



2022

Year in Review



Nashville Health Care Council

FELLOWS

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Lydie Marc, MPH

Senior Director of Fellows
and Content Strategy,
Nashville Health Care Council

LETTER FROM THE DIRECTOR

2022 was a great year for the Fellows! We were thrilled we were able to reinstate the Council Fellows program after a hiatus due to the pandemic. Council leadership took advantage of the program's pause by listening, evaluating the initiative, and considering how we can further drive our industry forward. And we're excited about this new chapter in this top program's evolution!

For the 2022 session and the future of the program, we established an advisory board made up of nationally ranked experts to support our new, cutting-edge curriculum, as well as recruitment and facilitation. Michael Burcham, DHA, served as Council Fellows chair, adding unmatched depth and breadth to the conversations.

The COVID-19 pandemic certainly provided extraordinary experiences, showcasing just how fast health care can change. Innovators across industries came together to fight the virus, there has been a rise in health care transactions, and society has rightfully demanded actions that tackle our communities' health disparities, just to name a few. The Council Fellows class addressed innovation from inside and outside health care, social determinants of health, transactions in the industry, digital health, the new normal post-pandemic, and much more.

The Nashville Health Care Council Fellows is a one-of-a-kind opportunity for health care's brightest leaders that you can't access anywhere else in the U.S. For leaders across the nation, being a Fellow is an unmatched designation. This year, we had an amazing group of leaders come through!

In my years of health care experience, I have always been in awe of the caliber of the Council Fellows program. With the program, classmates are fueled with the energy and inspiration that first attracted them to health care. They gain relationships with an unmatched network of peers, a deep understanding of the challenges facing the U.S. health care system and proven strategies to drive meaningful change.

I am grateful to have had this opportunity to work with these leaders – individuals who see the possibility to move beyond the complexity and challenges of the industry to create meaningful change in their organizations and beyond.

A handwritten signature in black ink, appearing to read 'Lydie Marc', with a stylized flourish at the end.

Lydie Marc





SESSION ONE

Cost of Care

To combat an imperiled health care system with rising costs, we can prioritize individuals, rely on data, overhaul the system, and engage in critical conversations that result in actionable ideas.

The cost of health care dominates political discussions, impacts decisions about insurance coverage, and is a top concern for most Americans. To align around leadership challenges in balancing quality and affordability, distinguished speakers and Fellows engaged in open discussion and generated actionable solutions regarding cost of care.

Our current health system lacks a regulatory framework for systemness, said Paul H. Keckley, Ph.D., Managing Editor of The Keckley Report. It is complex, fragmented, highly regulated, labor-intensive, capital-intensive and B2B-focused. To improve the system, we must consider social services as part of health care, shift focus from B2B to B2C and gather accurate data. We can't be afraid to engage in conversations like the Fellows program, which "stir the pot."

Regarding the Affordable Care Act (ACA), Nancy-Ann Deparle, Managing Partner and Co-Founder, Consonance Capital Partners, and former Deputy Chief of Staff for Policy for the Obama Administration, said the ACA helped improve outcomes and reduce costs

in many ways, but there is still much work to be done. Deparle believes rather than enacting a single-payor system, we should improve on the existing hybridized system to deliver innovation and high-quality care while ensuring affordability.

As for government insurance programs, Representative Jim Cooper, U.S. Congress, Tennessee District 5, said they are in peril – an "accident waiting to happen." The congressman believes the issue is a lack of transparency in accounting. Cooper said Nashville can work to become a true health care capital by prioritizing the health and wellness of individuals.

Regarding Tennessee's state Medicaid program, Stephen Smith, Deputy Commissioner and Director of TennCare, said their mission is to improve lives through high-quality, cost-effective care. If the program cannot control costs, it cuts into other priorities like education and economic development. Smith said we have to stop assuming the other side has ill intent, and we must have humility, which he noted was a key principle of the Council Fellows participants.



"I appreciate so much the presenters sharing stories of leadership (good and bad), especially those stories that were very personal. Willingness to share personal stories is an example of leadership."

U.S. health care spending grew to 9.7% in 2020, reaching \$12,530 per person (much of the impact was due to a 36.0% increase in federal expenditures in response to the COVID-19 pandemic). Health spending accounted for 19.7% of national GDP.

Centers for Medicare & Medicaid Services



SESSION TWO

Health Equity

Working toward health equity means offering health services in addition to human services, exploring root causes, and improving health for everyone.

