System Focus

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Our Pursuit of the Triple Aim Plus One

By M. Michelle Hood, FACHE, President and CEO, EMHS

These are certainly interesting and exciting times to be in healthcare. Just when we think we are rowing our boats in the right direction, and have picked up a cadence with our physicians and payers, along comes the Medicare Access & CHIP Reauthorization Act (MACRA)—or something else. At EMHS we have our shoulders into the change dynamics and are looking with optimism towards the future.

We are using the Triple Aim Plus One to help us frame our efforts. First, we are committed to population health. To us, this means we are actively working towards keeping people at their best possible health status and, when necessary, caring for them at the most appropriate level of care—preferably in their homes or in their primary care offices. Knowing this is not always possible, we at least want to keep secondary care as close to home as possible, in community hospitals rather than in our tertiary centers. To do this we are forming horizontal clinical services across all sites of care, with provider-designed standard protocols and multi-disciplinary teams for care coordination and transitions of care. We have special focus on discrete patient populations at high risk. In addition, to establish a set of gatekeepers who have extremely high capabilities of managing the community hospitals to their highest and best use, we are building a single department of hospitalists and a single emergency medicine service across all acute care hospitals. Each of these redesigned clinical services, with dyad leadership, has the authority and responsibility to allocate resources across the system.

The second part of the Triple Aim is providing an excellent experience for our patients and their families. Since every hospital in the country is working on this, there are many opportunities to collaborate and learning laboratories are quite active. With the introduction, through MACRA, of a new risk and value payment methodology for physicians and other providers, we add further dimensions to the emphasis on patient engagement and satisfaction with their care. Finally, the maturation of the science of shared decision making will only complement these past efforts. An educated patient is critical to progress. Due to the wide geography (35,400 square miles in Maine) and the sparse distribution of population in some parts of the state, we strive to create multiple touch points for our patients including local pharmacies, schools, agencies dedicated to healthy aging, associations related to specific diseases, as well as our extensive home care services. In each of these efforts we hope to provide a strong fabric of community services to partner with our patients in advancement of their personal physical and mental health.

The efforts described to this point all have an impact on the third leg of the Triple Aim, bending the cost curve. We know that higher quality and a more informed consumer will lead to lower total cost of care. On the flip side of those economics, we are working against the headwinds of double-digit medical inflation in some supply sectors (e.g., specialty pharma and the shortage of personnel leading to premium costs for staffing by locus and travelers). We know we cannot nibble around the edges of the cost conundrum and believe that the biggest impact we can experience in lowering total cost of care is to unleash the expertise of our medical staff by creating an activated and engaged provider community. We are working to design a new model of shared leadership with our employed physicians (881 of our 1,312 active medical staff) across all sites of care, creating new bylaws that will integrate these providers into our traditional medical staff structure.

Also relative to bending the cost curve, we have finalized a common treasury and single balance sheet for the first time at EMHS. This effort allowed us to move to one obligated group and restructure our short- and long-term debt with very favorable rates—saving our system millions in interest expense over the next decade. Finally, a five-year strategic financial plan has been approved by our board. This sets a discipline around both capital and operating expenses that is intended to create shared expectations across all 30-plus companies and joint ventures in the EMHS family.

Finally, the “plus one” of the equation. This represents our work towards building a culture and work environment that energizes all of our 12,000-plus employees to bring their A-game and participate actively in the challenging work we are doing. Several years ago, we redesigned our decision-making processes and tapped leadership across the system to directly participate in multi-disciplinary teams assigned to pursue efforts to ensure we stay focused on the goals of our three-year strategic plan. This has been a very effective way to promote systemness and ownership of the strategy. We are now in the process of rechartering over 20 teams to take on our newest three-year strategic plan, which starts on October 1st.

The readers of this column are likely engaged in many of the same or similar activities that I have described above. That being the case, it is difficult to imagine that this kind of change momentum will not have a significant positive impact on our country’s healthcare delivery system.

The Governance Institute thanks M. Michelle Hood, FACHE, President and CEO of EMHS, for contributing this article. *She can be reached at mhood@emhs.org.*

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