System Focus

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Case Study Update: Carilion Clinic Emphasizes Clinical and Community Integration

The Governance Institute visited Carilion Clinic in 2016 to learn about its unique clinic model. It was one of the first and few health systems to pivot from a traditional operating structure to one that mirrors Cleveland Clinic or Mayo, with some key distinctions. Serving a largely rural area in western Virginia, the key drivers for moving to a clinic model involved increasing difficulty recruiting needed specialists, a growing disconnect between patient needs and available care settings, and poor alignment between the medical staff and the system.

The clinic model, adopted over a five-year transition period beginning in 2007, involved creating a group of physician/administrator dyad leaders across the system's service lines who populate a board of governors that makes recommendations to the system board. Carilion has used its time since the transition to expand its population and community health initiatives, ensuring that all patients are treated through a collaborative, multi-disciplinary model that enhances coordination, experience, and outcomes. And through it all, they have been able to maintain a "site-agnostic" mindset, with the hospitals on the periphery, always keeping focused on where and how care is delivered and how it can be continuously improved.

We recently spoke with Steven C. Arner, Executive Vice President and COO, and Dr. Patrice Weiss, Executive Vice President and CMO, to see how Carilion's unique model has helped see the organization through the past decade and into the future.

Key Board Takeaways

Dyad/triad leadership enables rapid-cycle innovation: Regional vice presidents working with system-based physician/administrator dyads has created a virtually silo-free management structure allowing for systemness; alignment of goals, priorities, resources, and performance; and nimble, rapid decision making and implementation.

COVID response: Incident command system overlaid the management of day to day operations. Staff were able to adjust their roles to move to needed areas. Also enabled the system to quickly get back to pre-COVID patient-load levels in surgical service lines.

Clinic model went from clinical integration to community integration. Carilion's COVID response has resulted in the physicians and leadership pulling together and working even more closely to align goals and make faster, smarter changes. The community understood and appreciated Carilion's efforts to keep them safe and healthy, helping the system maintain morale and meaning for the staff and physicians.

COVID has not changed strategy but rather accelerated the system's movements towards already existing strategic goals. Carilion's model already enables a care delivery philosophy emphasizing ambulatory care, using the hospital only when necessary. The pandemic has accelerated implementation of strategic initiatives to further their ambulatory care delivery capabilities, such as Hospital at Home and enhancing analytics and forecasting ability to make decisions about how to care for patients differently/better on a population health level.

The board remains a champion of change and focused on future direction. The board has continued and increased its support of management through the pandemic, pivoting to virtual meetings that remain insightful and engaging, continuing its transparency and collaboration with management to ensure financial resilience and enable acceleration of strategy.

Triad Leadership Removes All Silos

Carilion has added a layer of regional vice presidents who work with the system-based physician/administrator dyads to "push the envelope of systemness," according to Dr. Weiss. It is now essentially a "triad" leadership structure, which further enhances collaboration across departments, service lines, and facilities. In fact, collaboration is one of the system's new values.

Just the Way We Do Business

Well into its second decade, the clinic model has proven a greater ability for the system to implement faster, more nimble decision making. It allows for clinical and administrative resources to be combined and better integrated with the financial and strategic plans, removing what might be typical "tug and pull" at organizations not structured this way, and most importantly, facilitating a rapid-cycle innovation process.

Facing a Pandemic

Carilion activated its incident command team that helped the system adapt operations in response to COVID-19, based on pre-established emergency plans. The day-to-day operations were still maintained for the remainder of the patient population. Carilion was able to expand telemedicine rapidly to maintain care volumes for primary care and specialist services.

"Certainly, our structure allows us all to be on the same page," Arner explained. "For example, our surgery dyad is well-versed in COVID pandemic policies and procedures, while also still managing the whole surgical service line across the system and making sure patients and staff are safe. So, we have been able to build back fairly rapidly to our pre-COVID patient load for surgery.

> "There are four words we don't ever want to hear: That's not my job. In healthcare, and I think the culture we have created here, is that it is all our job. How can I best serve? Where do you need me?" —*Dr. Patrice Weiss*

Our dyad management structure has enabled us to do this, making decisions in a very nimble, quick acting way."

