Message from the Chapter President

On behalf of the WV ACHE Chapter we thank each and every Healthcare Executive for their leadership role in making a difference in providing healthcare to those in the communities they serve. Leadership is a refined characteristic of every Executive as recently highlighted in Modern Healthcare, March 14, 2016 article titled “Executives must commit to lifelong learning in relentless pursuit of quality improvement” by Edward Lamb. Mr. Lamb’s commentary hits it on the mark – “Executives who commit to lifelong learning, support the development of others and improve the health of their communities position themselves and their organizations firmly at the forefront of healthcare leadership.” (Article on page 3)

We would like to thank all the members of our chapter Association as well as both past and present Board Members for your commitment to education and leadership. We welcome 2016 new Members of the WV ACHE Board:

- Louis Roe Jr., FACHE, Executive Director, Thomas Health System Physician Partners
- Kristi Snyder, VP/Human Resources, CAMC Health System
- Frank Briggs, VP Quality & Patient Safety, WVU Medicine
- Kelly Bettem, FACHE, VP/Ambulatory Services, OVHS&E

and our new Regent,
- Jeff Goode, FACHE, Vice President, CAMC Ambulatory Services, President, CAMC Physicians Group

We also want to welcome new committee members on-boarding at this time:

- Christian Gomes, Thomas Health System Physician Partners
- Chad Schaeffer, Cabell Huntington Hospital
- Eric Eberhart, Mon General Hospital
- Brian Nimmo, Huntington VA Medical Center
- Ken Allensworth Martinsburg VA Medical Center

If you are interested in joining the WVACHE Chapter or have an interest in serving on a committee, please

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contact me at 304-234-8383 or any of the Board Members (contact info on page 9).

Thank you for your lifelong commitment to learning.

Michael J. Caruso
President, WV Chapter ACHE

ACHE’s Leader —to—Leader Program

When you share the value of ACHE membership with your colleagues through encouraging them to join or advance to Fellow status, you can earn points to obtain rewards such as gift certificates toward ACHE education programs, clothing, a water bottle, clock and even a chance to be entered into a raffle for a free Congress registration when three or more are sponsored.

Each time a person joins ACHE or advances to Fellow status and lists your name as a sponsor on the application, you earn a point. The more points you earn, the more rewards you can receive. Points expire on Dec. 31 of the following year when they were earned (e.g., a point earned on Jan. 1, 2016, will expire on Dec. 31, 2017). You can check your point balance on the My ACHE area of ache.org. To ensure colleagues reference you, referral cards are available that you can pass out so you receive the credit you deserve.

When you help grow ACHE, you make a strong statement about your professionalism and leadership in the healthcare field and also strengthen the organization.

For more information on the program, go to ache.org/l2l.

Help Wanted

Would you like an opportunity to volunteer to assist your local chapter of ACHE achieve goals and provide improved service to its members? If so, you are in luck as we have some opportunities for you!

- Recruitment Committee Member

If you are interested in serving in any of the above roles, please contact Mike Caruso at: mcaruso@ovrh.org.
Executives must commit to lifelong learning in relentless pursuit of quality improvement

By Edward Lamb

The forefront of the healthcare profession is a continually moving target. But what isn't changing are the characteristics that distinguish excellent leaders: They invest in themselves, in others and in their communities.

The need for healthcare executives to invest in and expand their professional competencies and leadership capabilities has never been greater. Changes in the financing and delivery of healthcare continue to occur at a rapid pace, which makes identifying the expertise and skills needed to stay ahead of the curve an equally complex challenge.

At the American College of Healthcare Executives, we are building upon a long tradition of supporting healthcare leaders in their leadership journeys. We believe that only through deliberate, ongoing professional and leadership development can healthcare executives be assured they have the management and leadership skills needed to effectively serve their patients, organizations and communities.

To engage fully in professional and leadership development activities, healthcare executives should commit to participating in educational offerings that develop a balance of healthcare management competencies and an evolving set of people skills.

It's clear that many of the tools and competencies that have served healthcare leaders well in the past probably aren't going to be sufficient in today's dynamic environment.

Edward Lamb is chairman of the American College of Healthcare Executives and Western Division president of Iasis Healthcare, South Jordan, Utah.

Emotional intelligence, creating an executive persona, and evolving proficiencies in change management.

Mastering the new skills and emerging technologies that will enhance professional performance requires renewed commitment to self-improvement if we are to succeed.

Self-awareness is the core building block to ensure leaders have the “emotional intelligence” to lead well.

The ACHE’s career resources help leaders undertake the kind of periodic self-assessments and action planning necessary to identify their professional strengths and weaknesses, as well as the specific competencies they need to grow and advance.

