



## What's Your Moonshot?

A Podcast Series Where World-Class Healthcare Leaders Seek To Solve Big Problems

**Through Innovation, Collaboration and Partnership, SSM Health is Transforming Care for its Community**

### Transcript

**[00:00:00] Laura S. Kaiser, FACHE:** My moonshot is the opportunity for all of us to work more closely together, more collaboratively across all the different facets of our industry, to leaning together to transform healthcare, which will benefit all of us.

**[00:00:30] Keith Ghezzi, M.D., FACEP:** Welcome to A&M's *What's Your Moonshot* podcast. My name is Keith Ghezzi and I'm a managing director in Alvarez & Marsal's Healthcare Industry Group. I am here today with my co-host Peter Urbanowicz co-head of A&M's Healthcare Industry Group. Peter, it's my pleasure to welcome Laura Kaiser to the podcast. Laura is the President and Chief Executive Officer of SSM Health, a Catholic not-for-profit health system, serving communities across the Midwest.

Headquartered in St. Louis, SSM helps 40,000 employees, 11,000 providers span 23 hospitals, almost 300 ambulatory and outpatient sites, 10 post-acute facilities, comprehensive homecare and hospice services, a pharmacy benefit company, a health insurance company, and an accountable care organization. That's quite a journey from the system's humble beginnings. Laura, welcome to the podcast today.

**[00:01:29] Laura:** Thank you, I'm delighted to be here.

**[00:01:33] Peter Urbanowicz:** We are so very happy and pleased to have you on our podcast today, Laura, this *What's Your Moonshot*. In this podcast series, we are focusing on a moonshot that a healthcare leader has set out to accomplish to make real impact in their organizations, their community, and across the industry. The pandemic really shed a strong light on healthcare disparity in the United States. Can you tell us a little bit about your moonshot and how you and SSM Health are aiming to resolve some of these issues in the communities you serve and make an impact on healthcare disparities more broadly?

**[00:02:18] Laura:** Sure. I would say and start by saying that COVID-19 has made clear both the challenges and the opportunity that exists within our industry, and in the landscape across the United States and has really illustrated and underscored our need to collectively think differently about transforming care for the future. My moonshot is the opportunity for all of us to work more closely together, more collaboratively across all the different facets of our industry, to leaning together to transform healthcare, which will benefit all of us.

**[00:02:57] Keith:** Laura, investing in communities appears to be a strategic way SSM is addressing health disparities to promote equity. Can you explain to our audience how investing in community health plays into your work in transforming the health of disenfranchised people and communities, and what do these investments entail? Please, give us some examples.

**[00:03:19] Laura:** SSM Health will celebrate its 150th year in 2022. The organization was founded by the Franciscan Sisters of Mary many, many, many years ago, and community

health, community benefit has been a part of the history and heritage of the organization. Bringing that to present day, we provide about \$450 million of care on an annual basis that is considered community benefit. It's a percentage of free care, but it's also different community health partnerships that we have created over time.

During COVID-19, again, there was so much that was underscored about the need for doing more in community health. Health starts at home, health starts in communities. It turns out that preservation of the earth is quite important and it really underscored the disparity in healthcare access and care for many, many citizens in the country. We are doubling on the work that we've done historically.

We have identified and named a chief community health officer, a physician that led our COVID-19 pandemic work, has a history of working in community health, worked very closely with the different federally qualified health centers, public health officials, elected officials, the business community, and all of the health systems in the communities we serve to be sure that we could do our collective best response for the communities. We're carrying that work forward and anticipate it will just deepen over time.

**[00:04:53] Peter:** Laura, when you made your comments about the mission and the history of your system, it reminds me of a conversation I had a few weeks ago on one of these podcasts with another system leader of a faith-based organization. That is, everything old is new again, and that's the whole focus on ESG, environmental, social, and governance. I like to tell people, and you probably know this from your experience with faith-based systems, faith-based systems have always been about mission. The mission has always been social. It's part of what animates the system and I'd imagine it makes it easier for an organization like yours to meet those ESG goals because you've been doing it one way or another for the last 100 years.

