

What's Your Moonshine? Podcast Series

Dr. Robert Brenner is Transforming the Digital Patient Experience at Valley Health System

[00:00:01] Robert Brenner, M.D.: In fact, I just got something today to say that our patient experience scores were, you know, meeting... above target, actually.

And that what transcends that, David, is I think is the culture. The culture of the organization is key because if the employees, the nurses, the staff, everybody has a good feeling about where they're working and feels that this is a positive culture that transcends down to the patient. And we're seeing that directly. And so, we're very mindful about instilling that culture over and over again, reinforcing our values throughout the organization.

[00:00:41] Narrator: Welcome to A&M Healthcare Industry Group's what's Your Moonshot Podcast series where leaders seek to solve big problems and transform healthcare. Join us for conversations to hear how their vision and bold moonshots are becoming reality.

[00:00:59] Chris George: Welcome to A&M's What's Your Moonshot Podcast series. I'm Chris George, Managing Director and the health system practice leader in A and M's Healthcare Industry Group. I'm joined by my co-host, Dr. David Shulkin, senior advisor and the ninth secretary of the US Department of Veteran Affairs. Today we're speaking with Dr. Robert Brenner, president and CEO of Valley Health System, one of Northern New Jersey's leading healthcare organizations. Dr. Brenner has been part of Valley since 2015, serving in several leadership roles before stepping into the CEO position earlier this year.

Throughout his time at Valley, he's been instrumental in advancing population health initiatives, launching the Colleague Geo Care Clinically Integrated Network, and leading the planning and operating of Valley's new state of the art Hospital campus. Dr. Brenner, thanks for joining us and very excited to have you.

[00:01:49] Robert Brenner, M.D.: Excited to be here.

[00:01:50] David Shulkin, M.D.: Rob, it's great to have you. I've known you for a while and you know, as Chris said, you've stepped into this new role of president and CEO. Some would say that's a little bit crazy to do during these times, but Valley is a great health system, and you have a brand new hospital and people are excited about your leadership, which is why we're glad to spend some time with you.

Tell us a little bit about when you open up a brand new hospital. Was the hospital designed to be different than your old hospital? Does it create some efficiencies or does it allow you to do things that you didn't in the past?

[00:02:29] Robert Brenner, M.D.: So that's a series of questions and they're all great questions. So, the hospital definitely was designed to be different. One, the major thing is that we have all single occupancy rooms.

The other thing is that we learned so much from COVID that we designed these rooms very differently. Many different things that I could talk about. The head walls, just technically from an engineering perspective, have two sets of gases in case we had to double up rooms. The rooms we used to during COVID we drilled through the walls to put the IV tubing in so the nurses didn't have to put on their gowns and take them off. And constantly, every time it rang. So, we have actually a hole in the wall with the special type of receptacle that allows us to do this. The other things are our doors will open automatically with security, but you don't have to touch them. So, a

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lot of things we designed were related to Covid. The other thing is we really spent a lot of time in terms of how the patient experience in the hospital. So, we have on stage and off stage, and it's very quiet in our hallways. You would think it's not a busy hospital, but it's packed.

The other thing that we had in mind, not only is the patient experience, but patient safety. So, we did a lot of things around patient safety. We have hand washing monitors. When you go into the room, as a physician, it comes up on the screen that they're seeing a 75-inch screen and it says, Dr. Brenner is here. And so. And it's also tracking whether I washed my hands or not. Biggest cause of infection in a hospital nosocomial infection is not washing your hands, going from patient to patient.

So, a lot of our design was around patient safety, patient experience.

And then I would say that it is... Our other hospital we started in 1951 was where our original campus was. That building is no longer there, but our campus was older. This campus is brand new, absolutely beautiful, spacious.

And in fact, when my wife came to visit, she said, it looks like the Ritz Carlton. So, it's just really beautiful.

[00:04:39] David Shulkin, M.D.: I want to ask you about that because, you know, I used to be a competitor of your hospital, running a hospital not too far away, and always looked at Valley in particular, your patient satisfaction scores. And it used to really get me upset because your patient satisfaction scores were so good, yet you didn't have private rooms. You had multiple patients housed together. And I was like, 'how can Valley do that? How can they beat us when they have that?' Now that you have separate rooms for patients and a beautiful facility, have you seen your scores go up?