Maintaining professional certification is the ultimate demonstration of professional competency, leadership excellence and commitment to lifelong learning. The nearly 10,000 ACHE members who have earned the distinction of board certification in healthcare management as fellows of ACHE are recognized by their employers and peers in the profession for their leadership skills, professionalism and service to the field and community.

Another hallmark of great leadership is the desire to see others succeed. Investing in others by sharing knowledge, skills and experience is one way that established leaders help secure the future. This mentoring sets an important example for emerging leaders, and starts them on their own paths of lifelong learning. When leaders create an environment where their teams believe they are integral to achieving the organization’s goals, individual team members are more invested in the organization.

We’ve witnessed so many advancements in healthcare over the years, and we continue to see more every day. Even so, our healthcare system is still flawed, and much remains to be done. This is a welcome challenge for industry executives committed to leading the field and continuously improving the delivery of healthcare. They see the big picture. They know the investments they make in themselves and others will pay dividends, and go to the heart of why they entered the profession: to improve the health of the communities they serve.

Executives who commit to lifelong learning, support the development of others, and improve the health of their communities position themselves and their organizations firmly at the forefront of healthcare leadership.
It is my pleasure to begin serving as the ACHE Regent for West Virginia and Western Virginia. I first want to say “thank you” to Glen Washington for his service to our District. Glen is a wonderful mentor and certainly is respected by ACHE for his engagement.

Congress this year was very exciting and certainly a vibrant experience for all who attended. If you have not had the chance to attend before, please try to put it on your list.

If it has been awhile since you attended, please consider attending next year. It is always a wonderful opportunity to recharge and engage with professionals who are committed to our profession. You may also reconnect with old friends and meet new people which broaden us both personally and professionally.

Some highlights from my Regent training include the following:
Please engage with our local West Virginia and Western Virginia chapter in terms of your activity and attendance. Through this support, the Chapter will be able to sponsor Face-to-Face educational opportunities locally.

ACHE has recently made available the updated Strategic Plan for 2016-2018. The Vision of ACHE is “To be the preeminent professional society for healthcare executives dedicated to improving health.”

This plan builds on ACHE Core Values of Integrity, Lifelong Learning, Leadership, Diversity and Inclusion. I encourage you to visit the ACHE website and explore the informative and helpful content. We are very interested in making sure all of your membership information is accurate so we can work to help you get the most from your membership.

I look forward to meeting as many of you as I can in the coming year.

Hope you have a wonderful Spring and please feel free to make contact with me at jeff.goode@camc.org to say Hello.

Sincerely,

Jeff Goode, FACHE
Sometimes I hate to admit it, but my career in hospital administration began in 1979, nearly 37 years ago. It’s been a great and rewarding profession for me, and in that time, I’ve witnessed profound changes.

As a profession we have struggled with the twin issues of cost and access to care; the efforts of the major payors and hospitals to address these issues have made the profession much more complex. To keep up, we have had to adjust to a rapidly changing landscape, and meet new leadership challenges; keeping ourselves educated has never been more important.

This changing landscape has created new ethical conundrums that are sometimes difficult to navigate.

We are much more diverse than we were 37 years ago. Women in our profession are no longer limited to nursing directors, and minorities are increasingly represented in the C-suites.

Throughout all of this, ACHE has been out front, leading our profession, helping us navigate in this increasingly complex industry.

The annual meeting will be in Chicago, March 14-17. At that meeting my 3 year term will end, and I will pass the torch to a new Regent, Jeffrey H. Goode, FACHE. It’s been a great three years; I’ve learned a lot, from some of the best in healthcare. However, I will leave knowing the torch is passing to an excellent individual, who will do an excellent job representing us.

If you haven’t already done so, make your plans to be in Chicago in March. I hope to see you there.

Sincerely,

Glen A. Washington, FACHE
Regent for West Virginia & Western Virginia
To achieve the pinnacle of high-value care coordinated across specialties and care sites, experts agree that physician integration is a key component.

“Physicians are the throttle of an organization in terms of improving quality and costs,” says Jim Pizzo, managing director, Kaufman, Hall & Associates, Skokie, Ill. “If you’re going to transform the nature of how care is delivered, physicians need to be involved in deciding how that is done.” This implores the question: How can health systems best build integrated physician enterprises? Five strategies are key to uncovering the answer.

**Strategy No. 1: Create the Physician Structure and Governance**

As Baptist Health moves toward population health management and risk-based contracting, the Jacksonville, Fla., health system is becoming strategically involved with its affiliated and employed physicians, building on two core strengths: a historically solid medical staff relationship and a robust primary care network with approximately 200 primary care physicians and 50 offices.

“We’ve been very aggressive in growing primary care,” says A. Hugh Greene, FACHE, president and CEO. “Specialists are very dependent on primary care for referrals. If you have comprehensive primary care in the community, then that tends to attract specialists into the network.”

In early 2014, Baptist Physician Partners was launched to help galvanize growing collaboration between the health system and physicians. The clinically integrated network has 750 physician members, of which 350-plus are employed.

