



# **THE WHARTON HEALTHCARE QUARTERLY**

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The Neuroscience of Gratitude: You don't know what you don't know about the new neural knowledge.

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## EDITOR'S LETTER

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There's a lot in store for you this issue, from articles on stress and gratitude to coverage of topics like strategic growth and an overview of considerations regarding use and risks of embarking on medical marijuana from a business perspective.

Thanks to all who completed the WHCMAA survey! Your feedback and ideas will help guide the Association in its efforts to be constantly evolving to address your interests and meet your needs over time. More to come.....

**Z. Colette Edwards, WG'84, MD'85**  
Managing Editor



Z. Colette Edwards, WG'84, MD'85  
Managing Editor  
To learn more about Colette,  
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## THE PRESIDENT'S DESK

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Dear Friends,

We have all heard about the “shift from volume to value.” Providers have many names for this, including value-based payment, population health, accountable care, shared risk, network tiering, patient-centered care, and consumer-driven care.

As a consultant advising providers and payers on this transition, the term I prefer is value-based competition. It's an odd term, because in a competitive market, competition is always “value-based” – consumers make decisions based on cost and perceived quality. But healthcare has been a very inefficient market. Insurance protected consumers from the cost of their decisions, physicians decided for patients, information to make good decisions was lacking, and little effort went into defining and reporting quality.

I often return to an insight from Professor Jack Hershey, who said that healthcare is like any other sector of the market..... except for the impact of insurance, physicians, government payments, regulation, and the moral issues associated with life and death decisions.

However, despite these barriers, healthcare is transforming, or at least forces are trying to transform healthcare. This fall, at our annual alumni conference, we are discussing “The Value Ripple Effect,” examining the causes and consequences of the push for value that is rippling its way through the healthcare system. Each year, members of the Wharton Healthcare Management Alumni Association gather for a conference with limited attendance to support more intimate discussion of critical issues. We exchange insights among industry leaders, including Wharton alumni in the business of healthcare.

This particular alumni conference topic makes it possible for leading purchasers, payers, providers, suppliers, bankers, and entrepreneurs to discuss how they are working with their immediate customers and vendors in new arrangements that reward value. And we will all wrestle with what is a fad and what changes are here to stay.

If you are not at the conference, we hope you will join the conversation about this and other important and complex issues through the Wharton Healthcare Knowledge Network, our online discussion community.

Warm regards,  
John Harris  
President  
Wharton Health Care Management Alumni Association

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## THE PHILOSOPHER'S CORNER

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### **Life Lessons:**

**If I knew then what I know now, I would have:**

simply gotten started. While some people have a singular passion, many of us are inspired by a host of things and it can be nearly paralyzing to have myriad compelling paths. I appreciate now that success on any one path actually creates, rather than forecloses, other opportunities.

**If I knew then what I know now, I would not have:**

... asked for permission. It is not only possible, but welcome, to figure out what people need or want (colleagues, friends, consumers, etc.) and to help them get there.

### **Favorite Quotes:**

1. "Life should not be a journey to the grave with the intention of arriving safely in a pretty and well preserved body, but rather to skid in broadside in a cloud of smoke, thoroughly used up, totally worn out, and loudly proclaiming "Wow! What a Ride!" ~ Hunter S. Thompson
2. "The most difficult thing is the decision to act, the rest is merely tenacity." ~ Amelia Earhart
3. "It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who, at the best, knows in the end the triumph of high achievement, and who, at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat."  
~ Theodore Roosevelt

### **Recommended Reading:**

- *The Narrow Road to the Deep North* by Richard Flanagan
- *The Cleveland Clinic Way* by Dr. Toby Cosgrove
- *The Best Investment Advice You'll Never Get* by Mark Dowie
- *Taking on Prostate Cancer* by Andy Grove

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This month's philosopher:  
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## ALUMNI NEWS

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### Vidur Mahaja, WG'16 and Eyal Gura, WG'08

In December 2015, Vidur Mahajan visited Israel as part of a Wharton Global Modular Course (GMC). There he met Eyal Gura, Founder and Chairman of Zebra Medical Vision, a venture-backed company that helps researchers all over the world develop artificial intelligence algorithms to automate medical diagnostics, more specifically, medical imaging diagnostics.

Vidur, who ran Mahajan Imaging, his family's radiology business in India, prior to Wharton, was immediately intrigued and discussed the possibility of collaborating to co-develop an algorithm to diagnose signs of tuberculosis in chest x-rays without any human intervention. One month after returning to India post-Wharton, Vidur signed a contract with Eyal's company to provide over 10,000 chest x-rays to Zebra Medical, with the hope that some research group out there will use the data and develop a machine learning algorithm that can potentially help improve the efficiency and accuracy of tuberculosis diagnosis in the developing world. This is just one of the small ways in which a Wharton course might just help make the world we live in just a little bit better.

Contact Vidur and Eyal at:

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Eyal Gura: [gura@zebra-med.com](mailto:gura@zebra-med.com)

# CHOOSE ONE

## A:

Decide that you don't want to be on the bleeding edge with such a big, strategic decision

## B:

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## ALUMNI NEWS

*continued*

### Erica St. John, WG'10


G100 Network, a collection of private learning communities for CEOs, soon-to-be CEOs and CHROs, is introducing a new healthcare-specific leadership development program: G100 Vanguard for Healthcare Leaders. Taught by current and former healthcare CEOs and designed for healthcare executives reporting to the C-suite, G100 Vanguard seeks to stimulate new thinking and create new connections across the converging healthcare landscape. Past G100 Network healthcare faculty include George Barrett of Cardinal Health, Mark Bertolini of Aetna, Michael Dowling of Northwell Health, Brent Saunders of Allergan, and Bill Weldon of Johnson & Johnson. Please inquire for more information.

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### T. Sloane Guy, WG'92, MD'94

Dr. T. Sloane Guy leads the new robotic heart surgery program at New York-Presbyterian and Weill Cornell Medicine. As director of the robotic cardiac surgery program at New York-Presbyterian/Weill Cornell Medicine, Dr. Guy leads a clinical team that performs innovative and minimally invasive procedures for cardiac patients. His robotics team is equipped to perform a wide range of totally endoscopic cardiac surgical procedures – minimally invasive methods that require only tiny incisions and the use of small dexterous robotic instruments – including mitral valve repair or replacement, atrial septal defect closure, tricuspid valve repair, MAZE ablation for atrial fibrillation, septal myectomy for hypertrophic cardiomyopathy, redo cardiac surgery, atrial myxoma resection, coronary bypass surgery and others. “There is no healthcare system with better physicians, nurses, and staff in the world,” said Dr. Guy. “The level of teamwork here is tremendous. An important part



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## ALUMNI NEWS

*continued*

of providing excellent care is being at an academic medical center with world-class professionals and extensive resources and support, which New York-Presbyterian and Weill Cornell Medicine definitely provide.” The robotic instrument used in a totally robotic endoscopic cardiac surgery has the exact range of motion as a human hand, but at just 8 millimeters in diameter. Its precision makes it a favorable choice for heart surgeries, as it can reduce recovery times for patients being treated for a wide array of cardiac conditions.