[00:05:16] Robert Brenner, M.D.: So, during the move, we saw them go down a little bit because there was a transition in understanding about the new hospital. It was, you know, more difficult to get around and figure out it. So initially there was a slight dip and now our scores are way up there. In fact, I just got something today to say that our patient experience scores were, you know, meeting above target, actually.

And that what transcends that, David, is I think is the culture. The culture of the organization is key because if the employees, the nurses, the staff, everybody has a good feeling about where they're working and feels that this is a positive culture and that transcends down to the patient and what we're, we're seeing that directly. And so we're, we're very mindful about instilling that culture over and over again, reinforcing our values throughout the organization.

[00:06:10] Chris George: How did you think about technology in the hospital? Obviously, there's been a lot of advances the last couple of years with AI.

[00:06:16] Robert Brenner, M.D.: So yes, and we, we are deploying a lot of things that are related to AI. I have my own bend on AI and being very cautious with how you go about it. So, a lot can be done where you're getting an influx of new startups, of emails and calls, and you have to be very cautious. There's a lot of new technology out there that seems dazzling, shiny and new, and if you go after it, sometimes you'll make the mistake where it doesn't integrate well, where it's a startup that's not going to make it, or that it actually, culturally doesn't fit.

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So, we've seen that and learned from it.

But we are deploying AI in I think a pretty big way in a bold way. So, one of the things that we're doing is virtual nursing. So, we do currently have monitors where the company was new and is going to streamline only to nursing homes and not support us anymore over. But we did have, in every single room, we still have fall technology that uses AI as a stick figure to see that the patients and it reduced falls by 28% and our other hospital serious falls by 28%. So, we are using that now, but we're going to augment that with where now the new cameras which make a stick figure out of the patient, will also be able to be used for virtual nursing.

Then on top of it, like everybody else is talking about, is ambient listening, which is key. I think it is going to be the usual case to have ambient listening in every encounter, including nursing visits. So, we are working, we worked and piloted a few different companies and we're working with one company right now to take that further into the organization. So that's working well.

The other area, which is denials, patient denials, which is really occupying a lot of our staff time and energy and really consuming our revenue cycle staff.

We deployed a company and software that actually will go up and fight the denials that we're receiving.

And we have seen actually 90% of our denials are getting responded to and, and 68%, its early data, it's only been a couple of months. 68% of them are successful resolutions.

So that's another way that we're using AI. We're using also piloting and working on with a particular company in terms of automated attendance. And I had one of the CEOs of this company take his phone and say, rob, schedule an appointment. What'd you think? I thought it was great. Said that wasn't a human and I couldn't believe really was indiscernible that this was a AI generated voice.

So, it, yeah, it's a little scary, but, but if we could get a lot of our patients to schedule that way and not have wait times and not have the percentage of drop calls, then that's a really good thing. So we are embracing AI.

[00:09:24] Chris George: Yeah, that's great. Just a follow up question on that. You mentioned all the vendors that are out there with lots of promises. You talked a little bit about mitigating risk. What type of governance have you put in place to help manage all of that?

[00:09:36] Robert Brenner, M.D.: So that's, that is actually a key part of what I, what I have to say about deploying AI and any IT technology is you have to have governance in place.

And so, we have a series of committees that all lead up to central committee. And now what I just did is actually have oversight from a board advisory committee.

So, our board is now involved. I asked them to be involved. There's too much at stake. There's just all kinds of things that are risks if you deploy different technologies. And so, I have the board, very smart board that we have involved in helping us in the governance. So, we have a whole flowchart of different committees that all go up to the central committee and then up to the board subcommittee. And it's so far has been very helpful.

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[00:10:27] David Shulkin, M.D.: Yep, you're in a very competitive part of northern New Jersey right outside New York City.

And of course, that landscape has been with health systems that have been pretty aggressive about buying other hospitals and becoming larger. And you know, the thought that if you don't have scale that you're going to be challenged to be competing with payers. But Valley has really gone this alone. And so, I just wonder what your thoughts are. Do you feel like your future is, remain an independent system or do you feel like eventually you have to join one of these larger health systems?

