H2C PERSPECTIVES

Survey: Success in a Transformative Environment Depends on Health Systems' Ability to Navigate Change

November 2018

A series of surveys of healthcare leaders demonstrates the need for healthcare organizations of all types and sizes to invest in capabilities for change management and culture change. Senior leaders from the 100 largest U.S. health systems responded to the surveys, conducted quarterly from January 2016 through December 2017 by Hammond Hanlon Camp LLC (H2C) and The Health Management Academy.

Key Insights

High Risk. An overwhelming majority of healthcare executives (85 percent) believe the healthcare industry faces significant risk for disruption, and 65 percent say their organizations are willing to self-disrupt to prepare for the future.

Delivery Model. Among those willing to engage in self-disruption, 76 percent would focus on their delivery model.

Pace of Change. Sixty-nine percent believe their systems should be making the transition to value-based payment models more quickly, but some do not believe their organizations are prepared to push for change in their market.

Market Share and Cost Control. Leading health systems are highly focused on growing their organizations while reducing costs, the survey found. In a survey on "Priorities and Budgets," more than half of respondents (53 percent) cited growth in market share and/or volume as a top priority, and 42 percent cited cost control/reduction as a priority. One CEO said senior leaders are spending a lot of time looking at ways to reduce costs in light of increasing expenses and significant net income compression.

Culture and Alignment. When it comes to physician acquisition, health system executives say their top challenges are cultural integration of new physicians (80 percent) and aligning physicians with system quality and performance goals (60 percent).
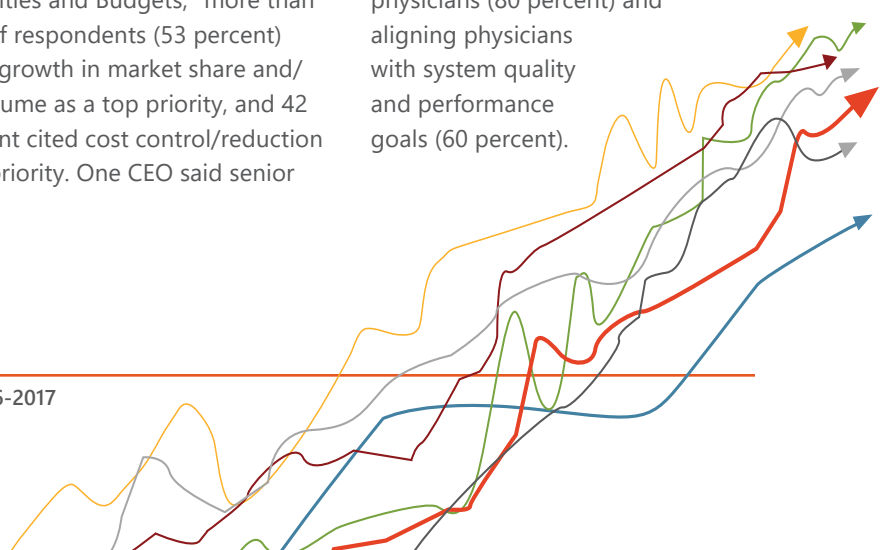
To successfully assimilate newly acquired physician practices, 85 percent of health systems surveyed are working to integrate physicians into the electronic health record (EHR), 80 percent are redesigning physician compensation packages in line with system practices and benefits, 75 percent rely on physician onboarding programs, 75 percent have undertaken rebranding initiatives to better assimilate new physicians (e.g., lab coats, signage, IDs), and 75 percent are investing in physician onboarding programs. Health systems surveyed also are working to involve physicians in decision making through physician councils or dyad leadership structures.

Clinician Stress. Workload, change fatigue, and burnout are health systems' top challenges related to clinician engagement, health system executives say. Fifty percent say combatting physician burnout is a top priority. Sixty percent not only measure physician burnout, but also have programs to address burnout among their medical staff.

Participants

We gratefully acknowledge the support of the following health systems whose leaders participated in the surveys referenced in this study.
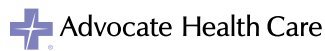
Disruption

Most healthcare executives surveyed (85 percent) believe the industry is at significant risk for disruption, and their organizations have begun to develop strategies to help prepare for a transformative future.

Seventy-one percent of organizations have invested in technology and digital health to help withstand disruption. Many of these organizations are developing new partnership strategies to make themselves more efficient, accessible, and cost-effective.

Respondents whose organizations plan to grow and develop new revenue streams in response to disruption (67 percent) say diversification of service lines will be important to remain competitive and offset losses in traditional revenue streams. Some system executives explained that, in many cases, these opportunities align with their plans to invest in new technology.

"It's becoming more difficult to generate any margin on government-insured patients, and there will only be more of them," one CFO said. "It's important that

we develop new profit streams that can offset those losses."