Health equity means everyone has an opportunity to be as healthy as possible. That may sound simple, but because many factors contribute to a person’s health, it’s not. An affordable place to live matters. So does a safe neighborhood, educational opportunities, enough food to eat, a job that pays a living wage, a life free from discrimination, and access to care. During this session participants explored issues that drive disparities and the work being done to improve health equity.

For a historical view, Quincy J. Byrdsong, EdD, CIP, CCRRP, Vice Provost for Health Affairs, Lipscomb University, recounted policies that have perpetuated health disparities for Black individuals in America, from slavery to redlining. To advance change, we must avoid politicizing health equity and focus on improving health for everyone.

As to whether health care is a right and whose responsibility it is, Michael Edgeworth, MD, Chief Population Health Officer, Octave Bioscience, said the U.S. system denies rather than supports health rights. He believes collecting accurate data, promoting education and innovation, and building partnerships can help us work toward ensuring the right to health care.

Kevin Billups, MD, Professor of Urology & Internal Medicine, Director of Men’s Health,

and Chief Medical Officer MMG Vaccine and Immunization Program, Meharry Medical College, strives to be proactive in preventing chronic diseases like hypertension, diabetes and heart disease in Black male patients. He feels we must design a new system to transform men’s health, offering human services in addition to health services.

As a speaker panel, James E. K. Hildreth, PhD, MD, President and CEO, Meharry Medical College, Consuelo H. Wilkins, MD, MSCI, SVP and Senior Associate Dean for Health Equity and Inclusive Excellence, and Reed V. Tuckson, MD, FACP, Managing Director, Tuckson Health Connections, LLC, discussed how policies feed inequities and what we can do about it. The panel said leaders can be transparent, build trust, explore root causes of behaviors, and recognize individuals’ assets.

To see health equity efforts at work in the community, participants toured The Village at Glencliff with Founder Rev. Ingrid McIntyre and Executive Director Julia Sutherland. When people who are unhoused are “released to home” from the hospital, they have nowhere to land. The Village was created to provide hospital medical respite and temporary housing so individuals are empowered to focus on healing after a hospital stay.



Between 2019-2020, life expectancy decreased by 3.0 years for the Hispanic population (81.8 to 78.8), 2.9 years for the non-Hispanic black population (74.7 to 71.8) and 1.2 years for the non-Hispanic White population (78.8 to 77.6).
Centers for Disease Control and Prevention



“This is not a new issue. This has been going on for centuries. Now that you are in this work, you have an opportunity to do what you can to **change it.**”





SESSION THREE

Health Policy

Developing effective health policy may seem unattainable, as legislators must satisfy countless constituents, but we can make strides by learning from example and testing out innovative ideas.

We've all witnessed the challenges of public health policy over the past couple of years. From mask mandates to vaccines to federal vs. state vs. local decisions, health policy appears to be becoming even more challenging. Participants explored the many complex challenges, issues and opportunities in the health policy space.

Medicare and Medicaid are hotly debated health policy topics. Senator Bill Frist, MD, Chair Emeritus, Council Fellows, Darin Gordon, past Director of TennCare, and Eric Hargan, past Deputy Secretary of HHS discussed Medicare waivers, the unique challenges of dual eligibility, and the private sector's role. The panel said leaders should stay attuned to policy changes to discover opportunities and provide input for their legislators. They also said there is a need to promote price transparency and to better integrate dual eligibility services to wrap programs around the individual.

To test ways to improve health policy, tackle rising health care costs, and provide coverage for the uninsured, Congress established the Centers for Medicare & Medicaid Services (CMS) Innovation Center (CMMI).

Elizabeth Fowler, PhD, JD, Deputy Administrator and Director of CMMI, outlined CMMI's new focus: advancing health equity, driving accountable care and broadening partnerships to achieve health system transformation. To achieve these ends, CMMI is working to collect data for intersectional analysis, increase beneficiaries from underserved communities, address affordability, and include more diverse providers.

We can take health policy lessons from nations with a strong social contract and positive health outcomes like Canada, according to Anthony B. Iton, MD, JD, MPH, Senior Vice President of Healthy Communities. Iton showed disparities were much more severe in cities across the U.S. than in countries that invest more in social services like Canada. To develop more effective policy, Iton believes we can shift from a technocratic to a democratic approach to health, focus on conditions upstream rather than consequences downstream, and invest in social services to reduce the likelihood people need to depend on medical care to survive.

