



2018 YEAR IN REVIEW

Nashville Health Care Council Fellows



George Barrett,
Executive Chairman,
Cardinal Health



As the shifting landscape of health care continues to introduce new and complex challenges to the sector, health care executives recognize the need to think differently about the future. Tomorrow's leaders need a place to come together today, to identify the trends and solutions the future will bring.

Six years ago, the Nashville Health Care Council Fellows initiative was born. This nationally unique program to engage and educate health care leaders has welcomed participants from every sector of the industry. It leverages the experience of the industry's founding experts as well as nationally known figures to help members better implement business strategies, create value, drive industry growth and effect change.

SHAPE THE FUTURE OF HEALTH CARE

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LETTER FROM THE DIRECTOR

JUNE PATTERSON
DIRECTOR, COUNCIL FELLOWS

The changes coming in health care are monumental. But though they've created a feeling of chaos, there is potential for tremendous good.

Speakers at this year's Fellows program have shared inspiring stories of positive change. Entrepreneurs are building new models of care, moving patients to the central focus – where they should be. Smart people at startups are even revamping the insurance industry – attempting to make it consumer-friendly for the first time. And forward-thinking CEOs who have led health care companies through decades of change are disrupting themselves.

It has become clear from the conversations during our five months together that health care doesn't need passive observers, it needs leaders. To survive, the industry must be transformed by people who question the status quo, not for the sake of being difficult, but with the goal of advancing our national system of care.

We are facing tremendous challenges. As we discussed in class, consumers still don't have the right information to choose care based on quality. More and more patients are struggling to find the services they need and are turning to safety-net care. Regulations are confusing for health care companies looking to better

the system, and leadership from Washington is scattered, at best.

And yet, a pattern is emerging among promising new models. Companies and health systems are working to leverage what's new about health care to optimize what's always been important. For example, startups are crunching massive data sets and using new technologies to put the human touch back in care – to provide doctors more time with patients, to offer one-on-one support navigating the system and to help people receive care at home.

In this time of great change, some of the most exciting work is happening around companies rebuilding the personal connections at the core of health care.

Like our speakers, members of this year's class are solution-oriented. They are vocal and have high standards for thought leadership. But that's because they have high standards for themselves. As a group, they truly expect to return to their lives, armed with new relationships and knowledge from the Fellows program, and do their part to make the health care system better.

Given the incredible candor, humor and passion that I've seen from this group of people, I have no doubt that they will.



“I love these kinds of conversations and find myself thinking about them, even when they don't directly relate to my everyday work. From every session, there's been something that has unexpectedly come up in a conversation back at my job or in my life. When I signed up for the program, I didn't realize it was going to stick with me this much.”

Karen McKeown

State Health Officer and Administrator, Division of Public Health,
Wisconsin Department of Health Services

Members of the Nashville Health Care Council's Fellows class spent 64 classroom hours together over eight, full-day sessions. Each session consisted of pressing topics and candid conversations full of lessons for Fellows to take back to their daily lives. Here are a few take-homes that stood out from each lesson:



Jim Jamieson,
COO, EvidenceCare

Fellows Have to Fix Health Care... Because Washington Won't

Speakers were less than hopeful that solutions to America's health care woes would come out of Washington D.C. Sure, CMS Administrator Seema Verma seems receptive to new ideas, but state commissioners have been reluctant to implement them, with the exception of Medicaid work requirements.

Congress has been similarly stymied. Even with a fully Republican House and Senate, Repeal and Replace efforts have fallen short. What's more, experts believe that future comprehensive attacks on the Affordable Care Act will fail.

Still, there are bright spots, according to speakers who are policy wonks. Certain states such as Wisconsin have piloted interesting

managed care reimbursement models and seen promising margins.

Also, providers have taken initiative on their own – the Mayo Clinic, Geisinger Health System and a pair of collaborating hospitals in Asheville, N.C. have walked the walk, evolving their business models to incentivize value-based care.

The lesson? Washington may be slow, but individual organizations can drive change by collaborating to reach the common goal of a better health care system. At the end of a weighty policy discussion, speakers reminded the Fellows that it's up to them – a small group of motivated people – to change the world and rewrite the industry's story.