**[00:05:45] Laura:** I think that's fair. There are a lot of organizations that have just done beautiful work and I think one of the opportunities is for all of us to learn more about one another's work because there is some duplication, there are some gaps, and there's likely some ways, as we learn about that, to lean in together and figure out how to do it better.

I'll give you an example. We opened about a year and a half ago an urgent care behavioral health clinic because like so many, we experienced a significant uptick in behavioral health during the pandemic. Underscoring what was already present just became more magnified during the pandemic. We partnered with a number of other community providers, other health systems, and public-private partnerships to open this behavioral health urgent care clinic that's on one of our hospital campuses that has a lot of intake of behavioral health, does inpatient behavioral health.

What we were aiming to do was to help get patients that needed urgent behavioral health services in the right setting. The idea of in the right setting at the right place at the right time, and to also help unclog our tertiary emergency department where we have a number of behavioral health patients that will be there in the ED waiting disposition whether they're going to be admitted or they're going to be going to another center or whatnot for the follow-up care they need. This urgent care behavioral health clinic has been a wild success, a year in the making, and we will replicate that in some of our other markets and expect that we'll connect with other partners that are doing different facets of behavioral health. It's just another area of great opportunity and it is in our DNA, but it exists in others as well.

**[00:07:28] Peter:** May I ask you about that, your partnerships with UnitedHealthcare Group and Optum, and how that works into your moonshot efforts at addressing healthcare disparities.

**[00:07:40] Laura:** When I joined SSM Health about five years ago, I came to an organization that has a rich history, has a solid foundation, and was in the process of growing pretty significantly. I added to that strategic tension the idea around partnership because I see as I've spoken about in my moonshot, the need for an opportunity for more significant partnership.

As part of that, we've been looking around to find like-minded partners, bringing together the best and the brightest, to address this complicated issue of healthcare transformation that's affordable and accessible for everyone. We're thinking that this partnership that will actually begin in February next year, we announced it recently but it'll actually begin in February next year, will really allow us to access one another's respective expertise, tools, technology, to help us move faster in service to the community in a deeply authentic way. I'm excited about what this possibility is. We'll actually bring reality to it and I'd love to talk with you again about it later next year when we're a little bit farther down the road.

**[00:08:48] Peter:** We'd like to have you back to talk about your experience there. You've also been working with some other health systems and created a not-for-profit entity called Civica Rx and Graphite Health, which is a digital company that's trying to help provide access to affordable and quality care for your patients. How did these come about and what are they doing for your system?

**[00:09:21] Laura:** Civica Rx was the seed of an idea of a former colleague of mine in Intermountain Healthcare. When I was leaving to join SSM Health, I spoke with my friend and colleague, Dan Liljenquist, who's the chief strategy officer at Intermountain, and said, "SSM Health will be involved. I'm changing jerseys, but SSM Health will be involved," so we were one of the founders. The idea behind Civica Rx is it's designed to improve access to affordable medications, to limit supply shortages for really basic fundamental drugs that have been available such as Vancomycin for decades that hospitals have found to be in short supply. It's really been a quick success.

It's been around now for not quite three years. We were originally a 10-founder, seven health systems and in less than three years we've engaged a third of the hospitals in the country to be members of this. What we're doing is continuing to add medications that are generic medications to the formulary and expect to see more and more of that continued growth. It's a healthcare utility model. In other words, not designed to have significant profiteering but rather to be really focused on how do we make generic drugs affordable, accessible for everyone.

Graphite Health is a sub concept, a different subject but the same idea, a not-for-profit company, much newer. We announced it just in the past couple of months and the idea behind it is also in partnership in this case with Intermountain Healthcare and Presbyterian in Albuquerque, New Mexico, to build trust between patients, doctors, health systems and app developers and to take some of the cost of the development out of the equation so that when apps are developed using data that we are pooling together and holding in confidence, the apps that are developed that are available in healthcare will be accessible to those systems that are a part of this to then in turn reduce the overall cost of those apps for use across the general public.

