# Program Reference Visit 2018

# Santeon & hospital networks New York

## Sunday March 11

11:30 check-in

13:30 departure flight KLM

16:50 arrival at JFK

19:00 check-in hotel & dinner

## Monday March 12

***08:00 – 15:00 Mount Sinai, NYC***

Morning

1. Learning from developing an affiliate network of health care providers
2. Working with value based health care and value based contracting with health insurance companies
3. Developing risk-based population health management with specialized geriatric care for co-morbidity patients and integrated health solutions.

Afternoon parallel sessions

1. Geriatrics & co-morbidity, taking care of patients outside the hospital
2. Visit Brooklyn community center

## Tuesday March 13

***07:30 by bus to Long island***

***08:30-15:30 Northwell Health, Long Island***

Morning

1. Developing culture of care & leadership across the hospital network
2. Physician alignment in quality programs
3. Customer /patients involvement in innovation and focus on outcomes
4. Creating synergy between the financial operations and the programmatic operations all geared toward providing the best quality outcomes

Afternoon parallel sessions

1. Center of Learning and Innovation (CLI)
2. Quality & metrics. Client involvement. Collaborative care centers. Interdisciplinary councils.

***16:00 travel back by bus to NYC***

## Wednesday March 14

***06:55 Amtrack train New haven, CXT***

***08:35 arrival and transfer to hospital***

***09:30 – 16:30 Yale New Haven Health Network, New Haven, CT***

Morning

Goal is to learn about how systems in the United States, and specifically Yale new haven health System, have evolved over time, including understanding the evolution of Structure, Governance, Integrated services and Reporting relationships. There will be a special emphasis on how quality is defined, measured and integrated into the culture. Quality is defined as safety, clinical outcome quality and patient experience.

* evolution of the Health network
* governance, integrated services, reporting relationships.

Afternoon parallel sessions:

1. High reliability organization & quality
2. Development of shared services and economies of scale

***4:39 pm departure New haven, CT***

***6:25 pm arrival at Penn station***

## Thursday March 15

10:00 bike tour

13:00 end

14:30 to BCG

***15:00-19:00 BCG reflection & innovation***

Reflection on the past week and lessons for Santeon (session led by BCG/Santeon team):

What could ‘disrupt’ the health care system in the next 10 years? (session led by BCG, start-up presenters)

19:30 to airport

20:30 check-in

22:35 departure flight KL 644

10:40 arrival Schiphol next day

# **Program commission**

* Peter Langenbach, voorzitter raad van bestuur Maasstadziekenhuis,
* Ronald Trof , voozitter medische staf Medisch Spectrum Twente

# Goals reference visit

Seven top clinical teaching hospitals of the Netherlands, represented by their CEOs and Chief Medical Officers, are seeking to meet with USA counterparts to exchange experiences in hospital management.

The delegation is looking for inspiration and exchange within four subject areas will be addressed with the respective counterparts.

**1. Organisational improvement and management of a hospital system or a hospital network**

* How is the hospital network and/or hospital system managed?
* What thresholds are there to become a hospital group or system?
* What has been the initial motivation for collaboration and/or merger?
* What have been mayor challenges and roadblocks on the growth path?
* What are the experiences in overcoming non-committal attitudes of the different partners and/or departments.

**2. Healthcare quality**

* What methods are being used to measure healthcare outcome quality? (For example VBHC, PROMs, Triple Aim, Accountable Care, or other.)
* How to evolve towards an integral usage of the quality methods?
* How to develop a culture of continuous improvement in which all employees are eager to contribute and feel part of the results?
* What experiences are there in keeping professionals and staff at the same pace and as much involved as possible?
* How are results being reported back into the organization? On group, hospital, department, specialty and/or individual level?
* Are there organizational and financial consequences of the quality outcomes?

**3. Supportive services**

* How is a culture of excellence and of surpassing services created?
* How is big data and artificial intelligence being used to improve management and quality of care?
* What human resource strategy is being applied to support the overall goals?
* What is the position and role of the medical specialist within management?
* How deep are ehealth solutions integrated in the care pathway?
* What is the ICT and Business Intelligence strategy to support operations?

**4. Patient involvement**

* How is shared decision making between professional and patient being facilitated and stimulated?
* Which supportive services are implemented to help the patient understand and participate in his/her own care pathway?

