talent to grow**.
  - Consider **new partnerships and collaboration**: with the community, health professions training, & other facilities.
  - **Strengthen our financial stability** through growth, diversification and alternative fund raising.
Chief Outreach (Marketing) Officer?

- Changing flow of dollars means increased competition.

- How do you make customers aware of your product and services?
  Chief of: Marketing — Product Awareness — Patient Relationships — Patient Engagement — Social Media Interface

- The key will be differentiating yourself from others so that patients will continue to come back to you … more than just good, quality care, low cost, and convenience.

- Clinics can no longer be defined by their physical structure — new forms of value-added-communication must meet the customer in their current environment which is predominantly electronic (i.e., Email, Social networks, mobile access).
VP of Digital Innovation?

- Sometimes this comes from CMO corner, sometimes IT...
- Either way, someone has to lead the charge to build a technological bridge from where you are to where you want to go...

Chief Population Health Officer

- PCC Community Wellness implemented this role in 2015.
- For them it is staffed by a social worker (for them this role was an outgrowth of the BH integration process). Social justice background bringing health disparities out of a silo and into the care and therefore evolving reimbursement model.
- Key areas of responsibility:
  - Behavioral Health (Mental Health and Substance abuse)
  - Care Coordination Nurses
  - Patient Access : PCMH, portal, state funded programs, empanelment,
  - Community Outreach and Health Education
- Crosswalks with COO (e.g. UDS, HEDIS are woven into operational processes) and CMO (car coordination and responses to clinical outcomes and decision-making)
Other Roles?

- What other new roles do you see on the horizon?

“Change starts when someone sees the next step.”

- William Drayton