

The logo for HIMSS 18, featuring the text 'HIMSS' in a bold, sans-serif font, a registered trademark symbol, and the number '18' in a larger, blue, stylized font.

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**Conference & Exhibition | March 5–9, 2018**

Las Vegas | Venetian – Palazzo – Sands Expo Center

## Lessons Learned of Active Continuous Transformation Across Large Healthcare Communities

Session 169, Wednesday, March 7, 2018

**Moderator:** Dr. Kevin Carr, Partner and Chief Medical Officer at  
PricewaterhouseCoopers Public Sector

**Speakers:**

Dr. Tricia Nguyen, Chief Executive Officer at Commonwealth Health Network  
Ms. Brigitte Nettesheim, President, Joint Venture Market Operations at Aetna  
Dr. Ashwini Zenooz, U.S. Department of Veterans Affairs (VA)

# COMMITMENT

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# Conflict of Interest

Kevin Carr, MD, has no real or apparent conflicts of interest to report.

Ashwini Zenoos, MD, has no real or apparent conflicts of interest to report.

Tricia Nguyen, MD, has no real or apparent conflicts of interest to report.

Brigitte Nettesheim, has no real or apparent conflicts of interest to report.

# Agenda

- Overview of ACT Framework
- Introduction to Panel Members and Organization Case Studies
- Panel Discussion

# Learning Objectives

- Describe the ACT Framework
- Identify challenges and solutions in Large Healthcare Communities
- Evaluate opportunities for lessons learned

## Panel Members



**Tricia Nguyen, MD**  
Chief Executive Officer at Commonwealth Health Network



**Brigitte Nettesheim**  
President, Joint Venture Market Operations at Aetna



**Ashwini Zenooz, MD**  
Department of Veterans Affairs Office of Chief Medical Officer  
(CMO), Chief Medical Officer

## Got Questions?

At any time in the presentation go to

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**Has your organization  
ever experienced a  
merger or transition?**



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**Have you ever tried  
to motivate staff  
when they are burnt  
out from change?**



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**Is your leadership  
constantly trying to  
implement new  
ideas?**



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A man in a dark suit is standing on a white surface, pulling a thick rope that is attached to a large, vibrant blue curtain. The curtain is being pulled back, revealing a white background. The text "This is change." is written in white on the blue curtain.

**This is  
change.**

Got Questions?

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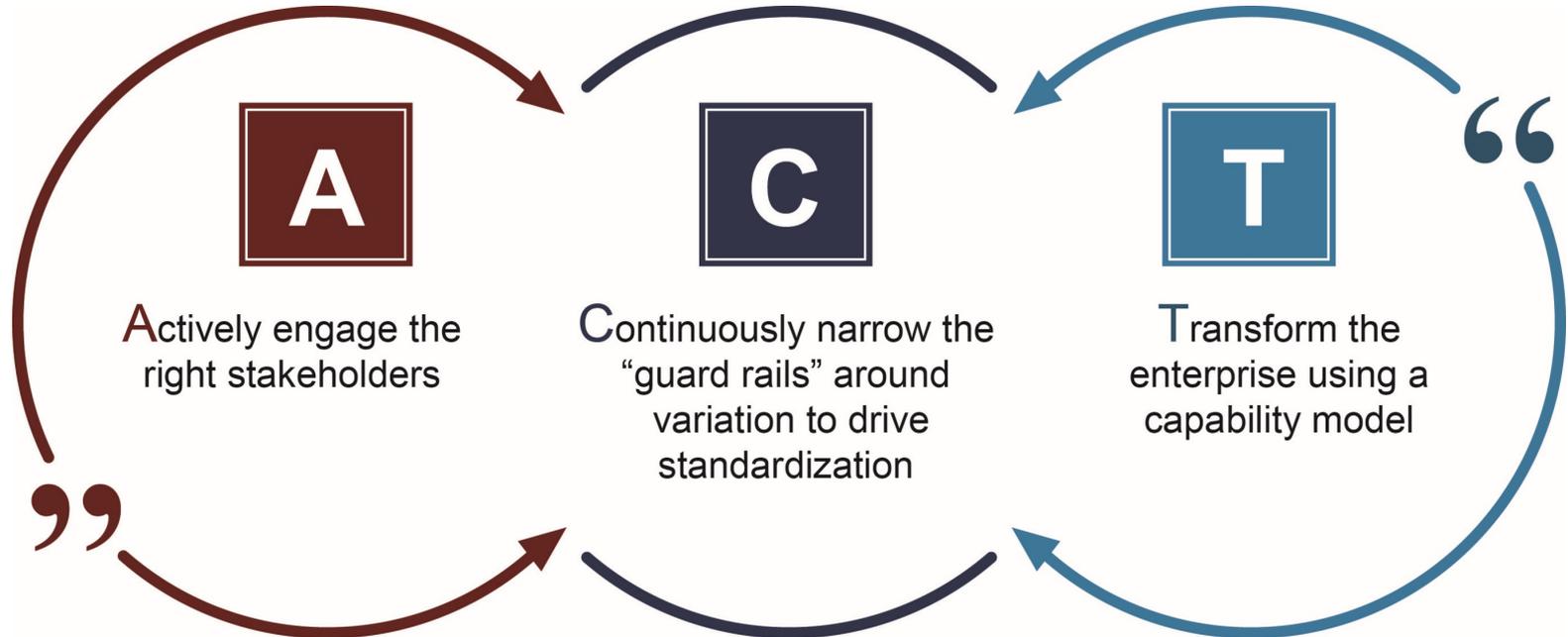
# Transf<sup>Active. Continuous.</sup>ormation