On average, developed countries across the world spend 2 dollars on social services for every dollar spent on medical care. The U.S. spends only 55 cents on social services for every dollar spent on medical care.

Bradley, Elizabeth H. and Taylor, Lauren A. The American Health Care Paradox: Why Spending More is Getting Us Less. Public Affairs. 2015.



“Breakouts were great and engaging.”



SESSION FOUR

Innovation

Innovation can be defined as invention + adoption + diffusion. Focusing on the customer, defining the true need, and building top-level teams can help innovative leaders find success.

In health care, innovation may be a novel idea, product, service, or care pathway that improves the way things are done. Successful innovators ask their customers what they want and innovate based on their findings. They identify the key pain points and work with customers, stakeholders, and experts to solve the issue, develop the strategy for adoption and diffusion, and then deliver it. Such organizations have established a culture of innovation for their employees.

To provide real-world examples of innovation in action, Carina Edwards, Chief Executive Officer of Quil Health, and Caleb Gallifant, Vice President of Integrated Care Delivery for Humana, described how their organizations use technology and innovation to enhance health care delivery. Quil Health strives to improve relationships between seniors and their caregivers by using technology to track vitals, alert caregivers, and call for emergency help, and more. Humana has used disruptive ideas to create an innovative copay-driven plan. Gallifant said innovative organizations put the customer at the center of innovation, understand and define the true need, and

focus on the job to be done rather than the product.

Describing what it takes to be a successful innovator, Todd Park, Co-Founder and Executive Chairman, Devoted Health and former White House Technology Advisor, U.S. Chief Technology Officer and Assistant to President Obama and Chief Technology Officer of HHS, shared his top three life lessons in innovation. Park suggested leaders accurately define the outcomes they are seeking, focus on building the best possible team, and combine technology, knowledge and people to deliver objectives.

To see innovation in action, participants visited the Vanderbilt University School of Medicine's Center for Experiential Learning and Assessment (CELA) for an immersion activity. Participants rotated through simulation exercises using innovation and teamwork to prevent medical errors, include patients in health care decisions, and develop effective and adaptable communication systems.



“Great cross section of leaders and views. Terrific practical advice to implement immediately!”



The AI-associated healthcare market is expected to grow rapidly and reach USD 6.6 billion by 2021 corresponding to a 40% compound annual growth rate.

Bresnick J. Artificial intelligence in healthcare market to see 40% CAGR surge. 2017.



SESSION FIVE

Data and Technology

Technology can help health care organizations leverage enormous volumes of data, converting it into useful and actionable information that delivers valuable insights.

