[00:00:00] Nari Heshmati, M.D.: People talk about the two canoes. You have value based care. You have fee for service. People like to have these discussions, you know, hey, we're still heavily fee for service. We can't do value or we're going to go all in on value. I look at it as what's the ideal clinical care model? So, how do we take care of people? Again, how do you keep them healthy? And what does that look like? And that works both in fee for service and in value based care.

[00:26:00] 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.

[00:44:00] Travis Sherman: Welcome to A&M's What's Your Moonshot podcast series. I'm Travis Sherman, a senior director with Alvarez and Marsal's Healthcare Industry Group. I'm joined by my co-host Seth Kabati, managing director in A&M's healthcare industry group today. We're pleased to welcome Nari Heshmati, M.D., chief clinical officer of Lee Health. Nari, thanks for joining us. We're looking forward to a great discussion.

[00:58:00] Nari Heshmati, M.D.: Thanks for having me. Glad to be on.

[01:12:00] Travis Sherman: Yeah, we've been looking forward to it trying to get this on the books for a while and so this should be an exciting episode. So, we'll get start right in with the question. So Nari, you described your moonshot as transforming growth into a truly integrated health system. Can you unpack that a little bit for us? So what does that moonshot look like in practice? And why is it so hard to achieve?

[01:34:00] Nari Heshmati, M.D.: Yeah. Yeah. So you know, if you think about it, you'll have health care systems and they're going to talk about, well, I want to be the best place for cardiology or I want to be the best place for neurosurgery. Or you might have somebody who says, "I want to do chronic disease management programs or we're going to be really good at keeping people healthy or doing fee for service or doing value based care." What I want is how do you bring all the pieces together, all the resources that a large integrated system that does high level care, high value care that can put together and how do you make it seamless for a patient to get through.

[01:58:00] Nari Heshmati, M.D.: And the example I would give you is you know here at Lee Health we took a look and said how many of our diabetic patients are poorly controlled you know a hemoglobin A1C pick a number above 8.5 and that number was a lot despite having phenomenal primary care docs despite having dieticians endocrinologist having clinical pharmacists who could manage. And so, you know, why it's important is because we want to ensure we're keeping people healthy, but we're also providing that care when people are sick.

[02:28:00] Nari Heshmati, M.D.: And so, we developed a program. We called it a diabetes care journey. And we put all those pieces together. And so, now that patient flows seamlessly. They don't have to go search. They don't have to go pick what am I supposed to do. We've got a program. We teach them how to eat. We teach them how

to cook. We manage their medications if they need it. What we've done is we've reduced the hemoglobin A1C by one and a half to two points with that program.

[02:52:00] Nari Heshmati, M.D.: You know what does that translate to? Maybe two, three extra years of life, three extra holidays with somebody's family. That's what an integrated system can do. It can take those resources and it can truly leverage them and it can make it easy because healthcare is hard to navigate.

[03:15:00] Travis Sherman: Nari, that's that's incredibly insightful and and also inspiring just how you've been able to balance the pressures of fee for service as well as responding to patients needs for health management. One of the things we want to ask more about is recognizing that health systems like Lee Health have have grown rapidly in recent years. How do you handle integration with the demand for scale and achieving this this ambitious vision with the need for partnerships?

[03:37:00] Nari Heshmati, M.D.: Yeah, you know that is really hard. And so if you think about it, whether you are adding clinicians one by one because you're hiring them, recruiting them, or whether you're doing an acquisition, you're bringing in people. And you know, how do you get them to buy into this team-based approach? How do you get them to be part of a system versus a standalone entity? And we had to face those challenges. You know, we're up to about 1350 clinicians.

[04:04:00] Nari Heshmati, M.D.: You know, down the road we'll probably 1,600 when we get to where we need to be. We have doubled in size in five years. And so we had to go from, you know, pulmonary practices. We had three pulmonary sites, phenomenal docs who had come to us, a combination of employed over the years and acquired practices. We didn't want to just provide great individual care.

[04:24:00] Nari Heshmati, M.D.: We wanted to leverage and bring all three of those sites together so that no matter which site you went to, we provided the same level of care. In fact, if you called site A and site A was busy, we wanted you to be able to go to site B, but not that you had to ask that we offered it. And then we wanted to leverage that to be able to truly change outcome.

[04:39:00] Nari Heshmati, M.D.: So what does that look like? We started a lung nodule program. And so you have incidental lung nodules. You go get a CT scan or something else, they find a lung nodule. Well, that scares you. You know, is this a cancer? Is it not? I want to get an answer. You might be driving a far distance to go to an academic center to get that addressed.