Closer Relationships with Physicians and the Community

"Everyone has grown closer" because of the pandemic, said Dr. Weiss. Carilion has been very deliberate about the purpose and goals of the triad leadership and, even before the pandemic, had "already worked very hard across departments, service lines, and hospitals to provide the best access, outcomes, and experience." When COVID hit, everyone pulled together even though many had to change their role. "We needed people to step up and ask, 'What do I need to do—how can I help?'," said Dr. Weiss. Due to COVID, there was a significant drop in visits to Carilion's VelocityCare urgent care centers, EDs, and primary care. The system leaders looked at how to shift staff to where they were needed. A staffing command center was formed. Its role was to match available staff with departments who needed help. For instance, the ED scribes became triage screeners. Nurses who were used to being in one department now provide care in different areas or locations as needed. There are dedicated nurses for COVID patients.

While the clinicians and staff pulled together to support each other, the community pulled together and rallied its support for Carilion in a big way. "On certain evenings there would be a caravan of cars going by, honking their horns and waving thank you posters outside our largest hospitals," Dr. Weiss recalled. "Or they write on the sidewalks with chalk, 'You Are Our Heroes' so that when our staff end their shift and walk back to their cars they see the messages under their feet. We are out in the community where someone recognizes that you work at Carilion and thanks you publicly. It's way bigger than clinical integration, it's really more of a community integration through this experience."

System leaders have maintained a focus on keeping clinician morale as high as possible to help them feel like they were making a meaningful impact throughout the system, regardless of their role.

Looking Forward: Strategic Priorities Now

Carilion remains mission-focused on improving the health of its communities. The coronavirus pandemic hasn't changed the system's mission and strategy, but rather has accelerated its path to move forward on many key initiatives.

Once the system reopened for elective procedures, it emphasized helping the community feel comfortable that it was safe to come back for care, providing education and information about why they still need primary and preventive care and wellness screenings. Leaders reached back out

"The pandemic hasn't changed our approach, but rather has accelerated our movement towards care at home and other ideal settings. Our large primary care physician group and our growing number of specialist physicians who support them, better enable us to accelerate these types of initiatives and culture shifts." —*Steven C. Arner*

to the community to share details of the precautions being taken and to provide expectations to patients about how visits will be different (e.g., needing to wait in your car rather than the waiting room).

The pre-COVID goal to markedly expand virtual care in the next year changed almost overnight, increasing it by 100-fold. The new goal is to continue virtual care whenever it can be given, with the physicians taking the lead on determining when and why virtual care is appropriate on a case-by-case basis. They worked to increase IT Infrastructure and access to the technology for providers to handle virtual care during the pandemic. Some areas in the system's service coverage don't have broadband, making virtual visits impossible, but telephone visits are a viable alternative. "So now we are going deeper with our board on the question of what really is our front door," said Dr. Weiss.

"Our chassis is built to have ambulatory care and then use the hospital when necessary. It sounds like a subtlety but it is very meaningful to us," Arner explained. "Care should be delivered in the most appropriate setting, and what the pandemic has done is accelerated our view and our related strategies." Carilion's Hospital at Home program will become much more common nomenclature going forward. They are looking at increasing the potential to discharge patients earlier than they would have been previously because the infrastructure will be in place to monitor them at home. The mindset is that, in the not-too-distant future, a patient who would need to be admitted today might not be admitted to the hospital at all.

Carilion's logistics center is developing and expanding the system's analytics and AI forecasting capabilities to better discern population health issues, enhancing decisions on how to deliver care differently based on prevalence. For example, the opioid crisis is still prevalent and may be worse now due to the pandemic, so leaders can use these analytics capabilities to quickly assess and roll out programs to lower prescription rates, provide behavioral health support in primary care offices, and address addiction management differently than they had in the past.

While Carilion is maintaining and increasing its focus on ambulatory and outpatient care, the system's hospitals are still regularly at and above capacity. A $500 million capital project to expand inpatient capacity is being done in conjunction with other activities to ensure that those in the hospital really need to be there. "It's a regular conversation—a philosophical push," Arner said. The dyad leaders hold a weekly meeting to review patient flow: where care is given, where the transfers go, which transfers could have been avoided, and specialist needs. "Our leadership model helps on this effort, so if we are seeing a spike in pulmonary transfers from one hospital, how can we deliver care differently? We are fairly agnostic to location. We are always asking that question, from the perspective of populations, disease state, and so forth," Arner explained. "If we are always transferring gall bladder patients and there are only three, you can't hire a general surgeon to take care of those three patients, but if it were 50 patients, there is something going on and that population needs care differently; let's get a general surgeon in that rotation. We don't focus on the building; we focus on the care of the population.