

What's Your Moonshine? Podcast Series

When Health Plans Become Health Leaders: Hillary Galyean Rewrites the Health Plan Playbook

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But the beauty of it is she called because she was sick. The doc noticed that she didn't have a PCP, and she hadn't had a mammogram for six years. So, before that call ended, she was connected with a PCP within seven days, she had her mammogram scheduled and her immediate illness was taken care of. And that is the type of innovation and treatment that needs to occur in order to make the long-term systemic changes.

[00:00:34] 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.

[00:00:51] Craig Savage: Welcome to A&M's What's Your Moonshot Podcast. I I'm Craig Savage, Managing Director and leader of the Health Plans and Managed Care practice within the Health Industry Group. I'm joined today with Dr. David Shulkin, Senior Advisor for A&M and the ninth Secretary of the Veterans Affairs Administration.

Today we're speaking with Hillary Galien, Chief Growth Officer of the St. Luke's Health Plan. With more than 25 years of experience in the health industry, she has developed a comprehensive understanding of the structural and operational challenges in the healthcare system today and is committed to accessible and quality healthcare models. Hillary, it's great to have you with us today.

[00:01:31] Hillary Galyean: Thank you. It's great to be here.

[00:01:33] David J. Shulkin, M.D.: Great. And thanks for joining us.

Maybe I'll start. We want to hear a little bit about your journey. I know that you started at St. Luke's System in Idaho Health Plan in 2023. We want to hear how that's going.

But why would you do that? And was it influenced by what happened during COVID where the payers were doing better than the providers? Was it influenced because of strategic reasons?

Did you see success among provider/payer plans? So, what were the reasons why you launched a new health plan?

[00:02:12] Hillary Galyean: That is a great question, and we've definitely been inspired by some of the successes that we've seen with the provider health plan relationship.

Our intention was never to build a health plan. What we did initially... We are a health system that's 130 years old plus, and we initially partnered with the various carriers in our market to work on value-based strategies and ways to transform health care. Great partners. I think in Idaho we have some of the best competition in the nation, but we continue to have this situation where we're competing with different priorities as two separate entities. We have a different strategic lens. And so, the leadership team really recognized a need in order to make the progress that we needed to, to have one strategic lens, one mission that we're all working under to figure out how we transform healthcare.

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[00:03:08] Craig Savage: Certainly, innovation in the payer provider space requires close collaboration. What do you see the greatest opportunities to improve access, member experience, you know, sort of the triple end. How do you see that playing out?

[00:03:24] Hillary Galyean: That is also a great question and something that we are looking at on a consistent basis. If you're familiar with Idaho, we trail in PCP to population. So, it's normally a struggle, I think in the United States, access as it stands alone. And for us it's even more so.

Our teams are always looking at innovative ways to expand access. So, one example is our virtual care program. We offer access through that. We are constantly building clinics, building, putting in virtual care stations with employer groups or just very creative things to try to get improvement there.

We offer mammogram buses to our group partners, our businesses to say, hey, if you have 10 people who want to get a mammogram, we'll send a bus to you in order to get that care. So, we're just constantly looking and thinking and being flexible on ways that we can expand access and make care easier.

[00:04:19] David J. Shulkin, M.D.: The difference between, you know, what Craig was talking about, ... how the patient experiences the health plan and the provider.

Do you think that there's a quantitative or qualitative difference between a patient that goes into a pay-vider system with your health plan in your health system versus getting care from a different payer and provider?

[00:04:46] Hillary Galyean: Well, that is a good question. I think there is a difference because we're under the same umbrella, right? So, there is a difference in our chief medical officer of our health plan is sitting in the chief medical officers of the entire enterprise weekly staff session and he's in his ear on a consistent basis sharing data, sharing the problems that we associate with. We're under a shared technology platform, so we are sharing data real time. We had a member who entered the emergency room pregnant with twins, had bleeding, no ideas as to why.

We immediately received a notification that the member was in the emergency room. And our clinical team saw it, picked up the phone, called the emergency room doctor, said, hey, I'm with the health plan, what's going on? Had her into a specialist the next morning. So, there's integration like that that we necessarily would love to do something like that with an external health plan, but just the Platforms don't always exist to be able to respond that quickly that we're able to do as an integrated entity.

[00:05:50] David J. Shulkin, M.D.: So just going back to that original motivation, trying to understand, do you think it was as much what you just described trying to eliminate some of these barriers to care that, you know, people get frustrated with both their plans and their providers. Or, do you think it was more that this was sort of a financial strategic decision? We should really be working to essentially have the full dollar under, under a system so we can appropriately manage and allocate resources?

[00:06:24] Hillary Galyean: Yeah, definitely. The earlier our intentions were to create a better health care system. Our mission is to improve the health of the people in communities that we

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serve. And we just didn't feel like we could do that to our best ability with, you know, working in different enterprises.