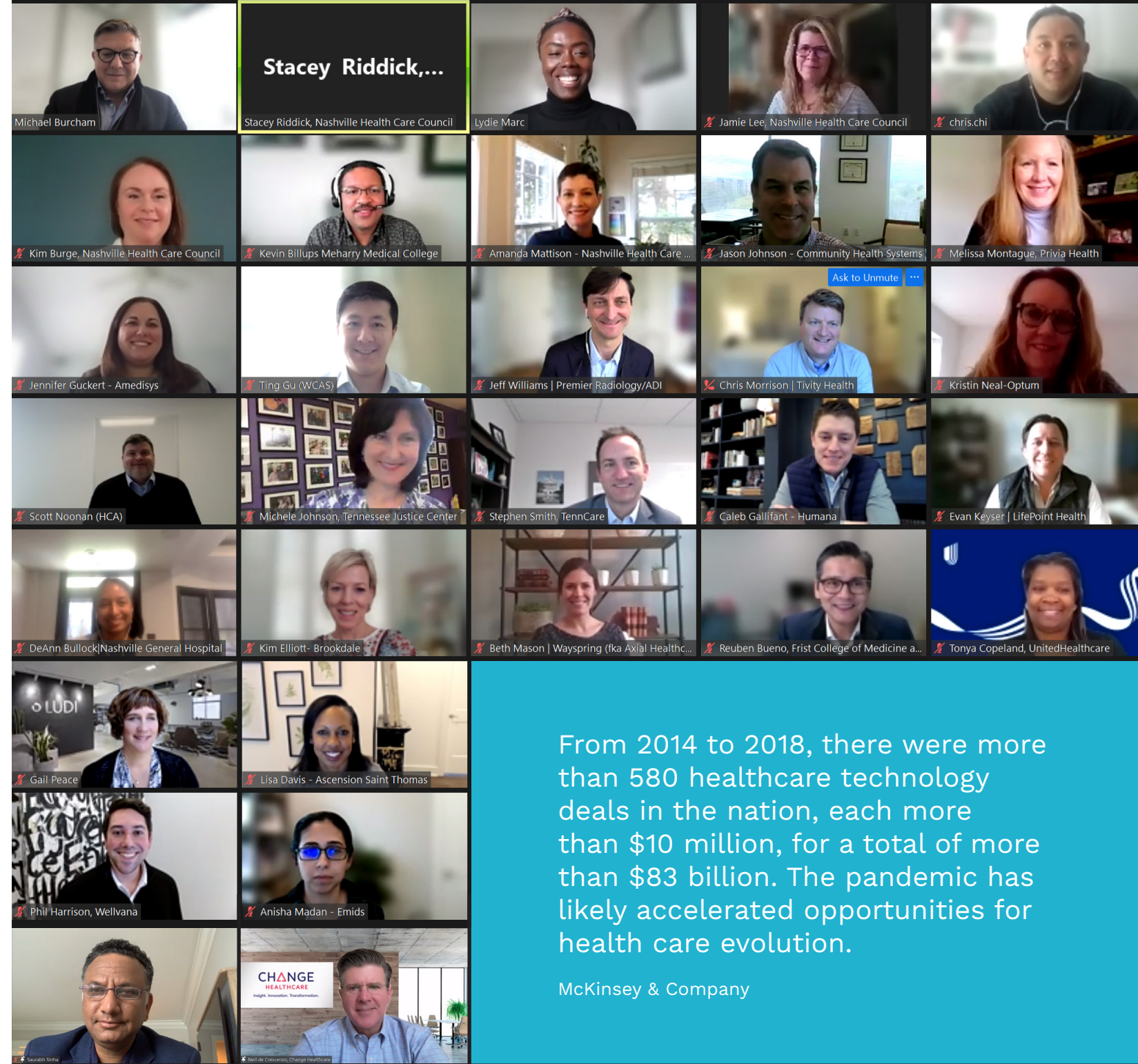
How can we use artificial intelligence to improve health care and humanity? What issues and opportunities exist in using data to improve patient-provider relationships, promote wellness, and achieve health equity? How can we protect ourselves and our nation from cyberthreats as the amount of circulating patient data grows? The data and technology session focused on answering these questions and more.

From recognizing patterns and images through machine vision to helping providers catch critical diagnoses by acting as guardrails, AI technology can “see” what humans may miss, in effect, making health care more human, according to Paul Vernich, Co-Founder of Winnow, and Ray Guzman, Founding CEO of SwitchPoint Ventures. Innovative health leaders can consider the possibilities of using AI to save time, improve provider/patient relationships, eliminate bias, recruit clinicians, reduce costs, improve treatment, ease burnout and enhance workflows.