Baptist Physician Partners is in dialogue with two major managed care companies around shared-savings contracts. In the meantime, the self-insured Baptist Health is contracting with the clinically integrated network to provide care to its own employees. “We are using this as an opportunity to develop experience around coordinating and managing care for populations,” Greene says.

Baptist Physician Partners is primarily led by physicians: 10 of its 15 board members are physicians. However, unlike many clinically integrated networks, which tend to be joint ventures, Baptist Physician Partners is a fully owned subsidiary of Baptist Health. “That decision was made primarily by key physician leaders,” Greene says. “While the financial investment is ours, we’ve given a significant amount of governance decision making to the elected board. We want physicians to have ownership in terms of decision making.”

A clinically integrated network is often the best option when a health system needs to court independent physicians, Pizzo says. “If you believe value is where the market’s going, you really need to have more than just a physician-hospital organization. A clinically integrated network allows you to work with your employed and independent physicians with common financial incentives for performance.”

The physician structure at UnityPoint Health—an early adopter in the integrated physician enterprise market—currently revolves around its employed physician groups located in nine regions across Iowa, Illinois and Wisconsin.

“Before, there was no unified strategy or alignment around operations or compensation,” says Alan S. Kaplan, MD, FACHE, executive vice president and chief clinical transformation officer, UnityPoint Health, West Des Moines, Iowa. “Now, we have united our employed medical groups under a single flag.”
The unified employed medical group, UnityPoint Clinic, is its own corporate entity within the health system—on an equal level with system hospitals—with its own board of directors. Independent physicians have proven more difficult to integrate with, Kaplan says. “They don’t really have a burning platform to join our ACO. In Iowa, we have a relatively small number of large multispecialty groups that do not have the competitive environment seen elsewhere. They can negotiate their own ACO contracts. This is different than advanced clinically integrated networks, like Memorial Hermann and Advocate, which started with a lot of small physician groups, sometimes comprising one, two or three practitioners.”

Now that UnityPoint Health has a health plan, Kaplan is hoping to bring these independent groups closer into the fold via various insurance products.

**Strategy No. 2: Educate Physicians to Assume Leadership Positions**
To be physician-driven organizations, health systems need capable physician leaders. To solidify its physician leadership base, UnityPoint Health is developing its own physician leaders through its Physician Leadership Academy. The goal of the one-year, graduate-level program is to equip UnityPoint Health physicians with the business, management and communication skills needed to assume leadership positions.

Since the academy graduated its first class in 2011, the number of physicians in leadership positions at UnityPoint Health has grown from “very few to pervasive,” Kaplan says. One physician graduate is now a regional COO. Others have become chief medical information officers or have assumed governance and leadership roles in the accountable care organization and medical group.

**Strategy No. 3: Build an Infrastructure to Support Physicians**
In addition to building a clinically integrated network with a strong physician leadership, Baptist Health has been busy putting into place the people, processes and technologies physicians need to successfully manage populations and improve quality and costs.

For one, the system is aggressively embedding care coordinators in primary care offices to help physicians and their staff more effectively manage patients with chronic disease. “We’ve had extraordinary acceptance on the part of physicians, but initially, that wasn’t always the case,” Greene says. “There was the issue of, ‘What’s this person going to do in my office?’ Now, physicians are really turning to these care coordinators for help with difficult cases.”

Care coordinators also have been embedded in EDs to work closely with the primary care coordinators in preventing unnecessary ED and inpatient utilization. “We are encouraging coordination among the coordinators,” Greene says.

**Strategy No. 4: Revamp Physician Compensation**
To further engage physicians in improving quality and patient experience, health systems need to tie a portion of physician compensation to quality and service, Pizzo says. “At most hospitals and health systems, physician compensation still focuses on productivity. That’s got to shift to productivity with quality and service overlays,” he says. “From my perspective, 15 percent of your compensation—at minimum—should be based on quality and service is. That’s the point where physicians will change their behavior to meet those targets.”

UnityPoint Clinic has tied 12 percent of primary care physician compensation to quality and patient experience metrics as well as specific priorities such as readmissions. Pilot tests are being conducted that tie a greater percentage of physician compensation to value.

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The medical group is moving slower with specialists: Just 7 percent of their compensation is tied to performance. “Right now, more quality metrics are geared toward primary care than specialties,” Kaplan says. “We view preventive and quality care as a team sport, and we expect our specialists to be involved in encouraging their patients to undergo certain screenings, for example. But we don’t want to ask specialists to do things that are far beyond the scope of their specialty.”

Strategy No. 5: Involve Physicians in Key Business Decisions
Another key to engaging physicians for the long term is to intricately involve them in making key business—as well as clinical—decisions that affect them or their patients. Pizzo gives the example of consolidating services lines such as cardiology or cancer care.