More health systems are developing a formal strategy for consumer engagement in an era of transformation, according to the results of tracking report surveys taken from 2016-2017. Forty percent of healthcare leaders surveyed in late 2017 say their organization has a very mature consumer engagement strategy, an increase of 12 percent over

Figure 1. What are the top three strategies that will be the most valuable for your health system in preparing for disruption?
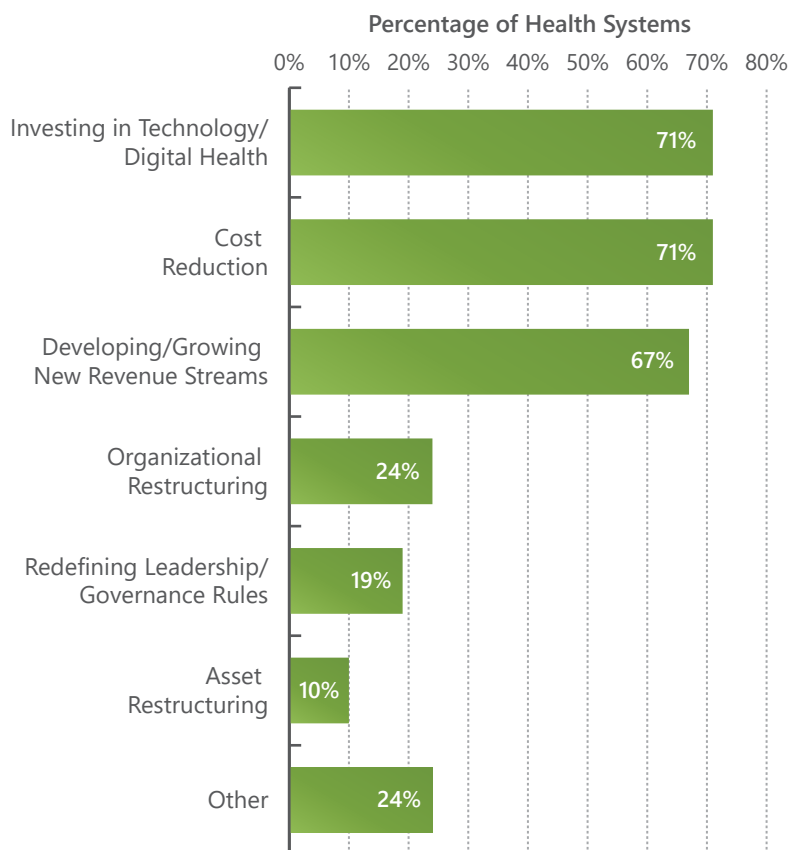
Source: Q4 2017 Strategic Survey: Disruption.

Risk of Disruption

"We are going to start seeing some really substantial changes to the business model. A high fixed-cost model is a concern for all of us."

Preparing for Disruption

"It's becoming more difficult to generate any margin on government-insured patients, and there will only be more of them. It's important that we develop new profit streams that can offset those losses."

Self-Disruption

"Most of our capital plan and investment is around things that will disrupt inpatient revenue streams. We expect change to happen anyway, so we might as well lean into it and prepare for the cost structure disruption that's coming."

Q1 2016 results. Top consumer engagement initiatives among leading health systems include efforts around digital delivery, transparency, standardization, and community outreach. But the culture change needed to adopt a consumer-centric strategy remains a challenge for 70 percent of providers, survey results show. Health system executives also said competition between short-term priorities (such as merger-and-acquisition activity) and long-term priorities (such as consumer engagement) kept their organizations from realizing the potential of a consumer-centric strategy.

Most respondents (65 percent) say their organizations are willing to engage in self-disruption in response to a disruptive market.

However, many executives admit that while their senior leadership team embraces the philosophy of self-disruption, the actual roll out and implementation of a self-disruptive strategy will be a slow process.

H2C Commentary

Disruption

Competitor consolidation and healthcare consolidation present the biggest risk of disruption to hospitals and health systems. Both represent significant market plays—and both can negatively impact healthcare organizations. We're seeing a great deal of this type of activity occurring in the marketplace, and there's no indication that the pace is slowing down.

Longer-term disruptions that may impact healthcare organizations include technological innovations that reduce the need for hospital inpatient services. They could also take the form of competitors entering markets and cherry picking the services that most appeal to employers and insured employees.

Providers need to be judicious about the technologies and services in which they choose to invest. New investments should support greater efficiency, improved quality, and better customer service. As healthcare leaders explore opportunities for new revenue streams, they should consider the value proposition—that is to say, whether the service or technology associated with the new revenue stream displaces another for the benefit of the consumer, or whether it instead burdens the consumer with increased total cost and, if so, whether the increased total cost can be justified in the consumer's mind by a tangible improvement in quality or convenience.

We increasingly hear about big partnerships among new entrants to the healthcare space, such as the recent partnership between JP Morgan Chase, Berkshire Hathaway, and Amazon. The first reaction from healthcare executives often is skepticism: It doesn't seem credible that these new entrants, with no experience in healthcare, could solve the industry's challenges overnight. However, if these entrants were to find a way to develop a model that would serve only the commercially insured, the impact would turn the industry on its head. As this joint venture moves forward, leaders should keep an eye toward the companies' goal to achieve "better medical service at lower cost" for their employees.
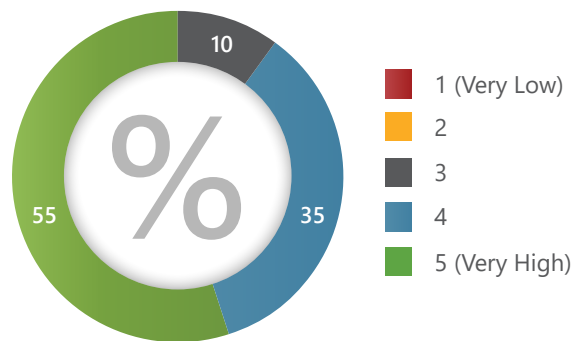
Cost Reduction

Ninety percent of executives for the nation's largest health systems say cost reduction is a high priority or very high priority—and its importance among healthcare leaders increased from 2016 to 2017.