# Mount Sinai Health System, New York, NY

## Summary hospital

The Mount Sinai Health System is an integrated health care system providing exceptional medical care to our local and global communities. Encompassing the Icahn School of Medicine at Mount Sinai and seven hospital campuses in the New York metropolitan area, as well as a large, regional ambulatory footprint, Mount Sinai is internationally acclaimed for its excellence in research, patient care, and education across a range of specialties. The Health System is designed to increase efficiencies and economies of scale; improve quality and outcomes; and expand access to advanced primary, specialty, and ambulatory care services throughout a wide clinical network. The Health System has one board of directors, 38.000 employees of which includes more than 7.000 primary and specialty care physicians, treat 145.000 inpatients annually. Mount Sinai Health System has an Accountable care Contract with Aetne and works with value based healthcare principles. [www.mountsinai.org](http://www.mountsinai.org)

## Goals of reference visit

1. Learning from developing an affiliate network of health care providers
2. Working with value based health care and value based contracting with health insurance companies
3. Developing risk-based population health management with specialized geriatric care for co-morbidity patients and integrated health solutions.

## Visit program

### 08:00 – 12:00 VBHC & Quality of care

Quality, value based health care, quality based procurement and quality across the care chain, are very high on the agenda of hospitals. How is Mount Sinai using VBHC to increase quality and efficiency?

* Delivery of value-based care & VBHC strategy across hospitals & physicians
* Quality outcome within procurement negotiations. An example of Mount Sinai & Oscar health insurance
* Value and risk-based population health management

Speakers:

* Niyum Gandhi, Executive VP and Chief Population Health Officer, Mount Sinai Health System
* Vicki L. LoPachin, MD, FACP, MBA, Chief Medical Officer, Mount Sinai Health System

### 13:00 – 16:00 Mount Sinai Health System / Affiliate network development & Substitution of health care

Because of increasing health care expenses in the Netherlands, Health Care policy is, among others, aimed at reducing unnecessary hospital care when this may be provided in the community (Dutch: first line) by GP’s and specific nurses and care organizations. We call this process ‘substitution of health care’. We experience that this substitution program is very difficult to execute because different stakeholders do have different interests (financial, organizational, professional). Regarding Mount Sinai large ‘hospital@home’ program, how do they organize this? What is their specific role? And who is responsible? Who is executing director in this chain of health care?

Speakers

* Arthur A. Klein, MD, President of the Mount Sinai Health Network
* Lin H. Mo is President of Mount Sinai Brooklyn

### 13:00 – 16:00 Geriatric care

The Netherlands is dealing with an aging population and hospitals / ER’s are ‘flooded’ with geriatric patients without clear indication for admission but unable to go back home again because of insufficient care. Hospitals therefore need to admit these patients resulting in potential overtreatment and unnecessary interventions. Sufficient capacity in the community is lacking to take care of these patients awaiting rehabilitation to go back home. In addition, treatment strategies regarding cardiovascular diseases and cancer treatments for adult patients are frequently extrapolated to geriatric patients while these patients may need a different approach to avoid overtreatment and potential harmful interventions.

How about this situation in the USA/NYC? Is the USA they dealing with the same situation? How does Mount Sinai (re)act on this? What is Mount Sinai’s proactive strategy regarding the geriatric population?

Speakers

* Linda V DeCherrie, MD, Clinical Director,. Mobile Acute Care Team (MACT). Associate Professor, Department of. Geriatrics and Palliative Medicine
* R . Sean Morrison, MD, chair of the Brookdale Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai

# Northwell Health

## Summary hospital

Northwell is a private network of 22 hospitals, a medical university, a research center, long-term care facilities and 550 out-patient care centers. With more than 62,000 employees they serve a retention area of 8 million people. It is the largest private employer in healthcare in the state of New York. Northwell also had an insurance offer via CareConnect in the context of Obamacare, but stopped this.[www.northwell.edu/](http://www.northwell.edu/)

## Goals of the reference visit

1. Developing culture of care & leadership across the hospital network
2. Physician alignment in quality programs
3. Customer /patients involvement in innovation and focus on outcomes
4. Creating synergy between the financial operations and the programmatic operations all geared toward providing the best quality outcomes

## Program

### 08:30-09:15 AM - Welcome & Northwell overview

**Michael Dowling, Chief Executive Officer, Northwell Health**

* Brief introduction to Northwell and Santeon
* Northwell’s positioning in the NY metropolitan area and strategic agenda
* Northwell’s culture of caring, accountability, and leadership
* Northwell’s vision on patient outcomes and value, related to innovation

**Discussion:**

* value of a system

### 09:30-10:30 AM - Strategy & network development

**Northwell: Jeff Kraut, Executive Vice President, Strategy and Analytics (20 min)**

* How is Northwell Health structured and governed to optimize the value of the network
* What are key drivers of network development. Challenges, roadblocks & advantages.
* How is Northwell prepared for, and participating in, disruption caused by next level data analytics?