**[00:11:31] Peter:** The Civica coming together three years ago was really prescient with the supply chain issues that we're seeing right now creating your own source for these essential products that you have to have to run your patients every day. You must be some sup there or something like that, that just new that this is going to happen.

**[00:11:53] Laura:** We're just really happy collectively that it seems to have been of good help. I was reading a supply chain article earlier today not about healthcare but just supply

chain, for all of us struggling as a country right now, there is work yet to be done. There's just a lot of complicating factors that are involved in that. The good news is Civic Rx is working well.

**[00:12:16] Keith:** Laura, SSM Health like some of your peers has an insurance plan, the Dean Health Plan. I was wondering if you could tell us a little bit more about how your health insurance plan fits into this overall mission of serving the community and partnership that you've discussed with us.

**[00:12:33] Laura:** Dean Health Plan has been a part of SSM Health for several years and the partnership between the former Dean Health System and SSM Health is a decades long relationship that is based in Madison, Wisconsin in the surrounding area. Several years ago SSM Health acquired Dean Health System and the plan came along with that. From my own experience, I've seen firsthand the power of alignment between a health system, a provider system and an insurance plan and felt that I would see the same thing in joining SSM Health and it has proven true.

When you're able to align the different facets of healthcare around the patient with that very real idea of patient centricity, it's of great benefit for the patients. It'll help keep the total cost of care lower to ensure access to the services that are needed to build the networks. It's just proven true and with Dean Health Plan, we did just a couple days ago complete the transaction with MEDICA, another provider sponsored not-for-profit plan out of Minnesota that's in nine states. Because we want to strengthen Dean Health Plan to serve our community more broadly, we have expanded into our other three states. We serve in four states but thought that we could have some additional heft with access to the platform that MEDICA has and the expertise that MEDICA brings to the Dean Health Plan team. It's very complimentary.

**[00:14:03] Peter:** Laura, what would you say were the key messages or key lessons that you would impart to your peers running health systems, involved in running large hospital systems on your moonshot journey towards addressing these issues of healthcare disparities in underserved communities and healthcare? What key lessons or advice would you give them there addressing this in their own community?

**[00:14:40] Laura:** I would say, it's actually a lesson that comes from my father from many, many years ago as a young person growing up. He used to say, "It's amazing what can be done when no one worries about who gets the credit." I think that's true for all of us no matter what the subject is. We had that experience within SSM Health in the communities where we serve when the pandemic appeared. The pandemic has been really hard, obviously for everyone on the planet.

There are some silver linings that we've experienced in terms of how we've been able to collaborate and to better serve the communities. My hope is that we will continue to leave, I'll call them drawbridges down for some cross-collaboration to continue to foster that because when we all lean in together, and don't worry about who's getting the credit, everyone is better served. I'm a person that's not about absolutes. I don't say always and never very often, in this case this is an always. I think we will have the opportunity if we will keep those drawbridges down and remember some of the good experience that came from the pandemic, we'll better serve the public that's counting on us to do this well.

**[00:15:52] Keith:** Laura, we've heard a lot from you today how COVID can be an opportunity and how it caused you to think differently the power of collaboration. We've also heard about some novel concepts including a chief community health officer and a behavioral health urgent care clinic, which is particularly interesting to me as an emergency physician. I was particularly struck by the analogy that you used of leaning in together and



using like-minded partners to increase access and lower cost and how the power of those partnerships really increased the alignment for you and the communities you serve. Despite your father's admonition, you deserve plenty of credit for the success of SSM. I want to thank you so much for being here today and sharing your insights with us.

**[00:16:37] Peter:** Let me add my thanks as well too. It's wonderful having system leaders like you, leaders in the industry share a few minutes with us online and talk about what you're doing. I know that this will be very valuable and instructive to people throughout the hospital and healthcare industry. Thank you again for being with us today.

**[00:17:21] Keith:** Peter, I was struck when Laura mentioned this chief community health officer, a physician who had been responsible for their COVID response and is now doing that. I thought that was pretty novel. How about you?