[04:53:00] Nari Heshmati, M.D.: Well, we took everybody who had the skill set to do that, the robotic ion machine. We put it up into a lung nodule clinic. We had a standard process followup and everything. We've done 2,000 cases now in that since we started that program a year ago. You have a lung nodule on our system within 7 days, we can get you biopsied. Heaven forbid it's something bad, we can get you to a thoracic surgeon very, very rapidly.

[05:27:00] Nari Heshmati, M.D.: So, that's the challenge you have when you acquire and you bring these groups in. And you know, you've got to make sure you're getting

the right people. You have to make sure that they are on board with providing care as a team, which is very different than what you might individually do. And you can also learn from each other with each of these acquisitions.

[05:42:00] Nari Heshmati, M.D.: Sometimes we adapt some of our model because there are things that are really good for patient care that somebody may have figured out in an individual practice or where they trained or something else that we can incorporate it in. So, it's two ways, but you've got to have a focus of that versus a focus solely on growth.

[05:57:00] Seth Ciabotti: You know, there's a lot of health systems that are not at that level of of integration after this, you know, exceptional growth that's happened, right? So, what's a what's a fundamental change? And you you alluded to this a little bit. What's a fundamental change of how your teams both clinically and operationally, how do they work in order to make that real, make that integration reality or get towards that that journey of making it a reality?

[06:21:00] Nari Heshmati, M.D.: Yeah. You know, I I think first off, you have to commit that you're going to take care of the patient, make it seamless, and that we are a team. All the resources within the team are available for whatever is going to come up with the best outcome. You know, the other thing is I you got to move away from healthcare is always really siloed.

[06:37:00] Nari Heshmati, M.D.: So again, you might have a division that does something really well and then you have another division here that does something really well and they don't talk to each other. So patients bounce around. Hey, you know what? I've got a headache. Is it something bad? Do I see the neurosurgeon? Do I first go see my primary care doc? No, no, the neurologist. But there's a way to go do that. You've got to integrate and make that all easy to navigate.

[07:01:00] Nari Heshmati, M.D.: And you know, one of the big things when we approach this is we approach it from the idea of you can and you will make it easy. You can and you will improve the outcomes. So when we start these meetings, what I tell people is what I don't ever want to hear is the barriers that we can't do it. What I want to hear is about how do we do it.

[07:22:00] Nari Heshmati, M.D.: So that diabetes care journey, we could have very easily sat down and said, well, you know, primary care should be able to handle this. Why would they need somebody else? Or well, you know what, we have endocrinologists. Let them figure this out. And you know what? If a patient needs more, they can call the dietitian. You know the clinical pharmacist let's just we could come up with a thousand reasons why we couldn't come and do something well.

[07:43:00] Nari Heshmati, M.D.: If you are a high value integrated health care system what you're actually approaching this by is saying I can do this let's talk about the different ways we can do this effectively.

[07:57:00] Travis Sherman: Earlier in your response you used the word how do we make it easy which really struck me we wanted to ask a little bit more about at Lee

Health how do you think about access and in what ways are you are you enhancing access to ensure this experience is is coordinated across the enterprise?

[08:13:00] Nari Heshmati, M.D.: Yeah, you know, for me when I think about access, I think about how do I keep you healthy if you're healthy and then how do I make you healthy if you're sick and what are the different modalities and ways we can do that. So, it's just not a brick and mortar visit. It's also having virtual. It's potentially having an e visit. What if it's asynchronous messaging back and forth?

[08:29:00] Nari Heshmati, M.D.: Maybe it's services that we can provide, you know, being able to do the right side of service. Maybe it's integrating with all these different specialties and things that we've got. You know, how do you put all those pieces together to make it work? And why I say that it's important for it to be easy. Health care is not easy.

[08:44:00] Nari Heshmati, M.D.: You know, people call, you know, we track how long when somebody calls, how long does it take us to answer the phone? But not only do we answer the phone, let's say we have to transfer it. Let's not just tell the person call a different department it's not my problem. We'll do a warm transfer. How do we make sure we connect all those pieces because it is confusing.

[09:10:00] Nari Heshmati, M.D.: You know even when we ourselves need healthcare we walk through it and you know it's hard to navigate. So you want to make that really really simple. You also have to have the data to do it. So yeah you've got to track how long does it take to answer the phone? How long does it take to get somebody a solution? How long is your next available appointment?