"There is not a scenario I can foresee where you can allow higher cost," one chief operating officer says. "Everything is pushing us to be very aggressive [around reducing costs]."

Leaders for the nation's largest health systems reported an average operating margin of 3.69 percent in 2017, down slightly from 3.98 percent in 2016. At the end of 2017, 47 percent of large health system executives anticipated their organization's operating margin would decrease in 2018. As a result, 67 percent of large health system executives surveyed expected to prioritize cost reduction more highly in 2018 than in 2017.

Most health systems are focusing cost-reduction efforts around areas such as labor (68 percent), supply chain (42 percent), and pharmacy (42 percent). Leaders also are seeking to reduce costs related to revenue cycle, post-merger integration, medical spend, infrastructure, and system/corporate services as well as overhead, automation, and the physician enterprise. Systems are reluctant to cut costs in IT, especially in an era of increased cybersecurity threats, survey results show.

Figure 2. How would you rank cost reduction as a priority, compared to other priorities at your health system?

- 1 (Very Low)
- 2
- 3
- 4
- 5 (Very High)

Source: Q2 2017 Strategic Survey: Cost Reduction.

Figure 2. How would you rank cost reduction as a priority, compared to other priorities at your health system?
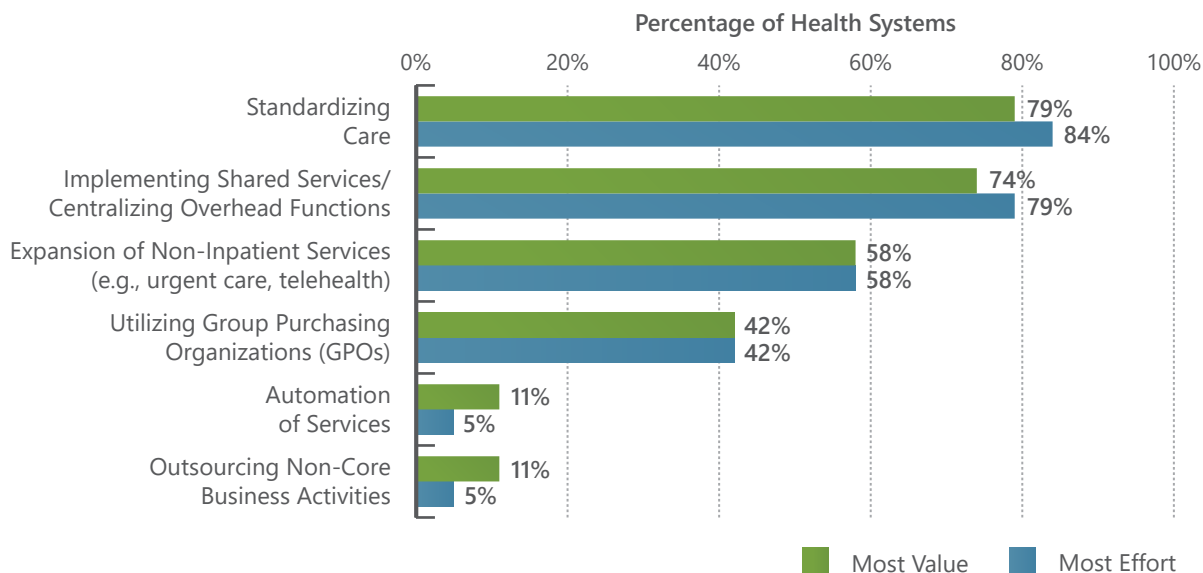

- Increased
- Stayed the Same
- Decreased
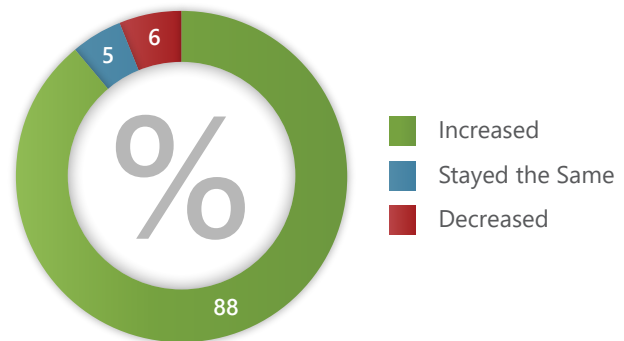
Source: Q2 2017 Strategic Survey: Cost Reduction.

Across health systems, standardizing care was the top cost-reduction strategy in both effort and value, with 53 percent of health systems ranking it No. 1 in effort (average rank: 1.44) and 47 percent ranking it No. 1 for value

(average rank: 1.60). However, other strategies did not align as neatly. Some strategies, such as implementing shared services/centralizing overhead functions, were viewed to be higher in effort (average rank: 1.87) than in value

(average rank: 2.15). Others, such as utilizing Group Purchasing Organizations (GPOs), were viewed to have lower effort (average rank: 2.57) but higher value (average rank: 2.13).