“Dr. Guy’s extensive training and expertise in the realm of robotic surgery is unparalleled,” says Dr. Leonard Girardi, Chair of the Department of Cardiothoracic Surgery at Weill Cornell Medicine and Cardiothoracic Surgeon-in-Chief at New York-Presbyterian/Weill Cornell Medicine. “Very few institutions offer this kind of robotic surgery, and I’m confident his longstanding proficiency and talent will put us at the forefront of robotic surgery. We are fortunate he brings his talent and knowledge to the robotics team and entire community at New York-Presbyterian/Weill Cornell Medicine.”

Dr. Guy graduated from Wake Forest University on an Army ROTC scholarship and played varsity football there as a wide receiver. He went on to receive his medical degree from the University of Pennsylvania School of Medicine, in addition to a Master of Business Administration in Healthcare Administration from the Wharton School of Business. He completed his general surgery internship at Walter Reed Army Medical Center, followed by a residency and fellowships in cardiothoracic surgery at the University of Pennsylvania.

Dr. Guy also served as an active-duty U.S. Army surgeon for nine years, completing three tours in Iraq and Afghanistan. For his service, he was awarded a Bronze Star, Meritorious Service Medal, Combat Medical Badge, and Combat Support Badge. He completed his tenure with the Army at the rank of Lieutenant Colonel. While on active duty, Dr. Guy was stationed at Walter Reed Army Medical Center and then the San Francisco Veterans Affairs Medical Center, where he also served on the University of California San Francisco’s faculty.

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## ALUMNI NEWS

*continued*

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### Jill Ebstein, WG'83

Jill Ebstein will be releasing a sequel to *At My Pace*, titled *Lessons from Our Mothers*, in November. *At My Pace* featured the stories of 36 women and their winding journeys – what they learned, how they adapted, and the choices they made. *Lessons from Our Mothers* will feature the experiences of men and women and the seminal voice of their mother. The contributors are drawn from a wide demographic, and the stories are short. It will be self-published and available on Amazon. Jill has also been speaking inside companies on her first book, *At My Pace*, which is a helpful tool used for group discussion and individual exploration.

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## **AFFIDAVIT: HEALTHCARE AND THE LAW - PENNSYLVANIA MEDICAL MARIJUANA ACT: KEY COMPONENTS AND POTENTIAL RISKS**

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On April 17, 2016, Pennsylvania became the 24th state to legalize the use of marijuana for medicinal purposes when Pennsylvania Governor Tom Wolf signed into law Senate Bill 3, known as the “Medical Marijuana Act” (the “Act”). The medical marijuana market is huge: in a report published by ArcView Market Research and New Frontier, titled *The State of Legal Marijuana Markets*, 4th Ed., the authors estimate sales in the U.S. legal marijuana market grew to \$5.4 billion in 2015, and they project sales in this market to grow to \$21.8 billion by 2020.



While the Act became effective on May 17, 2016, the Department of Health (the “DOH”), which administers the Act, must develop a regulatory structure and issue regulations prior to implementation. The DOH is actively engaged in these activities, with a goal of issuing comprehensive draft regulations in the next several months. On April 4, 2016, the Governor appointed John J. Collins the Director of the newly established Office of Medical Marijuana. Because the market will be highly regulated, understanding the Act’s requirements and following regulatory developments are critical to defining any business opportunity.

The Act limits the use of medical marijuana to patients suffering from one of the 17 “Serious Medical Conditions” identified in the Act, which are: cancer; HIV/AIDS; amyotrophic lateral sclerosis; Parkinson’s disease; multiple sclerosis; epilepsy; inflammatory bowel disease; damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity; neuropathies; Huntington’s disease; Crohn’s disease; post-traumatic stress disorder; intractable seizures; glaucoma; sickle cell anemia; severe chronic or intractable pain of neuropathic origin or severe or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective; and autism.

The Act also restricts the forms in which medical marijuana may be cultivated and dispensed to patients and caregivers as a pill, oil, topical cream/ointment, vaporization, nebulization, tincture or liquid, and it makes smoking and incorporating into edible form unlawful. The Act creates two categories of entities that may be permitted under the Act - “grower/processors” and “dispensaries” - and restricts the number of permits that may be issued to up to 25 grower/processor permits and up to 50 dispensary permits. Each dispensary may operate up to three locations, no person may be issued more than five individual dispensary permits or more than one individual grower/processor permit, and no more than five grower/processors may be issued dispensary permits. The Act also provides for academic clinical research of medical marijuana.

Not only will this market include the core cultivation, processing, and dispensing businesses, but also, as seen in other states that have legalized cannabis use, the industry may generate a proliferation of “ancillary” businesses in Pennsylvania. Cannabis-focused start-ups in other states have included medical-technical, LED lighting, design and build, software and electronic tracking, security, apps, scientific research and marketing firms, among others.

As a result, the medical cannabis industry in Pennsylvania will likely involve multiple market sectors, such as healthcare, construction, real estate, information and technology, security, private equity and venture capital, and insurance, to name just a few.

Contributors:  
Lisa Clark, JD’89 and Seth  
Goldberg, Esquire

To learn more about  
Lisa and Seth, [click here](#).

## **AFFIDAVIT: HEALTHCARE AND THE LAW - PENNSYLVANIA MEDICAL MARIJUANA ACT: KEY COMPONENTS AND POTENTIAL RISKS** *continued*

Among the key components of the Act are:

1. the requirements and restrictions applicable to medical practitioners interested in prescribing medical marijuana;
2. the process by which patients and caregivers may obtain identification cards permitting them to acquire and possess medical cannabis;
3. the information a “Medical Marijuana Organization” must supply to obtain a permit as either a “grower/processor” or “dispensary,” including criminal background, financial wherewithal and security, electronic inventory tracking, and taxation compliance measures;
4. the establishment of a 15-member Medical Marijuana Advisory Board that will examine and analyze the industry and make recommendations to the Department regarding the implementation of and changes to the Act; and
5. criminal and civil penalties for violations of the Act.

Notwithstanding the Act, the cultivation, processing, distribution, possession, and use of medical marijuana in Pennsylvania remains a federal crime because marijuana continues to be listed as a Schedule 1 controlled substance under the Controlled Substances Act (“CSA”), 21 U.S.C. § 812(c). However, for now, the potential for federal criminal prosecution for conducting activities pursuant to the Act is attenuated because the U.S. Department of Justice has been adhering to policy statements and guidance directed to federal prosecutors — first issued in 2009 and reiterated in 2011, 2013, and 2014 — suggesting that they not devote resources to prosecuting activities conducted pursuant to and seemingly in accordance with state cannabis legislation, and to defer to the state’s enforcement with respect to such activities.

It is important to note that, due to the federal ban on marijuana, individuals and businesses conducting activities pursuant to state cannabis legislation face obstacles in other areas. For example, access to federally insured banks may be restricted, bankruptcy may not be an available out, and business-related tax deductions may not be permissible. In addition, the insurance industry has not yet developed a range of cannabis industry-specific lines of insurance, and carriers may be reluctant to write policies for participants in the space.