The diagram is a circular flow with three arrows: a blue arrow at the top labeled 'Transformation', a green arrow at the bottom labeled 'Continuous', and a dark blue arrow on the right labeled 'Active'. In the center of the circle, the letters 'ACT' are written in a bold, sans-serif font.

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**Challenge:** Engaging the right stakeholders



**Challenge:** Transforming to better manage populations collaboratively with partners



**VA** | U.S. Department  
of Veterans Affairs

**Challenge:** Continually narrowing the guard rails

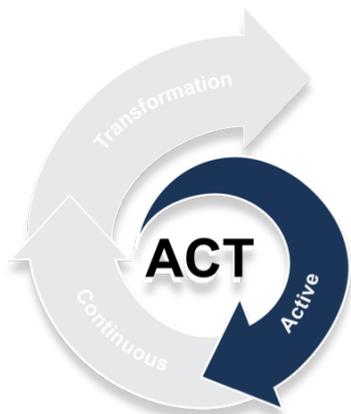
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# Actively Engage the Right Stakeholders...

*...to Develop the Future State of the Business*



## Challenge:

- Move from traditional fee-for-service to value-based care in order to drive patient affinity and market growth

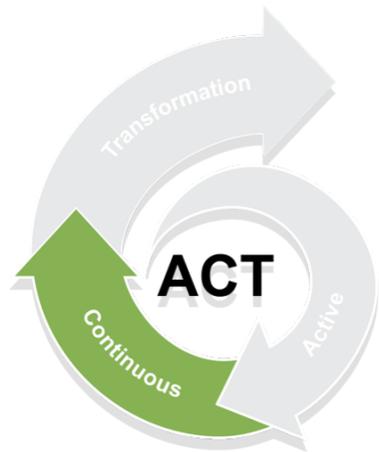
## Solution:

- Expanded stakeholder engagement to include more community provider stakeholders
- Linked messaging to individual purpose
- Helped providers become more active with their patients (as opposed to reactive), as the financial model of risk based arrangements evolved

# Continuously Evolve Enterprise Capabilities...

*...to Improve Success of the Business Model*

**aetna**<sup>®</sup>



## **Challenge:**

- As a large healthcare company, Aetna wanted innovative ways to work with doctors and other healthcare providers to deliver greater value to consumers.

## **Solution:**

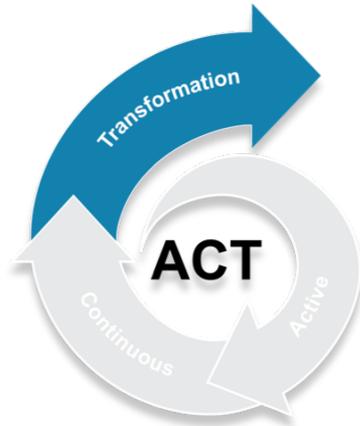
- Implemented capability model to support accountable care organization joint ventures
- Clearly defined payer, provider, or shared capabilities
- Aligned capability model with operation accountability and success metrics

# Transform Operations...

...to Standardize Processes within Defined Guiderrails



**VA** | U.S. Department  
of Veterans Affairs



## Challenge:

- Improve timely access to care for Veterans

## Solution:

- Implemented capability model for national transformation projects
- Implemented a new operating model required to accept and drive change at the local level
- Set guard rails to limit process variability which align to evidence based practice to drive enterprise wide standardization

*Note: VA has used ACT, but also uses Prosci*

# Moving Toward a High Performing Network



Develop processes to monitor healthcare quality, utilization, patient satisfaction, and value.



Evolve from fee-for-service reimbursement to preferred providers with value-based reimbursement



Transform our care model to support more personalized and coordinated Veteran care



Transition to more seamless electronic exchange of healthcare information

# Transf<sup>Active. Continuous.</sup>ormation

Got Questions?

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# Questions?

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# Enduring Questions

1. What are the critical success factors for large scale transformation?
2. Why is it difficult to transform healthcare on a large scale?
3. Is standardization essential for successful transformation?

## Panel Bios: Kevin Carr, MD

Kevin Carr, MD is the Chief Medical Officer for US Health Advisory at PwC. After attending medical school at University of Alabama at Birmingham, Dr. Carr attended Residency at Yale University. He stayed on as faculty in the Yale Internal Medicine residency program where he later became CMIO at an affiliated hospital (in parallel to serving as the Program Director of a HRSA-funded multi-site disease management program). He has served as a consultant at top-tier consulting firms for the past 14 years.