**[00:17:35] Peter:** Look, it's the perfect person to put into a role like that. When you think of about COVID and everything, it wasn't just obviously the hospital care which was magnificent and all the work in the ICUs and the way that you had to do PPE and infection prevention procedures in a way that you rarely had to do on such a scale within a hospital, but then you also saw how it affected certain communities. We know that COVID hit the Hispanic community very hard and the Black community as well.

I think this points out how they were treating those patients, working with their family members gives you an understanding of what the needs are in the community. The reluctance to maybe see a doctor because you don't have regular access to it. That's probably one of the best people to put in a role like that because they have just been through such an intense experience in their professional career.

**[00:18:49] Keith:** Yes. She mentioned this behavioral health urgent care center and since we're talking about COVID, COVID has had a massive impact around this country on behavioral health and mental health. The ability to prop up something and stand it up for crisis intervention purposes in the middle of the pandemic and have it be successful will not only bear fruit for them now but should bear fruit for the system for many years to come. It's just another one of these novel ideas that certainly benefits the community. It benefits the health system and most importantly benefits the patient.

**[00:19:25] Peter:** I thought that was great the way they jumped on that because you clearly had the behavioral health issues from people dealing with the pandemic, the lockdowns, the sense of isolation and then people who had behavioral health needs because of loss from COVID or someone in the family or a friend or their own experience with COVID which may have been very difficult and led to some after effects. It was great jumping on that.

The other thing which I give her credit for is, no system as large as they are has the answers for everything. The fact that she realized or her strong belief that she needs partners, and the partners can be other non-for-profits. They can be large non-for-profits, small community organizations, and large for-profit organizations as well. Everyone has something to put into this and be willing to create partnerships rather than try to go it alone to figure it out all on their own. I think that's another great mark towards the success that she's had.

**[00:20:44] Keith:** Peter, one of the other partnerships that's been around for a long time is this Dean Health Plan. You're aware because of all the work you've done with health plans that sometimes for provider-sponsored plans, there can be a lot of tension between the provider and the plan, even when you own it. It seems like they've developed a real symbiotic relationship with Dean, but once again, are looking to a partner to expand it to make it better. I completely agree with you. SSM doesn't seem or doesn't think like they

have all the answers. What are your thoughts regarding the relation with the provider-sponsored plan, and why do you see that as being so successful?

**[00:21:25] Peter:** Look, if you do it in the right way, and I have seen plans work with providers, and they do it in the wrong way. If you think about some of the payment mechanisms, and especially where the government wants to go long term, which is, we want you to treat patients over the long term, we don't want you to necessarily treat people episodically, but think of them on a continuum.

If you can think about it in that way, and design care in that way, and pay for it that way, then you can see the need for spending more than 5 minutes or 10 minutes on a visit with a patient because you know that even though maybe that **[unintelligible 00:22:12]** be cost-effective right there, long term it'll be cost-effective for the patient and the plan. I think you should build those relationships and allocate the dollars to where they matter on the long term rather than just on one specific problem that the patient is having right then and there. I think both the patient and the system, especially the patient's going to be much better off in the end.

**[00:22:40] Keith:** Lastly, Peter, I don't tend to think of non-profit, community-based, faith-based organizations as technology partners or innovators, but SSM has innovated in pharmaceutical health, they've done it in digital health. I was really surprised to hear about the utility model, which makes a lot of sense. Again, they're not looking to profit from these ventures, they're looking for the community to profit from these ventures, which to me is really the theme for this entire podcast.

I think she said it so many times, but think differently, work collaboratively and lean in together. I hope we have the opportunity to hear more from SSM and Laura and from other health systems who want to lean in together. These are complex problems, and they require a lot of great minds and a lot of great leaders to solve them.

**[00:23:33] Peter:** Well, I definitely want to have her come back, do another podcast that she promised she would in six months or more, and tell us a little bit more about how these partnerships are working out, because they're really exciting. It's an exciting way to approach this decision of healthcare disparities. Keith, this is always a lot of fun doing these things with you.

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