Individuals and businesses considering whether to get into the Pennsylvania medical marijuana industry should be aware of the following:

- Comprehensive, draft DOH regulations are expected to be issued in the next several months on their website at <http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/MedicalMarijuana/Pages/default.aspx#.V5ts3tjD9Hg>. The Department has already developed safe harbors for children and their caregivers who wish to purchase medical marijuana across state lines.
- The scheduling of marijuana under the CSA - as long as it remains a Schedule 1 drug - creates the possibility of prosecution for federal crimes, including for aiding and abetting, and limited protection under other federal laws.
- There may be significant capital and cash requirements for applying for, obtaining, and maintaining grower/processor and dispensary permits.
- The locale of operating as a grower/processor or dispensary and applicable zoning restrictions will be strictly regulated.
- Obtaining the know-how to develop the space for cultivation, the methods for processing, and the systems for dispensing is critical.



## **AFFIDAVIT: HEALTHCARE AND THE LAW - PENNSYLVANIA MEDICAL MARIJUANA ACT: KEY COMPONENTS AND POTENTIAL RISKS** *continued*

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- The measures that need to be developed and implemented for complying with the security, electronic tracking, and taxation requirements are complex.

While the potential returns from the medical marijuana business may be enticing, participation in the industry is not without risk, especially given the federal prohibition of marijuana. Those risks, combined with the start-up costs and complex regulatory scheme the Act establishes, indicate that individuals and business who are considering entering the market should carefully consider their options and obtain the advice of experienced legal counsel and consultants to ensure business success.

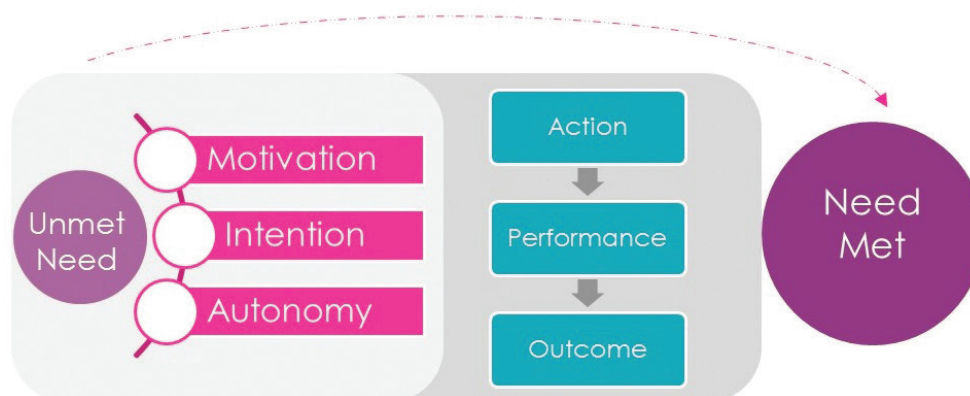
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## NOT A FREUDIAN SLIP: MOTIVATION: TRANSLATING MOTIVATION INTO ACTION – PART 2

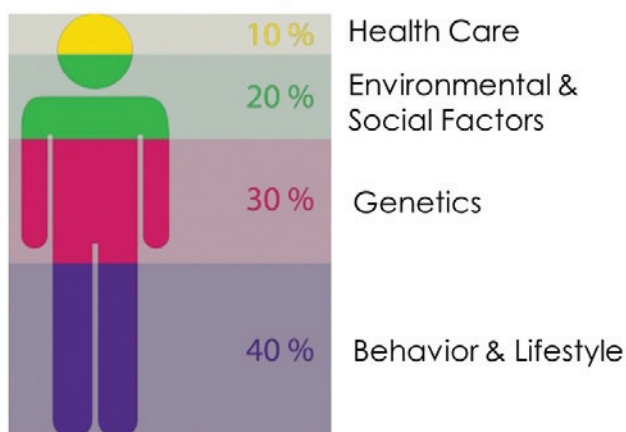
In our [initial discovery](#) of what compels a person to behave or act, we examined how motivation, intention, and autonomy influences, predicts, and drives behavior. Uncovering that people behave based on a need that can be influenced, predicted, and driven by personal choice seems obvious. But if this is so clear, why is behavior change so hard to understand and motivation so hard to stimulate?



In the second part of this series, will look at what it takes for a program to motivate action and inspire people to perform behaviors and reach their desired outcome. We will consider if mobile applications [mHealth] can truly have an impact and stimulate the adoption of healthy behaviors. Compromising behaviors can be difficult to change, regardless of a person's intent to change for the better (Schwarzer, R. et.al., 2008). How does a person who is not motivated gain the motivation to create an intention to change their behavior? What if an individual desires to reach a particular outcome, but fails to take action? How can we activate and motivate people to perform behaviors to reach their desired outcome?

### Action + Performance = Outcome

Several factors combine together to affect our health



McGinnis, J.M. et.al. (2002).

Since we know that a person's behavior accounts for 40% of their health outcome, focusing on positive healthy **actions** is critical (McGinnis, et al., 2002).

Activation involves the decision to initiate a behavior to satisfy a need, such as signing up for a tennis class to become more physically fit. In the activation process a person **defines** their present state and what change is needed to reach the new future state. This vision of what can be helps a person set and reaffirm their [intentions](#) and can help them imagine how it will feel to reach their goal to keep going in spite of difficulties.

**Identifying** why an individual wants to achieve a goal (Siegert, et al., 2004) is important to influencing action. Since goals are the centering principle of motivation (Murray, 1938), aligning with an individual's values and crafting a specific goal, clarifying and prioritizing steps to reach the goal (Schreurs, et al., 2003; Feinstein and Feinstein, 2001) and picking one thing to focus on helps to get clear about intentions and maintain momentum when obstacles get in the way. Research

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## NOT A FREUDIAN SLIP: MOTIVATION: TRANSLATING MOTIVATION INTO ACTION – PART 2

*continued*

shows that health-related, goal-directed behavior is enhanced when goal setting is accompanied by specific planning of behavior (Schreurs, et al., 2003).

Many programs tell a person what to do. However, going beyond describing what, programs must tap into why and then show how, by breaking things down into smaller steps to achieve the larger goal. Clarifying steps and prioritizing and crafting very specific action plans to achieve each goal can support success (Schreurs, et al., 2003; Feinstein and Feinstein, 2001).

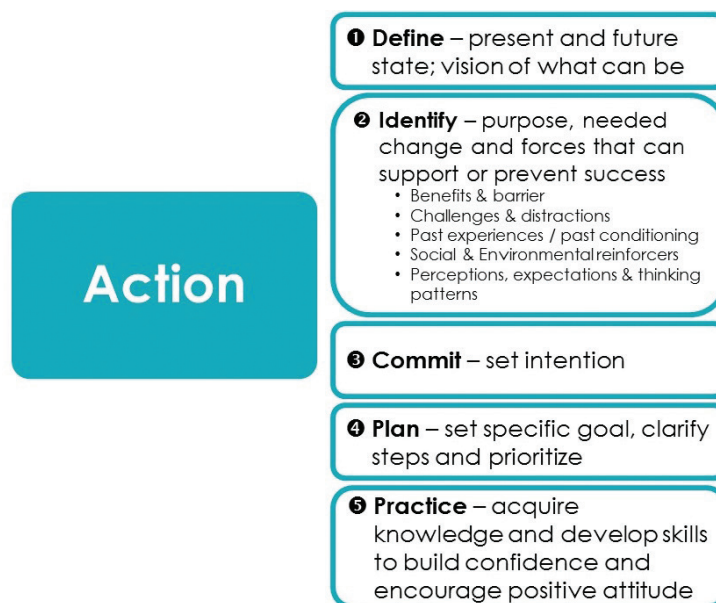
Health interventions focused on general goals or prescribed actions, without regard to what the person truly wants, can make lasting change a challenge. You've seen the recommendations at the end of health assessments calculating past behavior to show an obvious opportunity for improvement. However, if the person doesn't recognize the same need or doesn't desire to see this part of their life differently, then the recommendations will likely fall on deaf ears. When the person decides the goal and is actively involved in devising a plan that realistically incorporates their daily life, they are more committed to strive towards the outcome they desire and see it as valuable (Bandura, 1991).