Figure 4. Please rank the three strategies on which your organization expends the most effort (e.g., time, resources) and the three that produce the most value for your organization.

Percentage of Health Systems

Strategy	Most Value	Most Effort
Standardizing Care	79%	84%
Implementing Shared Services/ Centralizing Overhead Functions	74%	79%
Expansion of Non-Inpatient Services (e.g., urgent care, telehealth)	58%	58%
Utilizing Group Purchasing Organizations (GPOs)	42%	42%
Automation of Services	11%	5%
Outsourcing Non-Core Business Activities	11%	5%

■ Most Value   ■ Most Effort

Source: Q2 2017 Strategic Survey: Cost Reduction.

Nearly all health system executives surveyed expected to expand their organization's use of telehealth services, with some looking to telehealth as a cost-reduction strategy, especially when it comes to labor costs. "Telemedicine has to be positioned so it reduces costs by providing coverage off-hours as a remote staffing solution," says one chief operating officer. "It is cheaper to have a remote service than to add an extra hospitalist [or] pharmacist."

Although a majority of health systems (66 percent) are relying on an external telehealth provider to develop their telehealth capabilities, several health systems prefer to use their own physicians.

But building momentum for telehealth isn't easy: 72 percent of health system executives say reimbursement and regulatory hurdles remain top challenges to telehealth adoption. "A lot of work goes into the telehealth-type work, but there's not a lot of value in terms of financial reward," says one chief medical officer. "It's more of a consumer strategy."

The Pace of Cost Reduction

"Efforts have accelerated slightly, partly because of the atmosphere of declining reimbursement. We are seeing urgency in reducing the cost side of the equation."

Heavy Focus on Labor Costs

"We've done a lot of holding of new hires and new positions to make sure we're not overstaffing. [Efforts are] focused more on non-clinical and administrative areas. We do more vetting for new positions: Even if the position was approved in the budget, it still might not be approved to be hired."

Setting Targets for Cost Reduction

"Targets are set at the system level and cascaded down to a department level. We are flexible in that if one area has less opportunity, we will be flexible in the design of the cascade."

Evolving Payment Models

Evolving payment models—both at a federal level and commercial level—remain top of mind for healthcare leaders, yet the pace of change is slow. Seventy-three percent of large health system leaders ranked their transition to value models as a 3 on a scale of 1 (very slowly) to 5 (very quickly). In 2017, 40 percent of health system executives reported moving slowly or very slowly toward value-based payment, compared with 26 percent in late 2015.

Figure 5. Do you think the pace of change at your organization should move faster, slower, or stay the same to get where you want to be in five years?
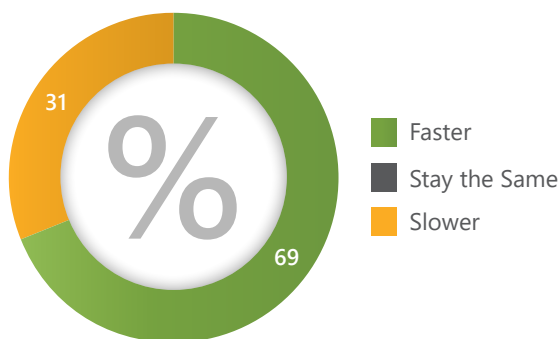
Source: Q1 2017 Strategic Survey: Health Policy.

Sixty-nine percent of health system leaders believe their systems should be moving more quickly to make the transition to value-based reimbursement, yet some do not believe their organizations are prepared to push for change in their market, according to the survey. As a result, 82 percent of reimbursement for the nation's 100 largest health systems remains rooted in fee for service.

Health system respondents cited market trends, payer reluctance, organizational alignment, and hesitancy toward changing their reimbursement model too early as reasons that prevent their systems from moving away from fee for service at a faster pace.

"Private payers don't seem to have an interest in going there," one chief medical officer said. "We are ready and have started to structure ourselves for [value-based payment models] with physician compensation and contracts around value, but from our standpoint, there is zero benefit in rushing to risk."

Yet many respondents say their organizations aim to increase risk in the future through new health plan offerings or payer contracts.

When it comes to health policy, most health systems are not adjusting their strategies in response to potential legislative changes. Instead, leading health systems are focused on improving quality of care and reducing the overall cost of care.

An overwhelming majority of health systems represented (80 percent) did not change their priorities in response to the 2016 election, with many executives citing larger industry trends they believe will continue regardless of legislative changes (e.g., movement toward value-based payment, affordability, consumerism).

ACA Provisions that Hold High Importance

"We're interested in the coverage of uninsured people. Medicaid expansion and the exchanges were the mechanics of the ACA that were used to get there.

Strategic Development of New Payment Models

"We are continuing down our journey. We are working to position ourselves to be a low-cost, high-value delivery system. Trying to drive the cost of healthcare down, regardless of the direction of legislation."

Communication with Lawmakers

"We are on a first-name basis with our senators and representatives, and they ask our opinions pretty regularly. We're lucky in that we are in pretty close touch with our delegation."

Health system executives rank Medicaid expansion (75 percent), health insurance exchanges (55 percent), and the individual coverage mandate (50 percent) as the Affordable Care Act (ACA) provisions most important to their organization. All respondents say their organizations are working to impact the conversation around future health legislation, whether at the federal, state, or local levels.