He is actively engaged with multiple clients on quality outcomes improvement initiatives (e.g. Harvard Pilgrim, University of Miami, UTSW/THR, others). He has served large payers (e.g. Aetna, HCSC, Florida Blue, BCBS-MI) on quality improvement initiatives. For comparative effectiveness research, he oversees our work at the Patient-Centered Outcomes Research Institute. In parallel to commercial sector work, he advised the Office of the National Coordinator on use case development for over 5 years.

Dr. Carr enjoys multi-stakeholder engagements that both define the future of evidence-based medicine (clinical research, comparative effectiveness, etc.) and increase adherence to current evidence-based medicine protocols (e.g. CMS Stars Reporting, inpatient quality metrics reporting, etc.). These translate into initiatives such as planning for clinical research networks, health information exchanges, provider portal redesign, CMS Stars reporting, ACO performance reporting, inpatient quality reporting, risk score optimization, and patient navigation program support.

Prior to joining consulting 14 years ago, Dr. Carr served on faculty at in the Yale Primary Care Internal Medicine residency program where he served as CMIO of one of the affiliated hospitals and founder/ lead of their underserved disease management program.

## Panel Bios: Tricia Nguyen, MD

Dr. Nguyen is currently with Inova Health System as CEO, Commonwealth Health Network (Inova's Tri-State -VA, MD and DC) Clinically Integrated. The Network contracts with insurers and employers to deliver value based healthcare through better clinical coordination, effective care management models and reducing unnecessary utilization of healthcare services.

Dr. Nguyen has more than 20 years of experience in healthcare. Dr. Nguyen has a broad range of experience working with health systems and networks (Banner Health, Texas Health Resources) and payers (Humana and Blue Cross Blue Shield), all focused on establishing the foundations for population health and outcomes-based reimbursement. She has worked as an emergency medicine physician, a clinical leader in hospital settings and as an executive champion for improving the health and well-being of the people in the community.

She received a bachelor's degree from Creighton University School of Pharmacy in Omaha, Neb., and a medical degree from the University of Missouri at Columbia School of Medicine. She trained at UT Memphis and received her MBA from UT Dallas. She is board certified in internal medicine.

## Panel Bios: Brigitte Nettesheim

As president, Joint Venture Market Operations, Brigitte drives the execution of the business plans for Aetna's Joint Venture markets with a focus on achieving goals through growth, advancing Aetna's relationship with the provider and transforming the way care is delivered locally.

Most recently, Brigitte was CEO of Aetna's Accountable Care Solutions organization. She was responsible for the development, growth and performance of Aetna's value-based care and contracting models including Aetna's Whole Health (ACO) product portfolio in support of enhancing local population health models. Inherent in these models is the underpinning transformative clinical and care delivery models.

Prior to re-joining Aetna, Brigitte was a Principal at The Chartis Group, a provider strategy consulting firm, and the leader of their payor segment where she advised clients on strategies and tactics to succeed in the transition to value-based care reimbursement models; conducted in-depth analysis on potential payor-provider business models; and developed product portfolio strategies for provider-owned health plans. In this role, she also served as a health insurance industry expert for multiple media and industry organizations.

Brigitte has years of experience at Aetna in various leadership roles, most recently as Regional Head of Strategy & Operations for Aetna's Accountable Care Solutions (ACS) division. In this role, Brigitte helped build Aetna's ACS division, including negotiating and leading the development of multiple successful provider partnerships. She has also served as the Director of Sales & Service in National Accounts, led national Provider Performance, and Region Head of Medical Economics.

Ms. Nettesheim earned a master's degree in business administration from the Kellogg School of Management at Northwestern University where she concentrated her studies in health industry management. She received her Bachelor of Science in economics with a minor in systems engineering from the United States Military Academy and served in the United States Army, departing with the rank of Captain.

## Panel Bios: Ashwini Zenooz, MD

Dr. Ash Zenooz is currently serving as the Chief Medical Officer for the Electronic Health Record Modernization (EHRM) effort in VA.

Dr. Zenooz most recently served as the Deputy in the Office of Deputy Under Secretary for Health for Policy and Services where she provided guidance and leadership on matters related to health care policy, strategic objectives, and policy requirements for legislatively mandated health care delivery programs. Prior to that, she was a Brookings Congressional Health Policy Fellow in the U.S. Senate, where she was highly respected for her understanding of and command over complex VA issues. She has also served in a variety of other roles including Chief of Imaging Services at the New York Harbor VA, Abdominal Imaging Radiologist at the Palo Alto VA and has held academic appointments at Stanford Medical School and NYU School of Medicine. Her private sector Radiology experience includes her practice at Brigham and Women's Healthcare System and at the Massachusetts Eye and Ear Infirmary.