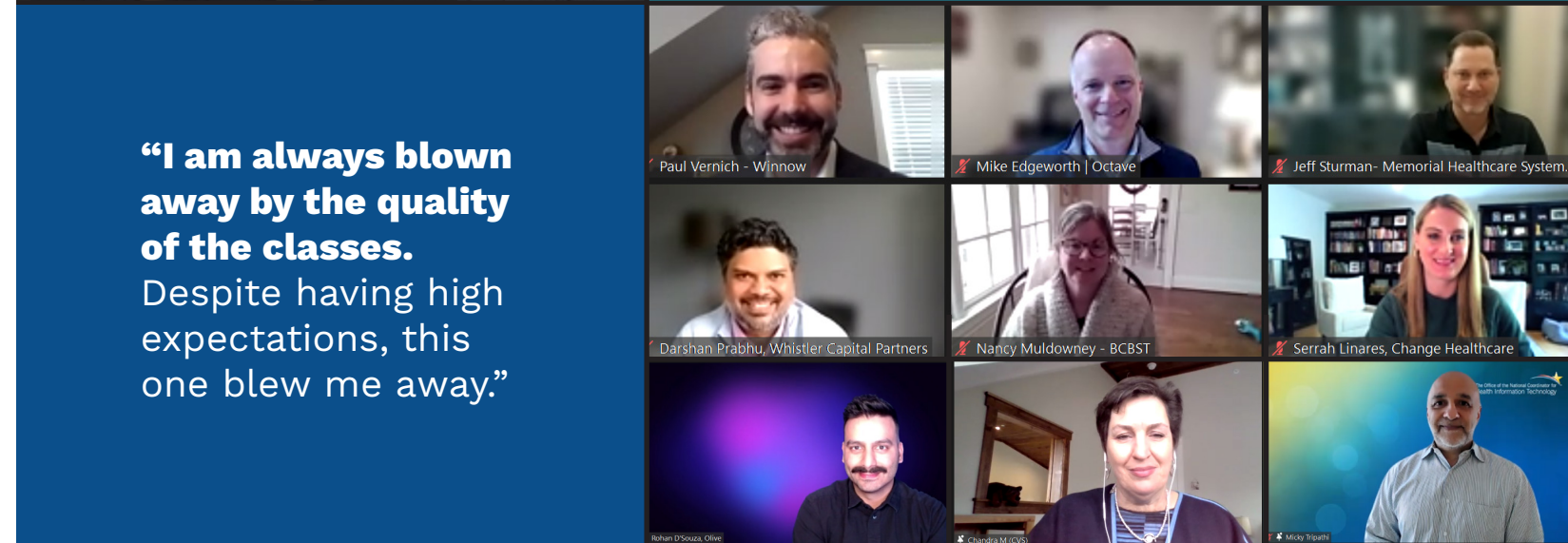
As for data, Micky Tripathi, Ph.D., National Coordinator for Health Information Technology for HHS, Neil de Crescenzo, President and

CEO of Change Healthcare, and Saurabh Sinha, Founder and CEO of Emids, foresee vast possibilities. There is opportunity to develop technology that will help organizations meet the new information-sharing requirements of the 21st Century Cures Act. To be successful, leaders should build an organizational strategy around data, data science and cybersecurity. They can strive to develop a multi-faceted approach to avoiding bias and meeting health equity goals and regulations.

Cybersecurity, according to Chandra McMahon, Sr. Vice President and Chief Information Security Officer of CVS Health, and Rohan D’Souza, Chief Product Officer of Olive, is critical for both large and small organizations. All team members must realize they have a responsibility to participate in cybersecurity. Leaders can prepare for cyber events by holding tabletop exercises around threat modeling, building security into their culture, and running security tests on all technology. They must also stay updated on current cybersecurity threats and be well-prepared to avoid massive disruption to business.



From 2014 to 2018, there were more than 580 healthcare technology deals in the nation, each more than \$10 million, for a total of more than \$83 billion. The pandemic has likely accelerated opportunities for health care evolution.
McKinsey & Company



“I am always blown away by the quality of the classes. Despite having high expectations, this one blew me away.”



SESSION SIX

Understanding Your Market

From Baby Boomers to Screenagers, general differences are one of many variables stakeholders must consider when trying to reach, retain, and engage consumers. Understanding your market is key.

Health care consumer preferences are changing. Consumers have different approaches to determining which health plan offers the best coverage, when and where to seek care, how to choose a doctor, and whether a pharmaceutical product offers value. Health care market segmentation can help health care companies gain deeper knowledge of the consumer segments in diverse communities.

Our world has changed rapidly as a result of the pandemic, said Lance Gruner, EVP of Global Customer Care for Mastercard. These changes have affected customer behaviors and tools organizations use to predict these behaviors. Now, customers value experience above all else. To tap into success, health care organizations can focus on all aspects of the service journey and be sure they are “walking the talk.”

To discover what motivates patients, Marcus Osborne, former SVP of Health Transformation for Walmart, says leaders should be cautious and be inquisitive as patient behaviors are often misunderstood. For success, organizations can design systems around patients and families rather than providers, payors, pharma, etc. To drive fundamental improvements within the system, leaders must focus on affordability, accessibility and simplicity for individuals.

As for consumers’ expectations, they vary on any given day, according to Richard Ashworth, President, CEO and Board Member of Tivity

Health which runs SilverSneakers (a health and fitness program designed for adults 65+ that’s included with many Medicare Plans). Ashworth says consumers now expect convenience and choices. To be effective, organizations must meet patients where they are and get into the flow of their lives. Leaders can enhance value by making the consumer the absolute priority.