Evolving Payment Models

At the federal level, the move toward value-based payment initiatives appeared to have stalled in late 2017. Much of the reason for this is because many providers object to these models as they are currently structured. Many of these payment models are really quite good ideas: A lot of them are based on effectively capitating an event, whether directly with providers or, more often, through an intermediary health plan or risk-bearing entity. Such models provide financial incentives for higher-quality, lower-cost care. But a 2018 HFMA study found population-based value-based payment models are not yet having the desired impact on reducing total costs of care. Additionally, the study found few models offer sufficient financial incentives to support broad-scale changes to care delivery.

How long will providers be able to resist the move away from fee for service? Healthcare costs currently are approaching 20 percent of our nation's gross domestic product—50 to 100 percent higher than other developed countries. It's unclear how long this can continue, yet it's also unclear what will ultimately break the fee-for-service model.

A push for increased price transparency at a federal level would likely accelerate the move toward value. Imagine if federal law were to require providers to publish the rates they receive from health plans for specific services. It's not a radical move when one considers that such price transparency is evident, if not obvious, in every other industry, but it would feel radical to healthcare providers. But the likelihood of this happening, even with Republicans—traditional advocates of free enterprise—controlling both the House and Senate, is not strong.

We have not yet seen the move toward real value. But like a lot of things in life, a tipping point may well occur suddenly, without warning. Providers would be well advised to continue the move toward value-based payment models in preparation for a sudden shift.

Physician and Clinician Alignment

Fifty percent of health system leaders surveyed say combatting physician burnout is a top priority and that the need to do so increased from 2016 to 2017. Sixty percent not only measure physician burnout, but also have programs to address burnout among their medical staff.

Keeping physicians and clinicians enthused and engaged in their work has become a greater struggle for hospitals and health systems in an era of competing priorities. For example, some physicians spend 785 hours per year meeting quality reporting requirements, according to a study by the Medical Group Management Association—and most of this time is spent inputting information into the electronic medical record (EMR)

solely for quality reporting program purposes. "We have looked at the root cause of burnout and found 80 percent of the time, it comes down to the EMR," one chief medical officer commented.

The vast majority of health systems (81 percent) also have implemented strategies to improve their clinician retention rate. Strategies include enhancing the onboarding process, EHR optimization,

Avoiding Change Fatigue

"The biggest issue is how to engage physicians on the key priorities without immersing them on every priority. So many quality things to engage them on – hard to keep pace with it."

Measuring Physician Burnout

"We administer an annual engagement survey to all of our physicians, including voluntary. The survey does address burnout (e.g., 'I feel burned out,' 'I feel more callous over time')."
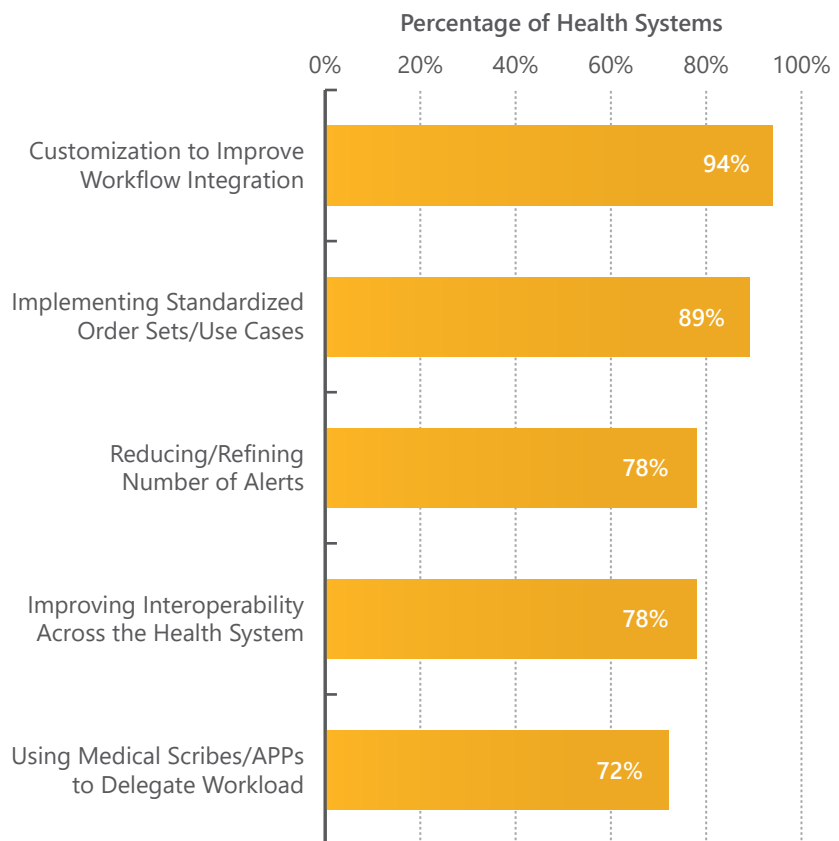
Addressing High Workloads

"We are looking to manage physician workload by using robotics and machine intelligence to scrub through things like emails and answer them automatically. We are also working on workflow issues by consolidating work in one location among people who are specialized in that area, so patients get routed that to center of excellence and physicians don't have to deal with the one-offs."

implementing formal programs around burnout, offering training and development programs, renovating compensation models, increasing flexibility around scheduling and staffing, and implementing programs to improve communication and coordination.