We Need a New Perspective to Solve the Opioid Crisis

To solve the American opioid epidemic, health care leaders may need to incorporate best practices from systems overseas.

The U.S. leads the world in its ability to measure and crunch health care data. But that doesn't translate to better outcomes, speakers explained – and it certainly doesn't lead to cheaper care. For example, it's possible for a patient visiting a private hospital in the UK to get a joint replacement surgery for about \$6,000 out-of-pocket.

Another difference, speakers noted, is that there's a fundamental philosophical difference between American and English approaches to behavioral health treatment. Patients suffering from behavioral health problems in the UK tend to stay in facilities longer, receive more thorough treatment and a greater level of community support than patients with similar conditions in America.

That needs to change. Unlike other public health problems, experts explained, the American opioid crisis impacts people from all walks of life, from every zip code.

But treatment efforts have fallen short, in part, because of a misunderstanding of the science behind behavioral health treatment for opioid addiction.

"If you don't understand the science, no matter how much you try to treat just the acute episode itself, you're going to fail," said Fellows Co-Founder Senator Bill Frist.

It's up to the Fellows to get it right. "As we look at what are seemingly insurmountable problems, we have to figure them out by working together and networking with each other," Frist said. "This is a solvable problem."



Elizabeth Ann Stringer,
Chief Science Officer,
axialHealthcare



“I work for a company that’s growing quickly. And when you’re building a growth-stage company, you can’t put in those hours and that energy unless you are hopeful for the future. Everybody here has a similar mentality and is trying to make a difference in some capacity. That energizes me. Even though we talk a lot about problems, we talk about the solutions.”

Puneet Singh

Chief Development Officer, Aspire Health



Anthony Iton, M.D.,
Senior Vice President for
Healthy Communities at
The California Endowment

The American Social Compact is Broken

Fellows looking to change the health industry may need to start by reconsidering the American social compact.

One speaker presented evidence that in the United States, a citizen’s zip code is a more reliable predictor of health than his or her genetic code. That reflects a jarring inequity in access to care that doesn’t exist in other rich countries.

The difference is the social compact, a speaker said, meaning the agreement between the government and the governed. In countries such as Canada, the speaker continued, the governed expect more services in exchange for their consent to be managed by people in power.

The good news is that providing better access across the board benefits everyone, a speaker said: “In the countries that have more

equity, everybody does better – including the wealthy.”

And even though the discrepancy in outcomes is huge, everyone seeking care, regardless of income, wants the same thing. Speakers who work at safety-net providers agreed – all of their patients want high-quality, affordable care from providers who humanize them.

Counter to popular belief, many people who need safety-net care are highly educated and willing to pay for services. The fact that they need safety-net care in the first place is an indication of a broken system, speakers argued.

One said, “I want our patients to use their voice to express that the system is broken and it’s not working for them and we need to totally disrupt it.”

To Make Medicine More Effective, Physicians Must Redefine It

Health encompasses much more than access to medicine, speakers reiterated in almost every Fellows class. In fact, only about 20 percent of the average person's health is determined by health care – the rest relates to other factors such as genetics and lifestyle choices.

Smart people in the health care industry want to tackle the remaining 80 percent. To start, speakers argued, the health care industry will need to rethink food, framing it, instead, as medicine.

Chronic conditions such as diabetes can be managed most effectively through lifestyle choices and a change in diet. Diet impacts

other conditions too – something that doctors have always known. If food is medicinal, Fellows speakers said, then doctors should be able to write prescriptions for food.

Companies are figuring out ways to incentivize providers to do this, but it requires a shift in thinking. First, it means educating medical school students differently – very few spend significant time on nutrition.

It also requires educating members of the public, not about fat and calories necessarily, but about the glycemic load of meals, or the stress food causes the body. As of now, one speaker said, “Everything we know about nutrition is pretty much wrong.”



“It’s worth a full day on Friday for eight sessions if you tune in and shut down and are here and present, you can take some great ideas back and start to change things. Not only in your own organization, but collectively.”

Greg Marotta

President and CEO, CleanSlate Centers



Dexter Shurney, M.D.,
Senior Vice President, Clinical Affairs
& Chief Medical Officer, Zipongo



Listening is Key to Leading in Health Care

Many traditional health care organizations have operated in an almost military fashion – run, top-down with leaders at the helm.