**Santeon: Douwe Biesma (CEO) and Pieter de Bey (Director) (10 min)**

* Introduction to Santeon: Network of 7 leading hospitals, focused on continuous clinical learning
* Key discussion questions for the day

**Discussion: (30 min)**

* What are challenges and opportunities similar for both organizations, what is different?
* What is the value of the network, how to best organize for it?
* How is data driving value and innovation at Northwell, what are the next steps?

### 11:00-12:00 AM – Quality of Care

**Northwell: Mark Jarrett, Senior Vice President and Chief Quality Officer**

**Northwell: Karen Nelson, Vice President - Clinical Excellence & Quality**

* Northwell’s approach to healthcare quality improvement
* How to organize for clinical leadership on patient value and continuous improvement
* How to leverage best practices, drive learning and improvement across the network

**Santeon: speaker tba**

* Santeon’s approach to Outcomes/Value Based Health Care and continuous learning

**Discussion: (30 min)**

* What are lessons to be learned across the two organizations to organize for continuous improvement of patient outcomes and clinical excellence?

### 12:00-01:00 PM Lunch

### 01:00-03:00 PM Center of Learning and Innovation (CLI)

* **Samara Ginzburg, MD, Assistant Professor, Associate Dean-Case-Based Learning, Co-Director-Office of Academic Success**
* **Kathleen Gallo, RN, PhD, Senior Vice President and Chief Learning Officer, Northwell Health**

The Center for Learning and Innovation serves a diverse and growing workforce of more than 43,000 employees. Learners include employees from all levels and areas: administrators, physicians, nurses, technicians, case managers, food service workers, and everyone else. To meet the needs of the various departments throughout the health system, CLI has several programs and services to help advance education. Topics:

* Center for Learning and Innovation as example to educate all staff of Santeon
* Improving medical outcomes by training in simulation centers
* Improving safety system and hospital wide.
* Working with ‘standardized’ patients (which are 50 actors employed by Northwell and working with educating all professionals system wide)
* ProSkillslab (Working with fresh cadavers to train surgical techniques. Even with profusion blood.)

### 01:00-03:00 PM - Quality & metrics @ Long Island Jewish Hospital

* **Richard Schwarz MD, Medical Director, Northwell Long Island Jewish Hospital**

Long Island Jewish Medical Center offers world-class cardiology, cardiac surgery, thoracic surgery, orthopaedics, head and neck oncology, urology, gynecology and vascular programs. At the LIJ medical center the delegates will review quality of care is improved within a day to day work field.

* How strategy and quality gets down to the work floor
* How frontline staff works with quality in day to day practice
* To get all staff at the same page
* Customer/patient involvement in innovation and focus on outcomes. Patients and families helping to redesign the healthcare program.
* Collaborative care centers. Interdisciplinary councils owned by the staff to improve performance. Using general hospital & EPD data and drill down to hospital performance and then unit performance to review performance. Where is improvement possible?

### 03:30 PM wrap-up

### 04:00 pm End

# Yale New Haven Health System

## Hospital summary

Yale New Haven Health System was formed in 1996 through a partnership between Bridgeport and Yale New Haven hospitals. The system expanded in 1998 with the addition of Greenwich Hospital. In 2016, an affiliation between Yale New Haven Health and Lawrence + Memorial Healthcare was approved. The system is affiliated with Yale University The system operates more than 360 locations in Connecticut and southeastern New York. YNHHS manages 2,130 beds and more than 18,500 employees and 6,000 medical staff. The system is under leadership of Marna P. Borgstrom

## Goals

The Santeon Hospital Network goal is to learn about how systems in the United States have evolved over time, including understanding the evolution of Structure, Governance, Integrated services and Reporting relationships. There will be a special emphasis on how quality is defined, measured and integrated into the culture. Quality is defined as safety, clinical outcome quality and patient experience.

## Program

### 9:30 – 12:00 plenary session

Focus of the discussion will be on the evolution of the System, including structure, governance, integrated services and reporting relationships.