We can take lessons on consumer-centric design from industries outside of health care. Meg Crofton, former President of Walt Disney Parks and Resorts Operations for the U.S. and France, spent years watching teams achieve the “impossible” by focusing on what delights the guest. Crofton’s lessons learned as a leader are:

- Our competition is anything that changes the consumer experience
- Integration of existing and new systems is major work; leaders must learn and face realities
- It is not a technology project; it is a transformation of the guest experience
- Iterate, as its never perfect at rollout; rolling out in phases is difficult but necessary
- Fly low, experience the product as a guest and don’t skip the lines
- Keep telling stories; people get tired and discouraged on a journey, but stories inspire teams and ground them in the mission to move forward



“I loved all of the emotions that were exhibited as well as the **genuine nature of the conversations.**”



Percentage who has a primary care provider:
85% of Silent Generation
84% of Baby Boomers
76% of Gen Xers
67% of Millennials
55% of Gen Z

Accenture





SESSION SEVEN

Leadership

Health care organizations must cultivate leaders who will reinvent our industry from the inside-out. Otherwise, disruptive innovators from other industries will reinvent it from the outside-in.

Over the past decade, the most “successful” health care executives have been those who have fiercely protected the status quo – a health care model that is outdated, antiquated, and broken. However, the future of health care will require us to develop, nurture, and promote those who are inventive, collaborative, forward-looking, value-based, and customer-oriented.

What makes a truly successful health care leader? Today’s successful leaders are authentic and fully present, said Bo Bartholomew, CEO of EvidenceCare, managing partner of Rockmont Investments, and member of the inaugural Council Fellows class. Effective leaders overcome fear and doubt. They act in accordance with their values and make space for employees to do the same.

Successful leaders learn from others, according to Tammy Hawes, Virsys12 Founder and CEO and Council Fellow alumni. Communication within organizations is vital to bring about change. Leaders must seek to understand various perspectives. They must also allow space for trying and failing and be able to rapidly course correct.

Successful leaders also curate rather than legislate culture, said Marty Bonick, Ardent Health Services President and CEO and Nashville Health Care Council Fellow alumni. They enlist people who are passionate about the initiative. To be effective, leaders must help employees understand the reasons behind changes so they feel change is happening with them rather than to them.

Outstanding leaders ensure employees at all levels understand the importance of their role in the culture, added David Dill, President and Chief Executive Officer of LifePoint Health and Chairman of the Nashville Health Care Council. Leaders should keep the organization feeling as small as possible for as long as possible. They must be bold when making difficult decisions.

Founders of companies have a unique opportunity to build organizations that reflect their own culture and values, said Beth Chase, c3/consulting Founder and CEO. For success during mergers and acquisitions, organizations can select the best of the best culture, acknowledging the merits of both entities as they move forward as one.

One research-based model for effective leadership in healthcare is based on the core principle of Patient Centeredness and core competencies of Emotional Intelligence, Integrity, Selfless Service, Critical Thinking, and Teamwork.

Hargett, et al. Developing a model for effective leadership in healthcare: a concept mapping approach. Journal of Healthcare Leadership. 2017; 9: 69–78.



“Thank you to the Fellows program for your work in giving us access to this amazing learning and **developing an opportunity to do something with this learning.**”



We are extremely grateful to our distinguished speakers.

These world-class leaders shape the future of health care by sharing their experience, expertise, and guidance. We are honored to hear from the top minds representing hospital management, outpatient services, population health, health policy, health information technology and other sectors, as well as professional services firms with wide-ranging health care expertise.

COUNCIL FELLOWS SPEAKERS

Richard Ashworth

President, CEO and Board Member, Tivity Health, Inc.

Bo Bartholomew

CEO, EvidenceCare | Managing Partner, Rockmont Investments

Kevin Billups, MD

Professor of Urology & Internal Medicine, Director of Men's Health, Chief Medical Officer MMG Vaccine and Immunization Program, Meharry Medical College

Marty Bonick

President and Chief Executive Officer, Ardent Health Services

Quincy J. Byrdsong, EdD, CIP, CRRP

Vice Provost for Health Affairs, Lipscomb University

Beth Chase

Founder and CEO, c3/ consulting

Representative Jim Cooper

U.S. Congress, Tennessee District 5

Neil de Crescenzo

President and Chief Executive Officer, Change Healthcare

Meg G. Crofton

Former President, Walt Disney, Parks & Resorts Operations, US & France

Nancy-Ann DeParle

Managing Partner and Co-Founder, Consonance Capital Partners

David Dill

President and Chief Executive Officer, LifePoint Health

Rohan D'Souza

Chief Product Officer, Olive

Michael Edgeworth, MD

Chief Population Health Officer, Octave Bioscience

Carina Edwards

Chief Executive Officer, Quil Health

Elizabeth Fowler, PhD, JD

Deputy Administrator and Director, Center for Medicare and Medicaid Innovation (CMS Innovation Center)