Individualized programs understand different challenges and personal characteristics, such as learning style, personal interests, and past experiences can stimulate motivation. Taking into account external influencers and social and environmental factors can propel or hinder success and nurture a person's inner motivation, by incorporating personal preferences and values into activities and avoiding external regulators such as rewards, deadlines, and compliance demands. Social support via encouragement and praise is important reinforcement, especially during acquisition of new behaviors (Rhodes, et.al., 1997). By acknowledging difficulty and recognizing factors that can impede success, people take responsibility for their choices and begin to problem solve ways to overcome barriers and distractions.

We've all heard the proverbial expression "practice makes perfect." Once a person has **defined** their future state and **identified** the support they need to overcome barriers that get in the way, they must **practice** what they have **committed** to by taking small steps included in their **plan** to achieve their larger goal. Building new skills and knowledge through repeated practice helps build confidence, boost motivation, and improve self-image, which ultimately influences sustained performance and outcomes. Repetition is key, and lasting change doesn't allow for short-cuts.

A person's attitude and the quantity and quality of their **performance** is a result of their persistence [the amount of effort exerted in pursuit of a goal], capabilities [how well a person can acquire, recall, and use new knowledge and skills], and social and environmental factors that nurture and encourage their success. As people experience small wins and take time to reflect on specific details about their accomplishments, they begin to feel more competent, one of the key needs for personal growth.

Flexible program design can help to satisfy changing needs while also providing options that align with diverse characteristics to positively influence successful performance. Linking the person's action to the

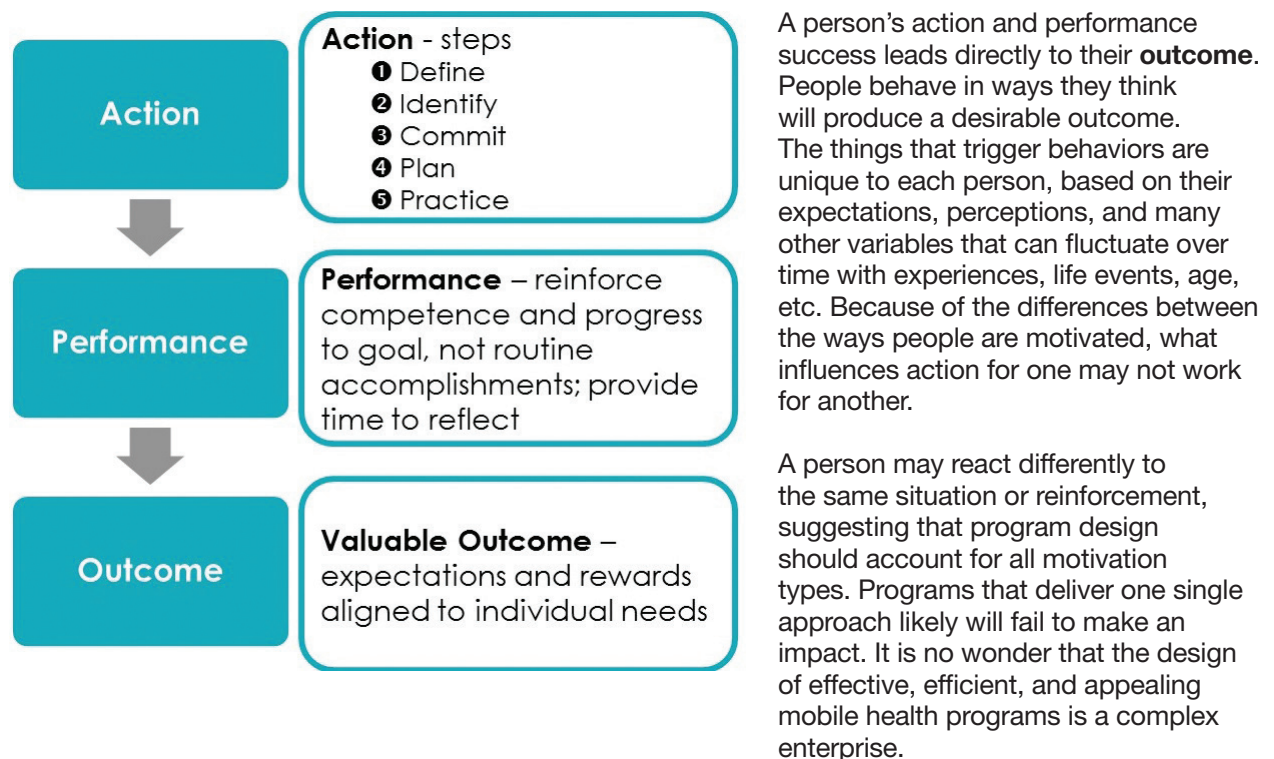


## NOT A FREUDIAN SLIP: MOTIVATION: TRANSLATING MOTIVATION INTO ACTION – PART 2

*continued*

outcome they are striving to achieve helps them to see the impact the small steps are making towards their larger goal. Focusing on the big picture and overall progress, by periodically providing positive, constructive feedback, increases confidence.

Self-management programs that provide routine incentives for completing tasks may gain initial progress. However, to be most effective, reinforcement must empower confidence and self-efficacy in individual capacities and attributes, with responsive and dynamic messaging, not merely provide applause for routine accomplishments. Further, by offering unexpected reminders and variable reinforcement using affirming messages rather than controlling and rigid ones, programs can stimulate a person's attention and trigger the continuation of positive health behaviors.



Just as personalized medicine uses a person's genetic make up to formulate an individualized treatment approach, a similar method can be used to align with the unique characteristics of a person and the environment in which they live to design a meaningful health support program.

Mobile health has emerged as a way to deliver health behavior change interventions that can be adjusted or tailored to individual needs while providing continuous engagement in a person's everyday environment. Digital health interventions are proven to drive positive behavior change and have an impact on patients' health outcomes (Sawesi, S., et al., 2016).

In this time of increased access to personalized technology, coupled with a new focus on the importance of health behaviors, it is imperative that programs thoughtfully design around the individual user experience and holistically facilitate meaningful change. Guided self-management strategies readily available on a person's mobile device provide an effective way to overcome barriers while offering a private, convenient, and economical solution. However, 48% of mobile health users cease using programs within six months (Price Waterhouse Cooper, 2014).

Many existing health apps and wearable fitness devices in this multibillion dollar mHealth market



## NOT A FREUDIAN SLIP: MOTIVATION: TRANSLATING MOTIVATION INTO ACTION – PART 2

*continued*

motivate the already motivated, offer only extrinsic rewards, or provide data on calories burned, miles walked, heart rate, or hours slept, with little personal direction on how these actions impact one's health and what changes are reasonable to integrate into a daily routine (Bajarin T.,2014).

