



Laura Kaiser

EDITORS' NOTE *Laura Kaiser is Executive Vice President and Chief Operating Officer of Intermountain Healthcare. Prior to assuming her post in March of 2012, Kaiser was President and Chief Executive Officer of Sacred Heart Health System based in Pensacola, Florida and Ministry Market Leader for the Gulf Coast/Florida region of Ascension Health.*

A native of St. Louis, Missouri, Kaiser earned a Master of Business Administration and a Master of Healthcare Administration from Saint Louis University and a Bachelor of Science degree in Health Services Management from the University of Missouri. She is a Fellow of the American College of Healthcare Executives and has served on several boards, including the American Red Cross, Daughters of Charity Foundation, Utah Hospital Association, Utah Symphony, Utah Opera, and Westminster College.

INSTITUTION BRIEF *Based in Salt Lake City, Utah, Intermountain Healthcare (intermountainhealthcare.org) is a nonprofit health system with over 33,000 employees that serves the health care needs of Utah and Idaho residents. Intermountain's system of 22 hospitals, physicians, clinics, and health plans provides clinically excellent medical care at affordable rates.*

We have seen different health care challenges throughout the years. In your experience, how is this current period different?

It is an unprecedented time. Our Medicare obligation as a country is far greater than our obligations for Social Security and the national debt. The U.S. health care system is unsustainable in its current form and, as an industry and country, we have the opportunity to truly make a difference and improve our total health care system for all. We have the opportunity to build on what has worked well and make some changes – improve access to care, the patient experience, and quality and efficiency while simultaneously lowering the total cost of care. Doing so will ensure that the system is viable now and in the future. If we don't do this, providing the best health care in the world won't matter if no one can afford it.

Do your colleagues feel that this time is different too and that there is less lip service and more potential for real change?

Absolutely. The idea of health reform is about transforming the way care is provided so that it is accessible, excellent, and affordable. The passage of the Affordable Care Act and the corresponding dialogue on health care reform has accelerated and real change is occurring with more to follow.

Which element of change would you like to see move faster?

I would like to see acceleration in the transition from fee-for-service to fee-for-value based payment system. Currently, Intermountain Healthcare has one foot on the dock – operating

in a traditional fee-for-service environment where payment is directly connected to volume or production; the other foot is in the boat, transitioning to what we call shared accountability where payment is risk-based and depends on individual patient health outcomes. We have been working on this at Intermountain Healthcare for a while – having providers, the insurance plan, and patients all working toward the same goal. We are energized by the opportunity to expand efforts to more deeply partner with patients and members to tailor individual care whether it is proactive preventive care, an acute diagnosis that requires inpatient care or a chronic condition that is better served in an outpatient setting such as a doctor's office, at home or in some other setting.

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One of the things that people have been talking about is the race to scale. Some say there will eventually be 15 large health systems in the country taking a lion's share of the market. Others are saying we should be focused on figuring out how to improve care quality and affordability. What are your views on the value in scale right now?

There is value in scale in terms of achieving cost efficiencies in areas such as supply chain. However, I don't feel scale alone is a compelling strategy – just because an organization is bigger doesn't mean it is well-positioned for the long term. For example, in addition to scale, there is some compelling evidence that integration across a health system including the medical group, the health care facilities, and the insurance plan are vital to transforming care. Integration can foster influencing the cost of care and decreasing costs that occur through unnecessary utilization. Integration is also critical to managing quality, patient flow, and information through the continuum of care.

Are you including palliative and hospice within your integrative model right now?

We are. Palliative care, home care, and hospice care are key components of our integrated system and I expect each of them to become more important in health care going forward.

Intermountain has been able to invest in a degree of clinical program ideation and intellectual property origination, not so much in discovering new molecules or anything with the genome but with the applied knowledge that can make the delivery of care work more efficiently with better outcomes. Is this ability to create clinical programs rare and not something that a lot of systems have been able to do?

I think of the clinical programs as the secret sauce at Intermountain Healthcare. Like every health care organization in the country, we have plenty of room for improvement. However, when you have an environment where outstanding, dedicated people pursue high quality at affordable costs, simple solutions surface around redesign and transformation. For instance, we recently have deployed an electronic screening tool to identify patients with pneumonia. The tool was developed for use in the emergency department by a multidisciplinary team and analyzes over 40 variables and standardizes what we do to ensure consistency for all patients. The clinical programs foster this level of engagement by the physicians and other caregivers to problem solve, use an evidence based approach to identify best practice, and then implement the solution as quickly as possible across the system. This has yielded powerful results – high quality care at affordable prices.

I have had people suggest that there is a need for innovation capital to partner with the industry on the applied soft science of how to take discoveries in the areas of successful patient engagement, clinical team engagement, and care model innovation into wide-spread adoption. Do you agree?

I agree. I'm encouraged by the amount of interest in health care and willingness to invest in exploring and creating our shared future of a reshaped industry.

In terms of opportunities for women within the industry, is there positive movement in this regard?

Absolutely, there are many, many capable women in health care at many levels and I am hopeful that continues. In my case, I have been fortunate to have had many mentors and sponsors who have helped me grow throughout my career to date and I feel strongly that each of us should be given the opportunity to reach our potential. At Intermountain, we have a formal talent stewardship function, which includes mentoring, honing new skills, coaching, providing opportunities for experience in different settings within the organization, and succession planning. ●