Speakers

* Marna Borgstrom, Chief Executive Officer
* Chris O’Connor, EVP/Chief Operating Officer

There will be a leadership discussion with YNHHS attendees:

* Marna Borgstrom, Chief Executive Officer
* Tom Balcezak, MD, Chief Medical Officer
* Gayle Capozzalo, EVP/Chief Strategy Officer
* Rick D’Aquila, President

### 12:30 - 01:30 working lunch

### 1:30 PM –4:30 PM - The HRO experience - high reliability organization & quality

High reliability organizations are organizations that operate in complex, high-hazard domainsfor extended periods without serious accidents or catastrophic failures. The concept of high reliability is attractive for health care, due to the complexity of operations and the risk of significant and even potentially catastrophic consequences when failures occur in health care.

Yale new haven health is taking proactive steps to eliminate preventable errors that could cause harm. A multi-year initiative to become a high reliability organization started in 2013, touching every employee at every level across Yale New Haven Health through education and training on safety behaviors.

YNHH is now five years into an ambitious journey to become a high reliability organization, where a shared set of cultural values promote the provision of reliably safe, high quality and patient centered care in a complex and dynamic operating environment.

Speakers

* Lisa Stump, Chief Information Officer
* Ryan O’Connell, MD, VP, Performance Management and Risk Management, Bridgeport Hospital
* Michael Ivy, MD, Deputy Chief Medical Officer, YNHHS and Sr. VP, Medical Affairs, Chief Medical Officer, Bridgeport Hospital

### 1:30 PM –4:30 PM Development of shared services and economies of scale

The Yale New Haven Health System is focused on developing economies of scale through offering shared services within the large network. The recently launched Capacity Command Center combines real-time data analytics with physical co-location of key operational services to enhance coordination, safety, quality, timeliness, and efficiency in patient care.

Speakers

* Vinny Tammaro, EVP/Chief Financial Officer
* Gayle Capozzalo, EVP/Chief Strategy Officer

# Boston Consulting Group

### 15:00-17:00

### Reflection on the past week and lessons for Santeon (session led by BCG/Santeon team):

* What are the lessons learned from each of the organizations we visited this week? (To be shared by each team, 30 min.)
* Which of the findings are most relevant to reach Santeon 2025 ambitions (group discussion – 20 min.)
* What would it take to implement? (group discussion – 30 min.)

### 17:00-19:00

### What could ‘disrupt’ the health care system in the next 10 years? (session led by BCG, start-up presenters)

* What are the disruptive trends we expect going forward? (large tech firms)
* Introduction to number of innovative/start-up examples (with data&analytics as driver): COTA, Health Reveal
* Discussion: What could this mean for Santeon: What can we achieve if we leverage our data much better and where should we invest?

# Santeon delegation members

The group consists of 16 delegation members in total. Each of the seven hospital locations is represented in the delegation by the CEO and the Chief Medical Officer. Additionally the Director of the Santeon group and Programme Director are participating.

**Sint Antonius Hospital**

* Prof. dr. D.H. (Douwe) Biesma MD (internal medicine - hematology), CEO & Chairman of the Executive Board & Chair of Santeon Hospital Network
* Dr. P.M.N.H.Y. (Peter) Go MD (general surgery), CMO & Chairman Medical Staff

**OLVG**

* Maurice van den Bosch (radiologist), member of the Executive Board (chairman per 1 April 2018)
* J.A. (Han) van der Zee MD (urology), CMO & Chairman Medical Staff

**Martini Hospital**

* Dr. H. (Hans) Feenstra MD (internal medicine), CEO & Chairman of the Executive Board
* Dr. H. (Henk) Kramer MD (pulmonology), CMO & Chairman Medical Staff

**Medisch Spectrum Twente**

* Dr. C.B. (Bas) Leerink MSc (biochemistry), CEO & Chairman of the Executive Board
* Dr. R.J. (Ronald) Trof MD (critical care medicine), CMO & Chairman Medical Staff

**Maasstad Hospital**

* Dr. P. M. (Peter) Langenbach RC, CEO & Chairman of the Executive Board
* A.E.A.M. Angelique Weel, CMO & Chairman Medical Staff

**Catharina Hospital**

* Dr. P.L. (Piet) Batenburg MD (internal medicine), CEO & Chairman of the Executive Board
* Dr. L.J.C. (Laurence) van Warmerdam MD (internal medicine - oncology), CMO & Chairman Medical Staff

**Canisius Wilhelmina Hospital**

* G. (Gosse) van der Veen MSc (mathematics), COO & Member of the Executive Board
* Dr. G.W. (Gert) van Dijk MD (neurology), CMO & Chairman Medical Staff

**Santeon Network**

* P. (Pieter) de Bey, MSc (economics), Director Santeon
* T.M. (Dorrit) Gruijters MSc, Founder & CEO, Coincide BV, Programme Director Study Visit USA Santeon