

CEO Leadership Series: Vol 12

# 50 SCALE Lessons Learned From Healthcare Leaders During 2022

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**Andrew Mintz**  
*CEO of Pinnacle Fertility*

1. Our strategy is exclusively focused on three overarching goals across our national platform:

- Clinical Quality
- Patient Experience
- Cost of Care

2. We apply a five-prong corporate strategy when tackling the concept of merging independent practices into one centralized and communicative MSO organism. We seek to create practice consistency in:

- Quality
- Cost
- Patient Experience
- Culture
- Enhancing Services



**Eric Rogers**  
*CEO of Palm Vascular*

3. Define your market potential and maturity by the number and size of your national competitors

4. Our largest competitor remains physicians who decide to remain solo practitioners in small independent practices

5. As you add new revenue streams do not assume your existing team knows the nuances needed to succeed in every new business line.

6. Focus on an attractive equity partnership model to ensure long-term loyalty among providers

7. Don't underestimate the value of stable long-standing executive team when it comes to allowing a CEO to focus on the greatest value creation opportunities.



**Jonathan Kron**  
*European Healthcare  
Consultant*

8. Large and effective partnerships between private market healthcare companies and large, government funded healthcare agencies have been a cornerstone of UK and European healthcare markets for decades.
9. The analogy to heavy NHS payor reliance in the UK is investing in US states where single payors dominate their respective local markets, which is in fact frequently the case.
10. The principal reasons for private sector expansion in the UK include:
  - Significant care access and patient experience challenges experienced in the public sector.
  - Growing partnerships between public and private sectors, with the private sector being able to provide investment where the public sector lacks funding.
  - Private payors supporting the expansion of private outpatient settings given their lower cost, higher quality offering.
11. The similarities between Europe's cross-border healthcare market capitalizing on better forms of healthcare and the U.S. market are plentiful. However, Europe lags way behind the U.S. in value based care risk based reimbursement models.



**Alan Cooper,**  
*Strategic HR and  
Talent Recruiting*

12. Transactional HR: the traditional personnel department focused on problems and administration – Hires, On-boarding, Reviews, Benefits, Compliance
13. Strategic HR: the Chief HR Officer should be considered as one of the Company Chiefs that works with C-Suite leadership to develop HR strategy every year – how/where will we hire, retain, what amount of the right talent to help the company differentiate itself in performance. Are we asking, planning for, and addressing the bigger questions?
14. A smaller practice/business should engage in these Strategic HR activities, no different to a multi-billion organization, the only difference being the size of the program
15. A key measure of success in sourcing – Do you have talent pools? Locations where you know you can find good fits time and time again vs. shot-gun approach of always looking everywhere every time you need someone.
16. A key measure of success in training – Compliance related training shouldn't be confused with an employee active/growth orientated learning program which should be job specific. Does every employee in your organization have a multi-year career plan?
17. A key measure of success in performance reviews – annual reviews provide close to no value.
18. Today's cloud-based HR solutions bundle too many HR functions into one on-line platform that for example mix compliance and benefits with key strategic items like training. And performance reviews This confuses the message and is counter-productive. Not all HR tasks are the same nor should be viewed the same. A bad process with technology is simply a bad process on steroids.
19. Too many personnel reviews are one on one when the review should also be on the team. Employee evaluations should simply be tools to facilitate improvement instead of determinants of annual bonuses. Disney as an example provides staff with daily observed performance tips.
20. HR leadership should document and promote across the organization annual improvements in time/efficiency with all the tasks they request of the employee base. Show the employee base that HR is aligned and cares about the scarcity of time faced by staff.
21. HR has historically been a very weak area. HR needs to do a better job selling the organization on the benefits of compliance program to individual employees – the Why behind the What.
22. HR teams that focus on employee exmissions and focus time effort on helping staff with their next port of call generate above normal goodwill.



**Lancer Seaman**  
*Business Intelligence  
and Data Analytics*

23. The over-arching priority of the IT and Business Intelligence unit was to minimize IT disruption to the physician and maximize their IT experience.
24. IT Practice Acquisition Due Diligence will normally focus on Risk, Capabilities and Cost. The real goal is to assess, from a risk perspective, what we as an organization are getting ourselves into and how to integrate the target practice. How far off are their policies and procedures to ours?
25. While at Rothman, we made the decision to convert every new practice into a single central IT system rather than allow for an ever-larger number of individual practice IT systems and respective EMRs, Call Centers etc. While the up-front work is greater the benefits in terms of systems management and expertise, with everyone in the organization being well trained in the one system, along with the benefits in capturing and analyzing data across the entire organization, were incalculable.
26. The reality is that black-box data integration solutions that sit on top of disparate systems aren't normally able to get you an efficient and satisfactory solution, and optimal reporting is too important to sacrifice.
27. The ability to process data quickly and efficiently across our organization has allowed us to focus on the key strategic goals that we wanted to focus on and execute ahead of our competition. We have modified our patient care based on patient outcomes that we track carefully, adjusting if, when and how we use PT post procedure for better results.
28. We have also saved significant costs by optimizing our sites of service based on patient risk stratification that is highly data driven.
29. The majority of practices and MSOs will continue to struggle to implement a strong data analytics program. There are so many ways to fall short of a high-quality operation and the majority of groups lack the expertise to build a program that makes a highly positive difference, so they chose not to build at all.