Data delivered to a user without consideration of the spectrum of motivational needs fails to meet the individual where they are or create meaningful behavior change. To be successful, a program must validate positive behavior, provide encouragement through milestones, guide the user to seek out social support, adjust to meet each person where they are, and provide tools to catalyze progression. Ultimately, a program to change motivation must start with one thing: the individual.

The next generation of mHealth holds great promise as a tool for addressing many pragmatic challenges and offers a more empowered style of engagement. As these apps and games continue to evolve and include interactive and adaptive sensors and other forms of dynamic feedback, they must engage the person in the greater purpose to truly influence sustained behavior change.

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## CAREGIVER STRESS IN HEALTHCARE - PART 1: TODAY'S EVER-SHIFTING HEALTHCARE SYSTEM

***As Burn-Out and Stress Mounts in Healthcare Professions, How Can We Heal the System and Those Who Work in It?***

*"The only thing that is constant is change."  
Heraclitus, Greek philosopher*

The past two decades have brought about rapid, seismic changes in nearly every aspect of practicing medicine and managing health practices, facilities, professionals and patients. We can recall years past when hospitals were the primary go-to setting, stays were lengthy, preventive measures were limited, and patients were "treated" as opposed to "engaged" in care.



Today, the traditional hospital setting is no longer the de-facto hub for medical care and after-care – that function is carried out on large medical campuses, in clinics, urgent care facilities, and at home. Patients are now incentivized and encouraged to prevent disease and improve outcomes through wellness-centric programs, and each of us is able to self-diagnose through on-line medical sites, monitor calorie and steps per day on wearable devices, and access the latest – sometimes contradictory – research that promises the five “easy” steps to take to get in the best shape of one’s life. In short, patients are empowered to manage their own health as best they can, and the role of medical professionals has evolved to be one of information concierge, care manager, advocate, and medical expert – while accountability and expectations on the business side of medicine continue to reshape themselves almost daily.

Driven by forces as disparate as cultural norms and values, technological advancements, political and regulatory shifts, and overwhelming economic factors, the business plan that drives everything in healthcare continues to shift. While the focus in this new landscape is on improving outcomes, increasing patient engagement, and aligning incentives grounded in behavioral economics to reward coordinated care delivery, much of the national dialogue focuses on the “system” and the “patient.” With this constant shifting, however, more and more healthcare professionals are suffering from high levels of stress and its accompanying physical and mental health impacts.

### **The Health of Healthcare Professionals**

A Mayo Clinic study published in the *Archives of Internal Medicine* and reported in the *New York Times* indicated close to 50% of the physicians surveyed reported  $\geq 1$  symptom of burnout.<sup>1</sup> It also found burnout is more common among physicians than workers in the U.S. as a whole, and, not surprisingly, those in specialties on the “front lines,” such as primary care and emergency medicine, were at the greatest risk.

This end-stage stress is a combination of persistent emotional exhaustion, physical fatigue, and cognitive weariness. When caring for others, self-care often goes to the wayside. This is true for many in the role of caregiver, including parents of young children, those tending to the needs of aging relatives and loved ones, and medical professionals. While caregiving can be incredibly rewarding – even one of life’s greatest gifts – it can come with debilitating stressors. Given that medical professionals’ lives don’t exist in a vacuum, sometimes they play this role in multiple areas and, as a result, multiply the stressors. This leaves limited time and energy left over for other family and friends, pursuing outside interests and hobbies, and (probably last and least) caring for themselves.

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## CAREGIVER STRESS IN HEALTHCARE - PART 1: TODAY'S EVER-SHIFTING HEALTHCARE SYSTEM *continued*

### The Many Layers of Burnout

Physical and mental challenges associated with burnout often are ignored or are managed by engaging in the types of behaviors that current research and medicine warns against: alcohol and drug abuse, smoking, poor eating habits, limited exercise; in short, self-neglect. Some of the consequences of burnout among healthcare professionals may include depression, anger, bitterness, an increased risk of heart attack, ischemic heart disease, stroke, sudden cardiac death, diabetes, male infertility, both sleep and musculoskeletal disorders, and perhaps not surprisingly, a higher rate of suicide.<sup>2</sup>

While medical training has evolved to address some of the new complexities arising from the seismic shifts in the healthcare system, limited attention is given to the importance of stress management and burnout prevention once medical professionals have entered the workplace. Where does responsibility fall for caring for health practitioners? Who is responsible for providing the tools for managing this life in the fast lane and the accompanying manifestations of stress in the workplace and at home?

### Engaging Employers

Based on findings of the National Institute for Occupational Safety and Health (NIOSH), employees reporting they are stressed incur healthcare costs that are 46 percent higher than those who are non-stressed. Job stress is commonly defined as “the harmful physical and emotional responses that occur when the demands of the job exceed the capabilities, needs, or resources of the worker.” Studies show that employees who feel they have little control over their work in one way or another report higher stress levels.<sup>3</sup> Based on these findings, and combined with the massive changes occurring in healthcare workplaces, a small tsunami is upon us and looms large for those practicing and entering the healthcare industry.

### The Healthcare Employer's Vital Role in Mitigating and Managing Stress

Achieving optimal well-being for healthcare professionals doesn't happen by accident. In fact, a multi-layered, integrated approach to addressing the most pressing physical and mental challenges associated with burnout can be accomplished *only* through intentional programming, focused communications, and ample support to ensure efficacy and optimal outcomes. Research indicates that simply providing education and “to-do” lists are often not enough to achieve or sustain desired behavior change. Much like patients who often are aware of much if not all of what is expected, physicians and other healthcare practitioners can find themselves puzzled and frustrated when the outcomes of their own efforts are not achieved or maintained in the long-run.

Employers can play a vital role in helping to assess and manage stress and its impact in the workplace. In the second of our four-part series, “Caregiver Stress in Healthcare,” we'll explore the specific ways that employers and individual practitioners can set up programming and supports to improve health and mental well-being, rekindle passion and empathy, and raise the quality of self-care and care for others.

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## DISCOVERING THE HEALTH AND WELLNESS BENEFITS OF GRATITUDE

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*“...there’s a gratitude circuit in your brain, badly in need of a workout. Strengthening that circuit brings the power to elevate your physical and mental health, boost happiness, improve sleep, and help you feel more connected to other people.” – The Upward Spiral, Alex Kolb, PhD.*

Research shows benefits to health and well-being for individuals when practicing gratitude. These positive outcomes will make you stand up and take notice - regardless of your professional role as a provider, caretaker, leader, or an individual contributor.



With the birth of positive psychology, the growing research on gratitude, and the latest studies in neuroscience, we have a greater understanding of how to achieve these benefits. It has become evident to many that gratitude is an important, timely topic, both in clinical settings and in our day-to-day interactions.

**What is gratitude exactly?** The Latin root of the word gratitude is *gratus* or *gratia* — thankful, by favor. It’s considered a state of mind, a spontaneous feeling, a strength of the heart. And, as the great Roman philosopher Cicero once said, “Gratitude is not only the greatest of virtues but the parent of all others.”