But that model won't work anymore. Health care requires too many moving parts and too much integration for one person to captain the ship solo.

That's true whether the company in question is an insurer, a startup, a provider, or some combination of the three, which is becoming increasingly common.

"I grew up in a world in which a hospital was a hospital, a health insurer was an insurer and a wholesaler was a wholesaler. These were distinct players in health care," one speaker said. "Today, that distinction is gone."

Another speaker recounted lessons learned from an attempt to roll out a new improved EMR system. In short, the effort failed because physicians were told what to do rather than asked to participate.

Soliciting feedback, even when it's negative, is critical for great health care leaders, a speaker said, emphasizing the importance of people who will push back, when necessary, against authority.

In addition to listening, gratitude is key. "We just have an amazing privilege being in health care," a speaker said. "There are not many worlds in which you know your work matters in a really deep way. It comes with some responsibility and some heartache at times, but it's worth it."



The Outsiders are Already Here

Companies from other industries are already pushing against the parameters of health care, responding to consumer demand for a user-friendly experience that the old guard has, on the whole, failed to deliver.

Meeting consumer needs ranges from the simple – sending insurance cards in high-end packaging – to the complex – actually moving the needle on quality of care.

Regarding the former, one speaker spoke to a consumer-focused perspective rare to health care.

"We think about our product in a completely different frame," the speaker said. "We try to identify all of these friction points that exist in health care. Then we think, how do we resolve that friction to make the experience better? We try to add value in those interactions."

On the opposite end of the business spectrum, one of the top retailers in the country is already impacting care. Walmart

has announced partnerships and initiatives to expand its vast health care footprint.

"A lot of people don't realize just how big the health and wellness business is there today," a speaker said. He clarified that it's a \$30 billion business across 4,500 locations and runs the gamut of generic drugs, vision centers, over-the-counter test strips and durable medical equipment.

And it's only getting started. Walmart leaders want to turn the company into the prime access point for affordable, basic medical care. "Walmart thinks it can do it and that it has a license to do it," a speaker said. "In fact, leaders are looking around and saying, 'Who else is going to do it?'"

Given the company's clout and purchasing power, anyone who wants to be a part of the conversation about providing easy access to affordable care should recognize Walmart's at the table too.

Sometimes the Best Innovation Strategy is to Get Out of the Way

Technologies that are common for the rest of the world are still filtering slowly into health care. Take ride sharing, hardly mind-blowing at this point, but still difficult to integrate into coordinated care.

For one, most on-demand ride sharing services aren't allowed to help people enter or exit the car – which is necessary for many of the people who need a lift to their medical appointments. There are also kinks to work out in terms of the best way to get people in rural areas to their doctor's offices, and state-dependent regulations to navigate.

Other technologies are further down the horizon. AI, for example, has thus far cluttered the workload of clinicians. To stick, it'll have to do the opposite, making the human portion of the health care interaction easier. Neither has the true value of blockchain emerged from the hype.

The common theme for services such as ride sharing and technologies such as AI and blockchain is that the technology is coming, and investors are funneling money into them accordingly, but no one is certain how exactly it'll play out.

For them to be successful, speakers said, leaders need to get out of the way of tech developers – give them plenty of leeway, let them steer the course of their projects, and allow them the time and space to innovate.

“This has been one of the most transformative programs I’ve been in. It has shaped my thinking and shaped my career.”

James Corbett
Principal,
Initium Health



Larry Van Horn
Fellows Co-Director

There's Money in Good, Value-Based Companies

Washington may be stagnant and legacy providers may be slow to change, but there are health care investors funding companies that were founded to provide value-based, quality care.

These companies aren't charities, either – the business case checks out. Speakers explained how companies fueled by the mission to deliver better health outcomes can stay financially sustainable if the incentives align correctly.

The key is to break from the fee-for-service model, speakers across the board said, which is easier said than done.

“The biggest mistake I continue to make is that I underestimate how difficult it is and

the amount of time it takes to deprogram somebody who is used to pulling the lever and getting a cookie,” a speaker said. He added that his company retrains physicians used to receiving more money for running more tests and procedures, unwinding hard-wired instant gratification.