**Peter McCann**  
*Organic Growth through  
Technology Solutions*

30. We are ultimately in the business of selling patient satisfaction.
31. Fundamentally, private practices like to be private/independent especially in orthopedics.
32. Orthopedics is unique in the fact that 65% of referrals come from former patients and these former patients really drive the success of the given practice
33. Prioritize add-on acquisition fit over growth for the sake of growth.
34. Rely on Physician to physician relationships to create exclusive discussions with attractive practices that are otherwise not involved in a broad process
35. Preserve local practice culture, systems and autonomy – at least until the MSO has matured over the next 5+ years. In the meantime, limited centralized services and light central MSO team – heavier interim reliance on specialized third-party service providers.
36. Focus on data analytics to allow for centralized performance visibility across dispersed network and disparate systems. Requires clean data mapping in order to arrive at meaningful, actionable dashboarding results.
37. Value Base Care Concept remains early stages in orthopedics – will require further development over 10+ years.



**Sean Walsh**  
*Clinical Research*

38. Specialties that are very active in clinical research include:

- Oncology
- All sub-specialties across CNS from neurology to Parkinson's and Alzheimer's
- Mental health
- Anesthesia
- Rheumatology
- GI
- Dermatology

39. Family practice and primary care are typically less suitable candidates for clinical research programs

40. Keys to an effective clinical research program include

- 10+ providers is ideal to support up-front capital expense and on-going working capital demands though groups of 3+ providers can be suitable candidates
- A strong clinical research coordinator ("CRC") is critical for an effective clinical research program; that person should be a full FTE dedicated to clinical research
- Strong, informed study contract negotiation
- A database of patients in a catchment area that is relevant to the study
- A clinical research program physician champion who has clinical research experience

41. Challenges to an effective clinical research program

- Finding eligible patients can be both challenging and time consuming
- On-going working capital management due to lengthy payment timelines from pharmaceutical companies
- Developing effective provider engagement and compensation models across providers participating in clinical research as well as referring to the program
- Some up-front capital expenditure is typically required for physical plant readiness
- Staffing the program with strong CRCs
- Emerging trends in clinical research are aiming to expand and streamline clinical research access.

42. Eligible patient identification technologies. New technologies are helping to streamline the process of finding patients who are eligible for trials. AI software can sit on top of the EMR to rapidly narrow large patient databases down to a short universe of patients that are highly qualified for particular studies.

43. Integrated Research Organizations ("IROs"). IROs are gaining traction as clinical research specialists that help serve as a matchmaker between pharmaceutical companies and practice research sites. IROs are embedded in clinical research site operations to help manage and streamline the clinical research process.

44. Decentralized clinical trials ("DCT"). The focus of a DCT is to provide access to components of the clinical research trial at home. For example, if there's a blood draw or EKG, the pharmaceutical company will hire a home health organization to complete the testing at the patient's home. The goal is to make the clinical trial process easier and less expensive for all parties, including the patient. DCTs have yet to be proven completely effective in all areas, particularly when it comes to quality controls.



**David Drzewiecki**  
*Dental*

45. Technology will continue to both enable and require further consolidation. Technology adds expense and complexity, but also simultaneously provides potential for improved results across a myriad of departments, particularly as it relates to the standardization of dental care.
46. Paramount is the false assumption that the DSO market is already mature, in the ninth inning. The reality is that 80% of the market of 200,000 dentists is still fragmented, with 50% of the adult market untapped and with the role of technology in establishing value-based payments and expanding our reach into homecare and more services the best is yet to come.
47. The second main false assumption is that the market hasn't scaled well, with a few well publicized largescale DSO challenges. My view is that in a market of +150 DSO platforms, there were only a couple of bad actors in there that unfortunately created some of those misconceptions.
48. On the adult Medicaid side, I think there is a minimum coverage question. We could probably take multiple views on this, but one view is that the states have such limited benefits in dental for adults, that when you go to the dentist as an adult, you're often going as an emergency patient when you're covered by a government plan.
49. I believe the value-based dentistry portion of the industry is going to continue to proliferate not only on the government side, but also on the private payer side. People are going to be more focused on clinical outcomes than they are going to be on transactional work. There are accepted standards, but it will just take time for the market to catch up to consistently following and tracking these standards and then effectively incorporating them into payment models.
50. Over time, there will be better solutions for in-home dental care, which will allow people to see the dentist more efficiently, particularly for patients that don't go because of a fear of cost, fear of the dentist, or failure to understand the importance of maintaining their teeth.