**What does the research tell us?** Studies range from the positive impact of gratitude on patients’ recovery from an acute cardiac event to lessening of depressive symptoms and to overall improvements in mental and emotional well-being. Here’s what some of the research is revealing:

- **Improved heart health:**

- [Research](#) out of Massachusetts General Hospital by Dr. Jeffrey Huffman, suggests positive psychological states, like optimism and gratitude, may independently predict superior cardiovascular health.
- The GRACE (Gratitude Research in Acute Coronary Events) [Project](#) looks to determine whether optimism and gratitude are associated with physical activity and other critical outcomes in the six months following an acute coronary event.
- A 2015 [study](#) by the American Psychological Association found that patients who kept gratitude journals for eight weeks showed reductions in levels of several inflammatory biomarkers while they wrote.

- **Resilience to trauma and greater mental well-being:**

- A 2006 [study](#) published in *Behaviour Research and Therapy* found Vietnam War veterans with high levels of gratitude experienced lower rates of post-traumatic stress disorder.
- [Stats](#) Show Improved Mental Health - Recently published, the *Journal of Research in Personality* examined gratitude and grit to confer resiliency to suicide by increasing meaning in life.
- Emotional Well-Being - A 2007 [study](#) published in the

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## DISCOVERING THE HEALTH AND WELLNESS BENEFITS OF GRATITUDE *continued*

*Journal of Research in Personality* found the relationship between gratitude and well-being leads to lower stress and depression and higher levels of social support.

- **Overall health and well-being:**

- A 2003 [study](#) in the *Journal of Personality and Social Psychology* found participants who kept gratitude journals reported fewer health complaints, more time exercising, and fewer symptoms of physical illness.
- Proven Stress Reduction - Results of a [study](#) on cultivating appreciation and other positive emotions showed lower levels of stress hormones. The study found a 23% reduction in cortisol and 100% increase in DHEA/DHEAS levels.
- Improves Quality of Sleep – A 2009 [study](#) published in the *Journal of Psychosomatic Research*, showed improved quality of sleep and longer sleep hours.

- **Improved workplace results:**

- A grateful leader yields more productive employees: a [study](#) reported by Harvard Medical School and done by researchers at the Wharton School of the University of Pennsylvania found grateful leaders motivated employees to become more productive. The study found employees who were thanked by their managers made 50% more fund-raising calls than their counterparts who hadn't heard the same token of appreciation.
- Research on gratitude and appreciation demonstrates that when employees feel valued, they have high job satisfaction, engage in productive relationships, are motivated to do their best, and work towards achieving the company's goals.

The research doesn't stop here and certainly needs to be continued. In fact, additional research has branched out to other areas, including school curricula to improve classroom culture and experience the benefits. Even so, there's an existence of a gratitude gap, as indicated in a 2012 national gratitude survey commissioned by the [John Templeton Foundation](#). While 90% of respondents consider themselves grateful, only 52 percent of women and 44 percent of the men surveyed express gratitude on a regular basis. The same [study](#) discovered that people were less likely to express gratitude at work, yet are eager for their boss to express gratitude for their work. And, in return, the respondents indicated they would feel better about themselves and work harder!

**How do we practice gratitude?** Besides the suggestions listed below, it's important to note that gratitude is often directed inwardly, to the self. As important, is expressing gratitude to others, which is proving to provide benefits to both the giver and receiver. Care should be taken to never allow gratitude to be about something you have that someone else doesn't. Gratitude practice isn't a competitive sport.

Possible practice techniques (hint – be as [specific](#) as you can in expressing gratitude):

- Keep a gratitude journal.
- Not the journaling type? Write a list of all the things in your life that you're grateful for.
- Write a list of all the people in your life that you're grateful for... then go tell them or go to the next item.
- Write a letter of gratitude to someone, deliver it to them, and read it to them.
- Write down three good things that went well in your day and why.

## DISCOVERING THE HEALTH AND WELLNESS BENEFITS OF GRATITUDE *continued*

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- Create visual reminders about the things and people in your life that you're grateful for, and place them in your line of sight.
- Have you recently received a thank you note? Consider starting a wall of gratitude a (bulletin board will work) to remind yourself of the good things you do for others.
- Get a gratitude buddy to help sustain your gratitude practice.

In closing, in a world where negativity, fear, and skepticism are at an all-time high, there remains a human need, perhaps a demand, to count our blessings, show gratitude to others, and find meaning in our daily lives.

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## STRATEGIC GROWTH IN HEALTHCARE DELIVERY: IT'S NOT JUST SIZE THAT MATTERS

Healthcare merger and acquisition (M&A) activity has been growing rapidly over the last several years, hitting a record high in volume and value of transactions in [2015](#). Much of this activity has been driven by a desire for scale, with a belief by many healthcare leaders that “bigger is better” by reducing unit cost through economies of scale, increasing access and capacity to deliver care, and, more recently, leveraging joint investments to strengthen providers’ capabilities in the transition to value. Recent [studies](#) have shown that those benefits either do not materialize or are not sustainable in the long term.



Given the changing healthcare market economy, scale is a necessary, but not sufficient, component for sustainable growth in healthcare delivery. Growth is no longer about the size of the organization in revenues or beds. It is about lives served and margin generation in order to reinvest. Now, scale must be relevant scale. More importantly, growth must be *strategic* growth.

### What is Strategic Growth?

Strategic growth can be defined as the ability to develop a market presence comprised of the necessary services and capabilities to optimally deliver high value care consistent with the organization’s strategy. There are four dimensions of strategic growth:

1. **Organic growth** is margin growth through increasing operating efficiencies to reduce cost and, more commonly, driving revenue increases through service revenue growth. In other industries, organic growth is often referred to as “same store” growth. This type of growth in existing business lines and business models is something all healthcare providers strive for, regardless of the volume-to-value transition in their market. This is often easier said than done, as it often requires a shift in referral patterns through strong physician alignment strategies, optimizing inclusion in payer contracts, and/or investments in facilities and services to provide a competitive advantage in the market.
2. **Acquisitive growth** is achieved through accretive M&A transactions that enable the organization to increase in size, offer greater access to care, and achieve operational efficiencies in its existing businesses or service lines. If executed strategically, healthcare providers can simultaneously achieve economies of scale and become increasingly relevant to payers and consumers. It is often helpful to develop criteria and a data-driven process by which to evaluate acquisitive growth opportunities, so as not to succumb to the excitement of the deal and lose sight of the strategic impact the organization is trying to achieve. For hospitals and health systems, acquisitive growth evaluation should consider elements such as geographic complement of the parties, medical staff impact, cultural fit, organizational financial strength, and ability to achieve operational and clinical efficiencies without compromising the quality or access of care.
3. **Diversified growth** is pursued by health systems to obtain new capabilities in order to deliver a broader set of services than currently exist in the organization. As health systems move toward population health and value-based care delivery,

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## STRATEGIC GROWTH IN HEALTHCARE DELIVERY: IT'S NOT JUST SIZE THAT MATTERS *continued*

there is an increasing need to build, buy, or partner for services across the continuum of care. It is important to remember that these opportunities are often different business models than those of hospitals and will need to be managed accordingly once they are brought into the health system. Examples of diversified growth opportunities for hospitals may include: alternative sites of care (i.e., freestanding ED, urgent care), post-acute services (i.e., skilled nursing facilities, home health), physician practices or clinically integrated networks, care management, or insurance services. Successful diversified growth initiatives should align with the health system's enterprise strategy and enable it to fulfill more of its customers' healthcare needs, increasing the organization's share of the healthcare spend per capita in the market.