But the results are worth it. Physicians in systems with fully value-based incentives love that patients don't fall through the cracks. When those systems are integrated, payors love it too, since they save money when patients stay out of the hospital.

One speaker explained his goal is to create a “vertically integrated, next-gen Kaiser Permanente.” Who wouldn't invest in that?



Sachin Jain, M.D.,
President and CEO,
CareMore Health System

Todd Park: FELLOWS ARE CATALYSTS FOR CHANGE



“I really believe this class of Fellows is a national resource and that you're each national treasures,” Park said. “Fellows brings together a group of people who are both incredibly accomplished yet still on the upswing of their careers. The notion of getting them all together and exposing them to these experiences and lessons, to discuss the key issues in health care so that they're that much better equipped to be change agents, is incredibly exciting. And it's fantastic and fitting that Nashville is the host of this kind of program.”

Currently, Park serves as co-founder and chairman for Devoted Health, a health care company aiming to launch Medicare Advantage plans in 2019. The company's guiding principle is to “treat every patient like Mom,” a theme that was woven throughout his address to the graduates.

On the final day of the 2018 Fellows program, the 31 class members gathered at Nashville's Noah Liff Opera Center for a charge to take lessons they'd learned over the past six months and apply them to effect change across the industry.

The speaker leading the charge was Todd Park, former U.S. Chief Technology Officer and co-founder of health care companies including Castlight, athenahealth and a new venture called Devoted Health. At graduation, he focused on the future of health care – and the unparalleled opportunity Fellows graduates have to change it.

“Thank you for everything you've already done. Each of you has done incredible things. But thank you even more for what you're about to do. Because if you follow the love that's in your heart, and use your brains and the skills taught to you through this program to create circumstances where you can express that love, you will change this country forever for the better. You will save lives and unbreak lives on an epic scale.”

“You are my hope for health care getting better. You are the catalysts that can change health care in this country.”



COUNCIL FELLOWS CLASS OF 2018

Gene Boerger, COO, Preverity, Inc.

Devin Carty, CEO, Martin Ventures

Ravi S. Chari, M.D., President, West Florida Division, HCA

James Corbett, Principal, Initium Health

Jonathan Dhillon, Enterprise Securities and Corporate Governance Counsel, Envision Healthcare Corporation

Mary S. Flipse, Chief Legal and Administrative Officer, Tivity Health, Inc.

Chuck Girard, Director, Government Relations, HCA

Chris Harber, Vice President, Health Plan Operations, Availity

Jim Jamieson, COO, EvidenceCare

Bryan Kaegi, Senior Vice President, Government Relations, Acadia Healthcare

Kevin Klauer, D.O., EJD, CMO—Emergency Medicine and Chief Risk Officer, TeamHealth

Shaheed Koury, M.D., Senior Vice President and Chief Medical Officer, Quorum Health Corporation

Ryan M. Kreinbring, Vice President and General Manager, Cerner Corporation

Dusty Lieb, Partner, Echo Health Ventures

Veronica T. Mallett, M.D., Senior Vice President of Health Affairs and Dean School of Medicine, Meharry Medical College

Gregory C. Marotta, President and CEO, CleanSlate Centers

Karen D. McKeown, State Health Officer and Administrator, Division of Public Health, Wisconsin Department of Health Services

Jameson Norton, CEO at Vanderbilt Psychiatric Hospital and Clinics, Vanderbilt University Medical Center

Lisa Piercey, M.D., Executive Vice President, West Tennessee Healthcare

Justin Pitt, Senior Vice President and Chief Litigation Counsel, Community Health Systems

Christopher Rehm, M.D., Chief Medical Informatics Officer, LifePoint Health

Stephani J. Ryan, Director, Long Term Services and Support, BlueCare Tennessee

Kevon Saber, CEO, GoCheck Kids

Puneet Singh, Chief Development Officer, Aspire Health

Elizabeth Ann Stringer, Chief Science Officer, axialHealthcare

Emily Tyson, former Vice President, Product, naviHealth

Kyle Wailes, CFO at SmileDirectClub

Michael D. Warren, M.D., Deputy Commissioner for Population Health, Tennessee Department of Health