"The biggest issue is how to engage physicians on the key priorities without immersing them on every priority," one chief medical officer says. "There are so many quality things to engage them on, it's hard to keep pace with it."

Programs for managing physician burnout include providing educational and support materials to physicians, physician wellness programs, implementing town halls allowing physicians to voice concerns, social programs, speaker series, and physician counseling and mentoring programs, among others.

Figure 6. Is your health system implementing strategies to enhance EHR usability for clinicans? (Please check all that apply.)

Percentage of Health Systems

Customization to Improve Workflow Integration	94%
Implementing Standardized Order Sets/Use Cases	89%
Reducing/Refining Number of Alerts	78%
Improving Interoperability Across the Health System	78%
Using Medical Scribes/APPs to Delegate Workload	72%

Source: Q1-Q2 2017 Strategic Survey: Physician Alignment.

Strategic Partnerships

Focus on strategic partnerships decreased from 2016-2017, but growth is expected in 2018, survey results showed.

While only 29 percent of large health systems reported forming a strategic partnership from Q2–Q3 2017, 71 percent planned to form one during the last quarter of 2017 or the first quarter of 2018.

In Q1 2016, health systems largely sought nontraditional partnerships, such as partnerships with industry companies and insurers that could provide resources and expertise

in noncore business areas (e.g., telehealth, data analytics, insurance, revenue cycle) that would enable them to provide higher quality care. Respondents also expected to form partnerships around clinical services, retail clinics, physician recruitment, risk assumption, technology, and urgent care.

By Q4 2017, 40 percent of health system respondents that planned to form strategic partnerships indicated they would do so with other provider organizations in areas such as service line expansion, telehealth, inpatient/outpatient surgery centers, and/

or imaging. Meanwhile, another 40 percent were planning partnerships with outside industry vendors, focusing on medical devices, revenue cycle, IT, health plans, supply chain, and/or retail clinics.

Factors driving strategic partnership include the need to increase scale and consumer reach, expand service lines, improve population health delivery, maximize current resources, and reduce costs. Health system executives also cited a need to expand close gaps in clinical services across the continuum of care while increasing their organization's geographic footprint.

Figure 7. Is your health system implementing strategies to enhance EHR usability for clinicans? (Please check all that apply.)
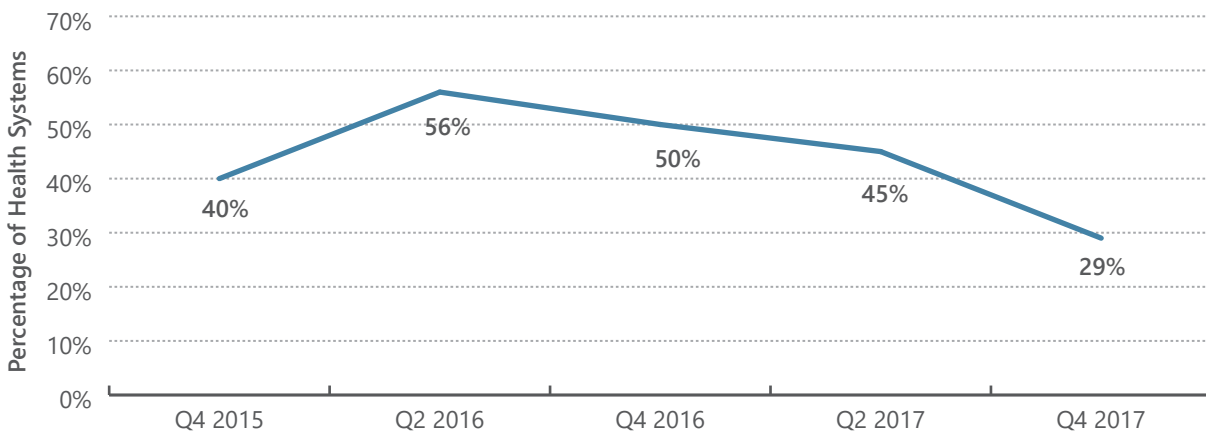
Source: Q4 2017 Strategic Survey: Consolidation and Strategic Partnerships.

Growth in Strategic Partnerships Expected

" [Partnerships] with providers enhance our reach to the consumer, broaden our footprint, and expand our continuum of services. New types of partnerships are those with industry partners, which could be used to unlock value in existing operations through a higher degree of business intelligence."

Factors Driving Partnership

" We will benefit from collaboration with like-minded organizations. We also have a desire to create scale as it relates to our strategy commitments around population health."

Cybersecurity

Cybersecurity is a top priority for 85 percent of executives of the nation's largest health systems. All survey respondents reported that cybersecurity has become a higher priority (70 percent) or has remained a top priority for their organization (30 percent) in the past year. This is largely due to an increase in data breaches, a focus on consumer protection, and uncertainty around how to best protect their organizations in the face of emerging IT security threats.

"Given the environment, our focus on this topic has significantly increased in the last year," one chief strategy officer says. "It's consistently a priority on every board meeting agenda."