[09:31:00] Nari Heshmati, M.D.: If you are available but I am booked, do you just offer me or do we offer you as an option? If we have a chronic care disease management program, how do we identify the right patients? How do we offer that to them? How do we look at the outcomes we're getting? So, it's not just putting somebody into these programs. It's making sure it improves their outcomes and their health.

[09:46:00] Nari Heshmati, M.D.: That requires a lot of infrastructure to make it easy. And so, you know, I I kid around it should be hard for us. It should be easy for you.

[10:00:00] Seth Ciabotti: So you do make it sound uh easy in our the access question and journey and I have to tell that's a it is not easy now just like you said just to get a get an appointment and uh just to answer the phone you'd be surprised that that is a task these days in in healthcare. So you've talked a a little bit about the how you were aligning specialties and staff and sites in the integration journey. What about payment models? How was that impacted?

[10:26:00] Nari Heshmati, M.D.: Yeah, you know, it's always people talk about the two canoes. You have value based care, you have fee for service. You know, people like to have these discussions. You know, hey, we're still heavily fee for service. We can't do value or we're going to go all in on value. We can't I look at it as what's the ideal clinical care model? So, how do we how do we take care of people?

[10:47:00] Nari Heshmati, M.D.: Again, how do you keep them healthy? And what does that look like? And that works both in fee for service and in value based care. So, if I'm seeing people on a fee for service and they're a diabetic and I've got them in better control and they go get surgery with my orthopedic surgeon, guess what? Their outcomes are better. They spend less time in the hospital, less strain on the health care system.

[11:03:00] Nari Heshmati, M.D.: But now, let's think, what if we were in a value based care world? Well, that patient's going to have a lower length of stay, lower downhill complications, lower healthcare costs. So, it's going to work. And so a lot of that is what's our clinical care delivery model and how do we make that so we're getting our best outcome.

[11:24:00] Nari Heshmati, M.D.: And yes, with each different model out there, there are going to be rules. There going to be checkboxes. There going to be things you've got to have the expertise to be able to do that so that you're economically sustainable. But at its core, you're doing the same thing. You're providing high value health care to the community.

[11:49:00] Travis Sherman: Wonderful. We appreciate that, Nari. So I'll move us to our last question. As you've been on this journey, I'm sure there's been both wins and hard lessons learned. As you look three to five years ahead into the future, what does success look like and what advice would you give others that are on a similar transformation?

[12:00:00] Nari Heshmati, M.D.: Yeah. Yeah. You know, again, we're up to 1350 clinicians. We've been able to recruit amazing talent. Uh, you know, there's there's a handful of cardiac surgeons out there in the country that can do a robotic mitral valve surgery. We have one of them, but we also are the safety net for our community. We're also doing GME and advanced teaching.

[12:23:00] Nari Heshmati, M.D.: So that's been our journey. Where do I see us in three to five years? I see us being that safety net for the community, but also providing the highest level of care, care that you would go to a tertiary care center and also teaching the next generation of clinicians how to do that and succeeding both in fee for service, in value based care, in whatever modality because we've got the right clinical care model and it's easy to come see us.

[12:48:00] Nari Heshmati, M.D.: Now, what did we learn and what advice would I give? It's not easy. You've got to commit to it because it's really easy to fall into your default. It's really easy to be, you know what, that had some challenges because you'll roll out a program and it's going to be hard. Maybe the tech connection doesn't work when you do it.

[12:59:00] Nari Heshmati, M.D.: Maybe patients don't enroll in it. Maybe your specialists don't want to do it or your primary care docs don't want to refer to it. There will always be hiccups. Approach it from how do we take care of people? Approach it

with the attitude that it can be done. Use the data, use the technology, look at your outcomes, and then circle back and you'll get through it.

[13:17:00] Nari Heshmati, M.D.: You'll get through it. Your clinicians will be happier, your system will be stronger, and your patients will love you for it.

[13:30:00] Seth Ciabotti: Well, Nari, this has been a a great uh discussion, you know, and just some of the just thinking of the the word integration and the other words that are bounced around in in healthcare these days, you hear uh transformation and innovation. And I, you know, I think, you know, before you get to those two, I think you have to integrate these systems that have grown. I think the core value is integration. And what Lee Health has done and what you've done, um, it's extremely impressive. And I'm sure other leaders um, across the country would be very interested, are very interested in in in this episode and hearing more from you. And so, thank you for joining us today.

[13:59:00] Nari Heshmati, M.D.: Thanks for having me.

[14:00:00] Travis Sherman: Yeah. Thanks so much, Nari. We appreciate your leadership and you sharing.

[14:10:00] Narrator: Alvarez and Marsal. Leadership. Action. Results.