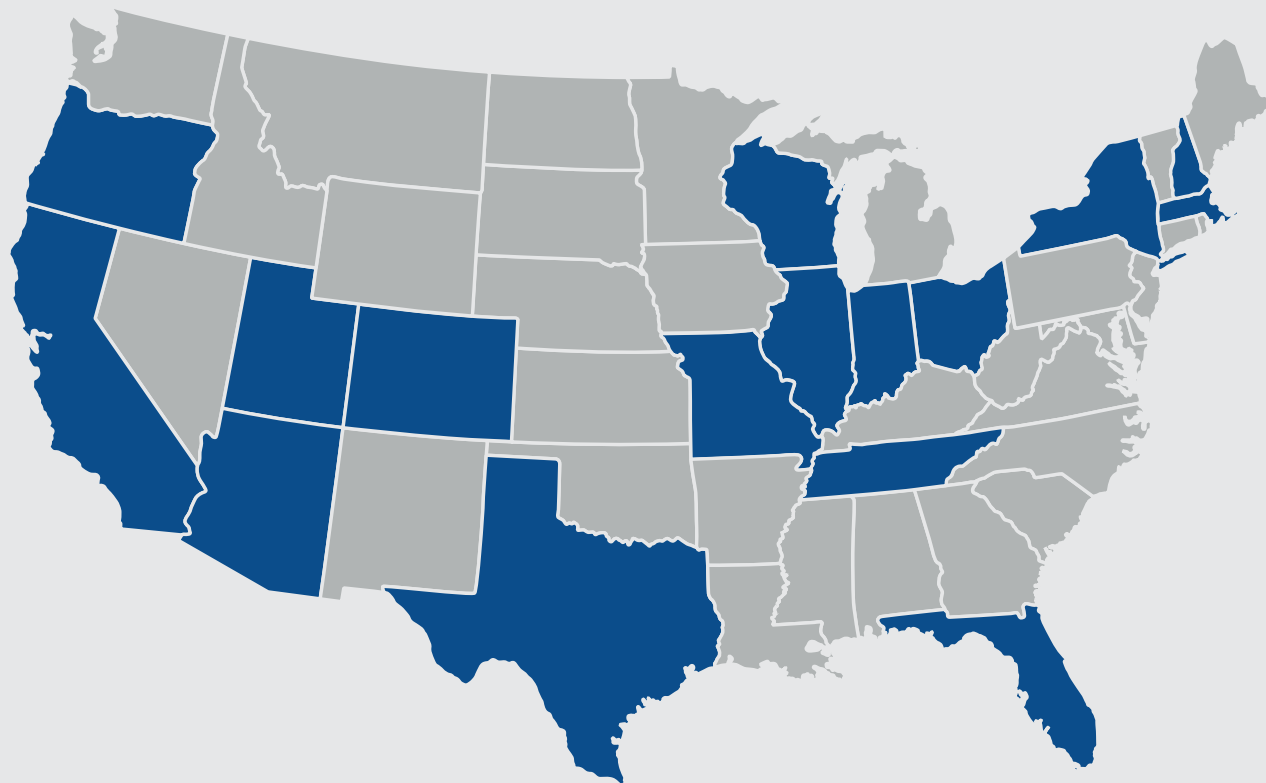
Sam Weinstein, M.D., CEO, SpecialtyCare, Inc.

Edna Willingham, President, Amerigroup Tennessee

Michael Wood, Senior Vice President, Product Development and Technology, Change Healthcare

FELLOWS ALUMNI BY STATE

The Nashville Healthcare Council recruited members of the 2018 Fellows class from states across the country, with the hope of sparking conversations informed by different perspectives from a range of U.S. regions. With alumni in 17 states, we've seen that Fellows turn what they learn during the program into an ongoing, national health care discussion that continues long after graduation.



FELLOWS ALUMNI BY SECTOR

One of the strengths of the Fellows program is that it brings together experts from across the entire ecosystem of health care. This year's class represented behavioral health, education, government, outpatient care and other fields, all of which are critical parts of the whole.

The goal is for Fellows to leave the program with a better understanding of the complex web at the core of the industry, and how to draw new connections to create a better system for the future.



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