More than half of respondents (55 percent) rated the maturity of their disaster recovery/business continuity plan to be a 4 or 5 on a scale of 1 to 5. However, 40 percent of respondents indicated that while such a plan exists, it has not been completely formalized or adequately tested. As a result, they rank the maturity of their disaster recovery/business continuity plan as a 3 on a scale of 1 to 5.

Systems that rated the maturity of their business continuity plans highly often reported that they brought in an outside company to test their processes.

Multiple respondents voiced concerns regarding their organization's ability to stay ahead of the curve on cyberattacks. Attacks can come from anywhere: Among the health systems surveyed, one attack came through an IV pump. Many respondents fear challenges related to integration of medical devices into their existing systems will impact IT security.

Health system executives also are facing difficult budgeting decisions related to cybersecurity. "Many challenges are debating the difference between '95 percent secure' and '100 percent secure,'" one chief medical officer said. "If we are 98 percent secure, is reaching 99 percent security worth another $5 million in investment? It's hard to know when the marginal cost exceeds the benefit. It's a difficult decision to have in an era of financial constraints."

Awareness

" Our biggest challenge is our people. If there's an issue, it's usually because someone fell for a scam and gave away credentials."

Preparedness

" We don't know what's coming next, where the attack is going to come from, or how it's going to work. We're on top of it, but every day we learn something new about the protection we need."

Cost of Security

" We are on a first-name basis with our senators and representatives, and they ask our opinions pretty regularly. We're lucky in that we are in pretty close touch with our delegation."

Figure 8. How would you rate the maturity of your health system's cybersecurity disaster recovery/business continuity plan?

- 1 (No Formal Plan)
- 2
- 3
- 4
- 5 (Highly Developed, Robust Plan)
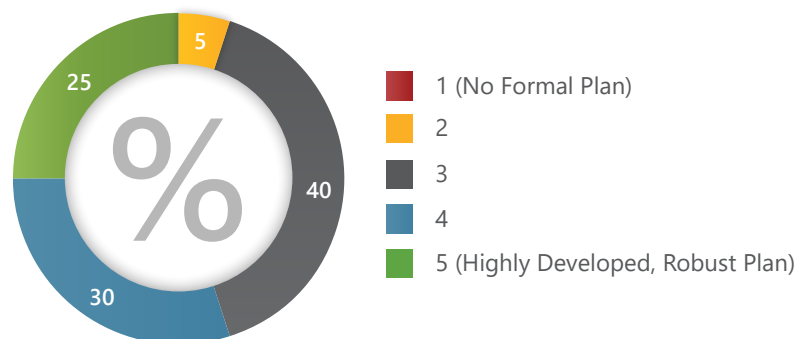
Source: Q3 2017 Strategic Survey: Cybersecurity.

Cybersecurity

Today, healthcare organizations face twice the number of cybersecurity attacks as companies in other industries. Increased merger-and-acquisition activity is creating vulnerabilities for some health systems due to challenges integrating the new organization's technologies with their own. Meanwhile, cyberattacks are becoming increasingly complex.

Adding to these challenges is the lack of maturity in most health systems' cybersecurity defense efforts. For example, just 25 percent of leaders for the nation's largest health systems would rate their disaster recovery and business continuity plans as "highly developed and robust."

Beyond the financial impact associated with data breaches, systems face considerable reputational risk. Protecting patient data is a fundamental responsibility of health systems, and an organization that is incapable of protecting data risks losing patient, employee, board, and medical staff confidence. It may also face fines and lawsuits.

Collaboration between departments is key to a successful enterprise cybersecurity strategy. In many systems, the CIO role has been elevated to report directly to the CEO, increasing response time and ensuring the organization has a systemwide approach to IT security. Health systems also must proactively engage their employees in safeguarding IT security.

Data Analytics

The nation's largest health systems are highly focused on data analytics. Fifty-six percent of executives for the nation's largest health systems rate their data analytics strategy as a 4 or 5 on a five-point scale. Eighty-one percent expect their health system's spending on data analytics to increase.

Increasingly, data analytics experts are taking a seat on the senior leadership team: Nineteen percent of health systems surveyed have a Chief Data Officer, Chief Analytics Officer, or other analytics-related executive.

But the rate at which the nation's largest health systems are rolling out analytics-related initiatives and the types of initiatives they are engaging in varies, the survey shows. Initiatives range from

Struggles with Scale and Complexity

"The magnitude of data that is pouring out of our systems every day is stunning. Scale is probably our biggest challenge, combined with the breadth of our data."

Focus on System Consolidation

"Each hospital has its own analytics, and some have their own enterprise data warehouse. We need to reduce the duplication."

Taking a More Strategic Approach

"We are highly focused on gathering information on drivers of performance and trends that help guide us. Data analytics is not sidelined—it is like water for us; we have to have it."

recruiting talent, defining data elements, integrating disparate systems (e.g., clinical, financial) into a common platform, and/or building an enterprise data warehouse.

"We are moving toward a major system upgrade to get to a single database for the whole health system," one chief operating officer says. "There is an amazing amount of work that goes into making sure all the data elements are consistent."

Health systems also are rolling out analytics-based scorecards that can report performance to operating units in real time, developing predictive models to identify at-risk populations, and implementing new data-based interventions to improve chronic disease management.