[00:11:11] Robert Brenner, M.D.: So, the larger health systems are telling us that eventually I have to succumb to being merged, that Valley will have to merge right now between our strategy and what the board helped develop our strategy. Right. We had a big off site retreat a year ago. I actually took over. It's now 18 months. So, I do have a little bit more time and it seems longer than 18 months. But in any case, our strategy is to remain independent. Now, the way I look at it, there's a couple of reasons why you would merge. One and the most common is financial need for capital. We do not have that.

The other is that you, you need to improve your quality or to gain electronic health records or, you know, just your inability to forecast financial viability into the future. And the one thing that I think is challenging for us is the, we have a lot of relevance in the community, but it's also relevance in the payer and negotiation. So having that ability to negotiate with leverage is probably the weakest spot in terms of why we would have to merge or not merge. But it turns out that our community really wants Valley to stay in that community and be part of their health plans. So that puts pressure on, on the payers. And so that relevance has really held us in good stead. Now are we negotiating at the prices some of our competitors are? No, but we're still doing really well financially. We're very busy and there's really no need to go in that direction. Our strategy right now is key partnerships. We have partnerships with Mount Sinai, the Cleveland Clinic, a local SNF and adult living facility.

So those are the kinds of partnerships that are key.

And the way I look at it is in terms of our competition is, you know, you could, you could look at it and be very defensive. Okay, well, they put up a site here, then I have to put up a site here or I want to block that from happening. You know what, let everybody have at it. But the fact is we just have to be better and we have to have better access, we have to have better services, and our patients have to be able to engage with us in a better way.

And so, we cannot go out there and say, I'm going to be everything to everybody and I'm going to take on this competition.

We're going to do what we do and do it best.

[00:13:40] Chris George: Looking out three to five years, what's the one Big Bet?

[00:13:41] Robert Brenner, M.D.: The Big Bet in terms of what?

[00:13:44] Chris George: In terms of your organization, what's the one thing that you think will really help you sustain independence next three to five years?

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[00:13:53] Robert Brenner, M.D.: I think that we have to just be so much better with access.

And that's one of the biggest things that I'm trying to push forward in the organization.

We are redoing how we do things in the access and navigation center. We are making sure that we have the services that we could provide to the community that the community needs.

And one of the ways we're doing that with Mount Sinai, we have a lot of different programs that go back and forth, so they'll send out.

We probably not hire a pediatric gynecologist or a pediatric interventional gastroenterologist, but we have people here part time that do that.

And that's just two of many type of professional service PSAs that we have going.

And that's how we're managing to bring things into the community without having to expand, you know, to a size that's really just not sustainable for us.

[00:14:51] David Shulkin, M.D.: How about the physician community that you work with? It's been unusually an independent physician practice community. Do you see you getting tighter with your integration with physician employment or do you think that there are models of working with the independent practice community to be able to be successful here?

[00:15:14] Robert Brenner, M.D.: Another challenge and a good question.

So, we have employed a greater number of physicians and APPs. We're up to 540 some odd clinicians. That has gone steeply upward as we have built out our network, and we have built out the network in a big way. We've added 150,000 square feet in the last 18 months that I've been CEO.

So we are building out the network and also adding in somewhere in the order of, well, we added in 40-some-odd physicians last year. This year the same and a number of apps. So, we're building the employed model, which is difficult and has its challenges, especially financially. But the independent physicians, we are engaging with them as well a lot through the clinically integrated network. So that has been one of the things that early on in my tenure at Valley, we built clinically integrated network and I think more for the purposes of engaging and partnering with the independent community as opposed to just trying to make money. Because you think about it, we make 10 million to 14 million any given year. Maybe this year we're not going to earn. That's a rounding error in a \$1.6 billion organization. But the fact of the matter is it does align us with with our independent physicians. Is it the total picture? No, but we have to continue to do those things.

[00:16:45] Chris George: Well, thank you very much for spending time with us today. It was a pleasure to hear about Valley and your success, so thank you very much.

[00:16:52] Robert Brenner, M.D.: Thank you.

[00:17:01] Narrator: Alvarez & Marsal, Leadership action results.

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