[00:06:41] Craig Savage: So, Hillary, you mentioned technology. So how do you ensure... Well, first of all, what role does technology play in this payer provider in the success of that relationship? And how do you ensure that the investments made today not only support you today, but also support you into the future?

[00:06:59] Hillary Galyean: We are significantly investing in technology. So, we work under the EPIC system as on the system side and have been in EPIC for quite some time. With the health plan, we've moved to Tapestry. I don't know if you're familiar with that segment, but essentially bringing in plan information with clinical information, combining it and as you can imagine, that just creates a lot of really neat opportunity.

I like to story tell. So, we had a member call into our virtual care program, and our virtual care program is staffed by our docs, which is unique in the industry.

But the beauty of it is she called because she was sick. The doc noticed that she didn't have a PCP, and she hadn't had a mammogram for six years. So, before that call ended, she was connected with a PCP within seven days, she had her mammogram scheduled and her immediate illness was taken care of. And that is the type of, of innovation and treatment that needs to occur in order to make, you know, the long-term systemic changes. I don't know that you can do that without sharing technology.

[00:08:03] Craig Savage: Yeah, the integration between EPIC and Tapestry on the claim side and the health mind side is pretty innovative, both for your administrative data and your clinical data exchange. That's fabulous.

[00:08:13] Hillary Galyean: Yes. And the members love MyChart app. They love that they can go there and see their coverage information coupled with.

[00:08:18] Craig Savage: You know, post follow up summaries. Yes, the whole thing. Yes.

[00:08:22] Hillary Galyean: And very good.

[00:08:23] Craig Savage: Fabulous.

[00:08:24] David J. Shulkin, M.D.: So, the podcast is called What's Your moonshot? And you know, you're early on into the journey of a health plan. You're going to have to reach some size or scale to make this at least financially viable and sustainable for the community.

So, when you look out into the future, what's your hope? What does it look like in terms of plan provider, the integration that you're working for? Where does it go when you look, you know, 10 years from now?

[00:08:57] Hillary Galyean: I love that question. And it's really... so I've been in the health, on the health insurance side for over 25 years now and enjoyed all my experience. I spent a large portion of my career working for large healthcare. So, Aetna, which gobbled up a lot of other organizations, I learned a ton there. I'm appreciative of that.

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I moved to one of the co-ops that were established as part of the ACA for about a decade. Just having passion about recognizing something's gotta change. I believe small healthcare matters, and I believe being local matters. So, really fell in love with the idea of disruption in healthcare and then learned about what the St. Luke's team was doing and just knew that I had to join that team. So, I think for longevity and to be able to produce something that goes into the 10-year, 20-year future, it's got to be a collaborative effort of the delivery system, the docs partnered with the plans. In fact, on the health plan side, that was often where I struggle the most is you have to meet all of these quality standards and, you know, get the provider's attentions to do certain things. And that's hard to do if you're not strategically aligned or if you're not a big, big player in the market who can, you know, strong arm the community.

[00:10:10] David J. Shulkin, M.D.: Well, you're, you're selling this into the business community. That's, that's in part your job. Does that sell? I mean, can you get an employer to say, you know what, I'm willing to put out a little bit more money because I get what you're saying, Hillary. I get that this should be done together, and I believe in that. So, I'm willing to pay a premium for that.

[00:10:33] Hillary Galyean: Yes, it's the most fun sales job I've ever had in my life. I will say, and it is such a fun story to tell because so many people have gotten stuck in our, and I don't mean to bash the US health care system, it's definitely helped a tremendous amount of people, but it's also left...

[00:10:50] David J. Shulkin, M.D.: It won't change so don't worry about that.

[00:10:53] Hillary Galyean: Yes, yes.

[00:10:55] David J. Shulkin, M.D.: It's pretty resilient.

[00:10:59] Hillary Galyean: Helping people understand that the more opportunity we have as an integrated entity to create those opportunities where the virtual care program or the member who goes into the clinic and is bleeding uncontrollably, all of those situations, we need to be able to embed in our DNA and be able to produce over and over again. And we're just asking the community, help us help you. Like, this is the way that we can do this. And it's been an overwhelmingly positive response.

[00:11:24] David J. Shulkin, M.D.: Well, what a great way to wrap up our discussion. And thank you for joining us. I mean, this is... This is a moonshot. I'm sure of many people in the St. Luke system to have done this. This is not easy to start a plan, and you have to invest a lot of money.

And my guess is you'll continue to invest money until you reach that ultimate goal. But what a great vision you have. And thanks for sharing that with us.

[00:11:49] Craig Savage: Yeah, thank you.

[00:11:50] Hillary Galyean: Thank you. It's been fun.

[00:12:00] Narrator: Alvarez and Marsal, Leadership. Action. Results.

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