"[We are] rolling out more robust data visualization and dashboard tools to enhance our ability to get actionable information into the hands of our front-line caregivers, management, and executives," one CEO says.

Pharmacy

Drug pricing and drug availability remain top challenges for the nation's leading health systems, with 92 percent citing drug pricing as their top pharmacy challenge, followed by drug availability (64 percent). Eighty-four percent of executives rate drug pricing and cost concerns as a 4 or 5 on a five-point scale.

Leaders for the nation's largest health systems are highly focused on negotiating volume-based discounts with pharmaceutical companies (84 percent) and updating current prescribing guidelines, improving medication management protocols, and educating staff (80 percent). In addition to managing costs, centralizing and expanding pharmacy operations, and improving prescribing practices and prescription drug surveillance, some health systems are implementing a single integrated pharmacy system (e.g., Epic Willow) and deploying telepharmacy services and remote telemonitoring to improve patient safety and enhance access.

Figure 9. Please rank your three biggest challenges related to your health system's pharmacy department.
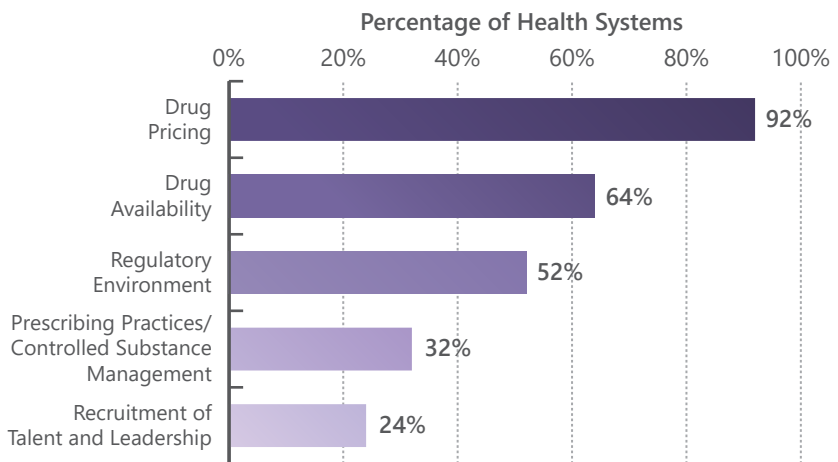
Source: Q3 2016 Strategic Survey: Pharmacy.

"We are doing remote telemonitoring of pharmacy services to make sure patients are filling the right prescriptions and they understand their medications," one chief nursing officer says. "Pharmacists can also do medication adjustments via telehealth consultations instead of the patient going into a primary care office."

Most responding health systems have a leader at the chief executive (13 percent) or vice president (50 percent) level responsible for their corporate pharmacy services. Nearly 30 percent of health systems have a Director of Pharmacy or Executive Director of Pharmacy as the highest pharmacy executive at their health system. One executive commented on the challenging nature of recruiting talent and leadership for corporate pharmacy services when the position is at a director level.

Pricing

"The amount of dollars is significant, and part of that has been the unpredictability for some programs, like 340B. We had budgeted for a certain amount of dollars, but mid-year, the rules changed, and our budget was not accurate anymore. Now, we are looking at a deficit that we did not expect."

Availability

"The issue of drug availability is how you are able to access new drugs if your GPO is not associated with a pharmaceutical company. You may not have access to a drug that seems to show efficacy. It has ramifications for any service line with experimental drugs."

Managing Costs

"We are doing remote telemonitoring of pharmacy services to make sure patients are filling the right prescriptions and they understand their medications. Pharmacists can also do medication adjustments instead of the patient going into a primary care office."

A New Outlook for Leadership

As the pace of change in healthcare continues to accelerate, and as new entrants to the industry and new technologies disrupt traditional care models, healthcare organizations will need to invest in the change management and culture change skills of their leaders. Doing so will better position organizations and their team members to navigate this new era and respond in ways that support success. It also will help organizations achieve the goals that are critical to meeting their mission and the needs of the communities they serve: high-quality care delivered at lower cost.

Survey Methodology

During each quarter, The Health Management Academy conducts surveys of senior health system executives from the nation's 100 largest health systems. These surveys include CEOs, COOs, CFOs, CMOs, CNOs, and CSOs. The surveys consist of a tracking section that provides insight into trends around primary strategic areas and a special topic area that allows for an in-depth look into a timely, developing issue. Topics of these surveys include innovation, consumer engagement, ambulatory and real estate strategies, physician alignment, bundling, data analytics, telehealth, pharmacy strategies, branding, health policy, cost reduction, and cybersecurity.

For each of the surveys referenced, leaders from 20 to 25 of the nation's largest health systems participated.

The Health Management Academy is a membership organization exclusively for executives from the country's Top100 Health Systems and most innovative healthcare companies. The Academy is the definitive trusted source for peer-to-peer learning in healthcare delivery with a material record of research and policy analysis. Offerings include C-suite executive peer forums, issues-based collaboratives, leadership development programs, research, advisory, and media services. The Academy is an accredited CE provider. More information is available at www.academynet.com.

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With offices in New York, Atlanta, Chicago, and San Diego, the professionals at H2C are committed to providing superior strategic and financial advice as a trusted advisor to the healthcare community.

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