“A lot of organizations are looking at appropriate sites of care and service distribution a lot closer. They’re asking, ‘Do we really need five programs in our local market? Or should we cut these down to three higher-volume, higher-quality sites?’” Pizzo says. “When physicians take ownership in these types of decisions, health systems tend to achieve better results in the short term.”

Reducing Burnout Among Physicians: 3 Action Steps

Editor’s Note: The following article is excerpted from “Burnout Among Primary Care Physicians: A Test of the Areas of Worklife Model” by Sean T. Gregory, PhD, published in the March/April 2015 issue of the Journal of Healthcare Management. Read the article.

An estimated 30 to 70 percent of physicians suffer from burnout—and incidences of physician burnout are rising.

Physician burnout is a leading cause of early retirement among physicians, early exits from the medical profession, and low levels of engagement with clinic-level and system-level initiatives. Burnout also can have a serious impact on physicians’ health, leading to poor physical health as well as anxiety, depression and increased risk for substance abuse.

How can healthcare leaders help prevent physician burnout? A recent research study points to three strategies.

Raise awareness among healthcare leaders. Leaders should recognize this phenomenon, catalog its effects on physicians and elevate awareness of the role organizational changes may play in increasing the potential for burnout among physicians and physician executives.

“Raising awareness and including these issues in the calculus of managing physicians and practices are critical,” Sean T. Gregory, PhD, writes in the March/April 2015 issue of Journal of Healthcare Management.

Focus intervention efforts in three areas: workload, values and control. “Increasing resources to match increases in workload will balance the demand and resources available to physicians to complete their work, thus neutralizing any increases in burnout,” Gregory says. “The litany of healthcare delivery reform initiatives is certainly increasing the workload facing physicians and must be met with a proportionate increase in resources.”

Aligning organizational values with those of the physician workforce can reduce perceptions of disconnects between the organization’s goals and processes and the values inherent to the practice of medicine. “Such dissonance can create dissonance with physicians and increase their levels of burnout,” Gregory says.

Create joint decision-making mechanisms involving both physicians and senior leaders for the organization. “Be mindful of the tension that exists between integrating physicians into
efficient organizations and physicians’ need to maintain appropriate levels of control and autonomy over the practice of medicine,” Gregory says. When the organization makes changes that infringe on physicians’ workload without adjusting resources to compensate for the additional work, this contributes to lower levels of physician engagement and increased incidence of burnout, Gregory says.

Healthcare Leaders Offer Advice on How to Successfully Transition to New Job, Organization

Learning and adapting to a new corporate culture, and getting to know a health system’s hospitals, boards, region and people who work for the organization and within the community, are steps that Michael H. Covert, new president and CEO of CHI St. Luke’s Health, Houston, has had to take while transitioning to his new role.

Covert, who has gone through nine transitions over the course of his career, recently advised attendees at ACHE’s Congress on Healthcare Leadership in Chicago on how to transition to a new health system. New responsibilities make it essential to break from your old position at your former organization so you can transition to the new, he said.

Another speaker, Michael J. Corey, a partner at recruiting firm Phillips DiPisa & Associates, advised attendees not to reference their old organizations in discussions with corporate representatives, the leadership team or staff.

Covert also counseled attendees to help ease their transition by developing an orientation system with their new employers and discuss what the schedule should include, and to share the schedule with the leadership team and boards so they’re aware of where the organization is in its transition.

Having an overview and position specification that suggests goals and objectives to meet 12 months and 18 months, such as what Covert had when he started at St. Luke’s, can be helpful. Covert also advised attendees to read reports and talk to leaders, boards, physicians and vendors, and ask questions of them.

CareerEDGE

In the rapidly changing healthcare field, a career plan is more important than ever. To help you navigate this evolving marketplace, ACHE is pleased to bring you a unique, interactive and comprehensive tool for planning and managing your career—CareerEDGE™, available as a complimentary benefit to ACHE members.

CareerEDGE Features

- A personalized online Career Dashboard featuring career management tools, job board links, news items and other career resources
- Access to several free assessments including a 360° Working Style tool, a modified versions of Meyer’s Briggs Type Indicator and ACHE’s Healthcare Leadership Competencies Assessment Tool
- An innovative career planning framework to guide your thinking about career success today and in the future and help you build a solid career plan document

A process to help you make the connection between clarifying goals, identifying the competencies required for success, identifying valuable resources and assessing the level of progress toward developing critical skill sets.

CareerEDGE is an easy-to-navigate, one-stop source for the full array of resources needed for a strategic approach to career management at any career level. Log in today to give yourself an edge in the healthcare job market! Visit ache.org/CareerEdge.
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**West Virginia ACHE Chapter Newsletter**

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For additional information or to submit articles of interest, please contact Lexis Woodyard at lwoodyard@pvalley.org