Senator William H. Frist, MD

Chair Emeritus, Council Fellows

Tammy Hawes

CEO and Founder, Virsys12

Caleb Gallifant

Vice President of Product and Strategic Partnerships, Humana

Darin J. Gordon

President and CEO of Gordon & Associates, LLC, Founding Partner of Speire Healthcare Strategies, LLC

Lance Gruner

Executive Vice President, Global Customer Care, Mastercard

Ray Guzman

Founding CEO, SwitchPoint Ventures, Council Fellows Alumnus

Eric D. Hargan, JD

Former Deputy Secretary of the Department of Health and Human Services (HHS), Founder and CEO of The Hargan Group

James E. K. Hildreth, PhD, MD

President and Chief Executive Officer, Meharry Medical College

Anthony B. Iton, MD, JD, MPH

Senior Vice President of Healthy Communities

Paul H. Keckley, Ph.D.

Managing Editor, The Keckley Report

Chandra McMahon

Sr. Vice President and Chief Information Security Officer, CVS Health

Marcus Osborne

Former Senior Vice President of Health Transformation, Walmart

Todd Park

Co-Founder and Executive Chairman, Devoted Health

Saurabh Sinha

Founder and CEO, Emids

Stephen Smith

Deputy Commissioner and Director, TennCare

Micky Tripathi, PhD, MPP

National Coordinator for Health Information Technology, HHS

Reed V. Tuckson, MD, FACP

Managing Director, Tuckson Health Connections, LLC, Executive in Residency, Council Fellows

Paul Vernich

Co-Founder and CEO, Winnow

Consuelo H. Wilkins, MD, MSCI

Senior Vice President and Senior Associate Dean for Health Equity and Inclusive Excellence



LETTER FROM THE COUNCIL FELLOWS CHAIR

Michael Burcham, DHA

Chair, Council Fellows

As the chair of the Council Fellows, I've had the honor and pleasure of supporting dialogue in the classroom and welcoming an array of speakers. We had an outstanding class of Fellows participants and phenomenal speakers this year, representing various facets of health care and leadership.

With the rapidly changing landscape and critical state of health care, we realized the need to focus on supporting leaders who are forward-thinking disruptors. We built our sessions around costs of care, health equity, health policy, innovation, technology, marketing, and of course, leadership. Our goals were to expose the current state of health care, learn about exciting solutions innovators are bringing to the table, and generate actionable ideas we can take back to our organizations and lives as leaders.

Through panel discussions, spotlight speakers, fireside chats, Q&A sessions, and breakout activities, we got the critical conversations rolling – honest discussions delving into topics that must be addressed.

Immersion activities provided hands-on experience, from touring The Village at Glencliff, which provides housing for individuals just released from the hospital, to participating in team-building simulations at Vanderbilt's Center for Experiential Learning and Assessment.

And through social events, including dinners and our Fellows class retreat, participants forged bonds that will last a lifetime and provide a strong network of leaders who can rely upon each other for guidance when it counts.

A special thanks to Lydie Marc and the Council Fellows team, the Council Advisory Board, and our Council Fellow Partner Organizations, whose efforts were essential in making this year so successful.


Michael Burcham



FELLOWS ADVISORY BOARD

Thank you to the Fellows Advisory Board, who are dedicated to curating cutting-edge curriculum, extending the reach of recruitment and bolstering facilitation of this unique program. These luminaries serve as representatives and spokespeople at the national level.

Michael Burcham, DHA

Senator William Frist, M.D.
Chair Emeritus

Todd Park

Nancy-Ann DeParle

James E.K. Hildreth, Ph.D, M.D.

Reed Tuckson, M.D., FACP

David Dill

Anthony B. Iton, M.D., J.D., MPH

COUNCIL FELLOWS PARTNER ORGANIZATIONS

We'd like to thank our underwriters, without whom, the Council Fellows program would not be possible.



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