4. **Transformative growth** can be achieved through M&A or partnership activity that fundamentally changes the way healthcare is delivered. Given the rise in healthcare consumerism, ongoing regulatory changes from CMS, and potential payer consolidation among other factors, there are numerous opportunities for health systems to pursue transformative growth initiatives. Often these involve new technologies, disruptive solutions, or other innovations focused on achieving the Triple Aim. Careful vetting of these opportunities is important, as there are many nascent companies that claim to have the "silver bullet" to fixing healthcare, driven by an unprecedented level of venture funding in healthcare. This is also the growth dimension with the largest myriad opportunities, including: new health plans, digital health, data and analytics, consumer-focused retail and on-demand services, and community-based solutions aimed at influencing health behaviors and health status. In order to more easily develop, identify, and evaluate these opportunities, several health systems have started innovation centers, venture funds, and incubators to drive their transformative growth strategies. While there are numerous exciting opportunities for health systems to pursue in this arena, it is best to prioritize those that are most aligned with the organization's vision and strategic plan.





## STRATEGIC GROWTH IN HEALTHCARE DELIVERY: IT'S NOT JUST SIZE THAT MATTERS *continued*

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### **Which type of growth is most important?**

While organic growth is typically standard in all organizations' strategic plans, prioritizing and managing the four various growth components can be unwieldy and overwhelming. Incorporating portfolio evaluation and management as part of strategic planning allows healthcare leaders to prioritize the importance of each growth dimension at the service line, regional health system, and national levels. A comprehensive portfolio management process requires the organization to answer the following questions:

- What services do we provide today and what is our market performance?
- What are the existing market dynamics among and between regulators, payers, employers, health systems, physicians, consumers/communities, and healthcare alternatives?
- What are the most likely strategic moves by others and future market scenarios?
- What type(s) of growth do we need to strengthen our position in the evolving market under the most likely scenarios?

Strategic growth in healthcare requires active management of the business portfolio. Healthcare leaders need to maintain ongoing market awareness and monitoring and take a disciplined, proactive approach to pursuing opportunities to fill portfolio gaps. To prevent getting distracted by exciting opportunities or feeling compelled to pursue a growth initiative similar to that of a direct competitor, practice steadfast adherence to the organization's strategic vision. With today's rapid industry changes, don't rely solely on strategies that have worked in the past. Be creative, yet pragmatic, in what can be applied from other industries. Above all, there is no substitute for leadership. No model, tool, or formula can develop and execute strategic growth in healthcare delivery. Wharton's focus on data-driven, critical thinking and collaborative management skills provided a strong foundation for us as healthcare leaders to successfully achieve strategic growth in our own organizations.

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## WHAT LEADERS CAN LEARN FROM FEELING LIKE A “MIDDLE”

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In their 2014 report, *Advancing the Academic Health System for the Future*, the Association of American Medical Colleges (AAMC) laid out a mandate for leaders in academic medicine: “While our core values and purpose as academic medical centers are immutable, all else in academic medicine is changeable — in fact, needs to be changed — to accommodate a changing world. Everything about how we are structured and organized must be in play.” But offering everything up to a change process becomes a daunting prospect, especially in academic institutions known for gradual evolution.



Barry Oshry’s work on levels of organizational structure provides a window into the challenges and opportunities to advance change in academic medicine. In his book, *Seeing Systems: Unlocking the Mysteries of Organizational Life*, Oshry sketches out four roles in any organizational system — Tops, Middles, Bottoms, and Customers. Tops are those with ultimate accountability for results, who must delegate responsibility and allocate resources. In academic medicine, Tops may be presidents, deans, or senior hospital leadership. Middles hold the roles to whom the Tops delegate, such as chiefs and hospital VPs, and Bottoms are frontline staff. The boundary between Tops and Middles is often fraught: Tops believe that Middles are ineffective at execution, while Middles feel pulled between multiple priorities, struggling to deliver when strategic direction from the top feels lacking.

A key element of Oshry’s theory is that all roles sometimes experience being pulled into another role group. The growing need for alliances across the continuum of care can thrust Tops into the Middle role on a regular basis. Understandably, these dynamics can challenge the identity of Tops, making them feel torn, ineffective, and disregarded — more like Middles. While this is a frustrating place for Tops, we see some opportunity in cultivating collaboration within the organization.

In *The Moment You Can’t Ignore*, a book about leading the 21<sup>st</sup> century organization, our colleagues, Barry Dornfeld and Mal O’Connor, introduce the concept of “leading leaders.” They argue that individuals’ relationships to their work are increasingly based on interest in personal development versus allegiance to the institution. Therefore, “the challenge for leaders is to keep the workforce interested and committed while putting strategy into action. To do that, leaders need to align and mobilize people so their individual talents and efforts clearly contribute to the organization’s overall performance.” As a Top, the minimum requirements for this approach are an understanding of how specific Middles can contribute and what interests them. But having a clear understanding of what it’s like to be a Middle can only improve one’s effectiveness. As the environment pressures Tops into the middle of power structures and value chains, some are using the experience of feeling pulled in many directions to connect more effectively to Middles.

The key task facing Tops remains to strike the right balance between delegating responsibility to Middles and retaining Tops’ ability to take the lead — but the volume of high stakes decisions often makes the tension more difficult to manage. Consider these examples from our recent experience:

**Know how long to stay in the middle.** We recently worked with a new CEO in a health system with promising quality outcomes, dominant market share, and financial strength. However, these strengths seemingly existed despite the feeble governance structures and culture of the senior team, not because of it. The CEO knew she needed more from her Middles but couldn’t assume her predecessor’s style of being involved in every decision.

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## WHAT LEADERS CAN LEARN FROM FEELING LIKE A “MIDDLE”

*continued*

To enrich her understanding of the experience of her organization's Middles, the new CEO drew on her years as a Middle in the same health system and her recent experience of feeling pulled by multiple stakeholders in renegotiation with the system's physician network. This ability to empathize with the Middles' situation allowed her tap into their energies and leverage their passion and ideas for the system. She called for a reorganization that broke silos and reduced duplication of effort by asking Middles to draw on system resources — Bottoms that reported up through other Middles — for the first time. Knowing that this would be a difficult but necessary shift, she laid out shared goals and gave the Middles a framework for collaborating across departments. Then, displaying a key skill for leading leaders who want to bring their all to work, she “got out of the way.”

This approach not only achieved the desired outcomes, it also signaled a new way of working, by activating collaboration across departments. Engaging the Middles in strategic collaborations also freed her up to address other things that needed her bandwidth.

**Know when to stay out front.** We recently posed the question to the CEO of an academic medical center, “How do you know when to give someone more rope and when to take the reins?” She noted that often her first instinct is to wait until one of her Middles asks her for guidance. She puts herself out front when the organization is taking on something political, visible, and financially significant, such as forming an alliance with a national brand in tertiary care or acquiring a major surgical practice — but she knows that does not mean she needs to be the only visible leader.

In reflecting on her leadership style, she emphasized that strong relationships with her Middles and trying to fully understand the perspectives they bring are key ingredients to advancing the organization. This perspective aligns well with the observation that leading leaders requires demonstrating alignment between their passions and development goals, and the mission of the organization that they serve.

When a health system is led by a Top who can set strategic direction while taking a Middle's perspective when needed, strategies become behaviors quickly, individuals see the power of their contribution to the whole, and results are faster, and they last.

For more information on this topic or related materials, contact CFAR at [info@cfar.com](mailto:info@cfar.com) or 215.320.3200 or visit our website at <http://www.cfar.com>.

## WHARTON AROUND THE GLOBE: BATTLING CONGENITAL HYPOTHYROIDISM IN RURAL INDIA

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The Wharton Global Health Volunteers (WGHV) provides Wharton students with unique opportunities to apply their professional skills toward servicing healthcare systems and organizations in the developing world in consulting engagements spanning two to three weeks. This past winter break, seven members of the Wharton Global Health Volunteers (WGHV) teamed up with [Swasti](#), a health resource center established in 2002 focused on achieving public health outcomes for those who are socially excluded and underprivileged. Swasti develops, pilots, and scales innovative models to address the behavioral, social, and systems-based determinants of health.



The Wharton team traveled to Bangalore, India to develop a business plan for Swasti's FDA-approved device (i-calQ) that attaches to a smart phone and tests newborns' blood for thyroid function. This device will help detect congenital hypothyroidism that, if not treated in the first month of life, can lead to mental retardation and significantly decreased IQ.

The scope of the project was restricted into five components:

1. computation of i-calQ's social return on investment to identify, measure, and quantify the additional environmental and social returns that would be gained in India, especially rural India where many are unable to afford/travel to facilities to test their newborns for hypothyroidism
2. legal research regarding licensing, healthcare, and environmental regulations that are required in India for this type of medical device
3. market research and competitive analysis of other global companies with similar missions of testing congenital hypothyroidism
4. analysis of corporate social responsibility (CSR) channel, as companies must spend 2% of their revenues on CSR initiatives; although Swasti is a nonprofit organization, we wanted to explore i-calQ's different revenue stream possibilities
5. creation of a financial model and break-even analysis based on a series of factors to be utilized in upcoming pitch decks for venture capitalists

The team was able to offer several recommendations to advance the widespread adoption of i-calQ in India, along with a financial model to calculate i-calQ's social return on investment. Swasti plans to use this business plan moving forward to seek funding from social entrepreneurs, VCs, and other donors.

Client feedback following the team's presentation and deliverables: "The Wharton team did a good job in analyzing the market for i-calQ. Even though they had less than 10 days to understand the scenarios and provide their inputs, they did a commendable job. Some of the questions the team asked us, really got us thinking. We wish the team all the best in their careers, and we look forward to another engagement with Wharton."

All members of the WGHV who were selected to participate this past winter would like to thank our alumni for assisting in making this trip possible. We all had a very meaningful and memorable experience in India and feel fortunate that we were able to dedicate our winter break towards assisting a non-profit focused on improving the healthcare landscape in India. It certainly was an eye

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## WHARTON AROUND THE GLOBE: BATTLING CONGENITAL HYPOTHYROIDISM IN RURAL INDIA

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opener being able to witness firsthand how innovation and support can and will turn a dream into a reality, potentially saving and benefiting many lives moving forward. WGHV was able to provide all of the volunteers with immeasurable first-hand experiences of the healthcare landscape in the developing world, helping solidify and enhance many of our long-term goals toward increasing the accessibility and affordability of healthcare both domestically and internationally.



From left to right, top to bottom, Edgar Iskandar (WG '16), Emily Balmert (WG '16), Shefali Vijaywargiya, Abhishek Singhal, Raul Estrada (WG '17), Mitesh Shridhar (WG '17), Sankalp Jain, Susan Kim (WG '17), & Fiona Tang (WG '17)

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## THE FUTURE OF HEALTHCARE DEPENDS ON WHO YOU ASK - HOW TO SUCCEED IN HEALTHCARE - PART 2

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There's a huge disruption taking place in the healthcare industry that is impacting the clinical and corporate worlds. This disruption entails moving from a fee-for-service, volume-based healthcare delivery model to a value-based system. Healthcare providers and corporations alike are struggling with how to respond. Providers are asking how to adjust to the change, and corporations are questioning how they will benefit.



The transition from the unsustainable volume-based model of delivery to a value-based system is top of mind among organizations and their leadership. This transition has stimulated the healthcare ecosystem to ask one overarching question, "How are we going to respond?" Every organization is evaluating how their response will change their healthcare environment. Most of us agree that changing the healthcare environment will require a multi-level strategy and, like most responses to change, some are well on their way, and others are lagging behind. As your organization prepares, evaluates, or revises its response, I contend that employee health status is one innovative approach to build the heart and soul of a value-based system.

The formula to respond to value-based care is difficult to write and arguably more difficult to facilitate. I propose we start with what we know: Value-based care is about achieving excellent clinical outcomes at the lowest cost by utilizing integrative teams focused on prevention.

- Value-based care was a response to the escalating costs of chronic disease and related risk management.
- One problem many are examining is how different the value-based environment looks from the current volume-based model of delivery.
- The transition will impact most of us.
- We all have a role in responding.

What we don't know is how best to respond. Some believe the focus should be on best practices and evidence-based outcome techniques. Others are following prescriptive orders, subscribing to overt behavioral modification or building integrative teams. Many are examining what is working, what is not working, and preparing how to move from good to great. Most have a Strength, Weakness, Opportunity, and Threat (SWOT) analysis to rival all the others. At this point, many of you are saying, Joe, nothing you are saying is new, thank you for the review. I propose what could be new is where you are focusing your attention. And that should be on the health of your employees. After all, it is your employees who contribute to and support your organization's health and prosperity.

So how do we demonstrate a focus on human capital to build a healthcare environment in support of value-based care? Start with a health risk prevention plan centered in lifestyle medicine. Employees need a personalized blueprint for the teachable moment when an individual understands health risks and specific actions which can be taken to address them. A scientifically valid, evidence-based health risk assessment outlines the connection between lifestyle habits and the risk of costly, preventable conditions which negatively impact one's quality of life.

A health risk assessment's (HRA) primary purpose is to provide the information needed to design a *personalized* plan to mitigate risk and focus on preventive action. An HRA enables trending of issues

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## **THE FUTURE OF HEALTHCARE DEPENDS ON WHO YOU ASK - HOW TO SUCCEED IN HEALTHCARE - PART 1** *continued*

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known to impact the quality and cost of care. Despite this knowledge, some people and practitioners are falling back into a generalized mantra of “eat more healthfully and exercise more.” An individual’s health risks serve as a roadmap for developing a comprehensive lifestyle-targeted intervention.

Lifestyle medicine and value-based care are grounded in evidence-based outcomes. Lifestyle practices support behaviors that impact health and aid in sharing clinical information and identifying opportunities for quality improvements. Lifestyle medicine is about achieving excellent outcomes at lower cost by utilizing integrative teams focused on prevention. Sounds just like value-based care to me!

My challenge to leadership and decision-makers is to not lose out on employees as individuals and to build an environment that supports and can optimally benefit from value-based care.

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