SCALE community

A Winning Formula for Rural Health Systems

A Discussion with Indiana Regional Medical Center Leadership

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Melissa Kwiatkowski:

Brett, always great to see you. Excited to introduce you to my colleagues at SCALE Healthcare. I've told them you have done an amazing job leading the physician group at Indiana Regional Medical Center. Looking forward to hearing your insight about your physicians and the medical center.

Before we do our intros, let's rewind to our previous discussion about SCALE Community. SCALE Community is our forum to share relevant insights, medical trends, and actionable data for everyone across the healthcare ecosystem. Everyone seems to have their own platform. Health plans have theirs', physicians have theirs', health systems have theirs'. We bring all the players together. Today I would like you to share the perspective of a rural medical center.

Now for our intros- Brett, let's start with you. Please share a bit about your background and current role. I'll have my team introduce themselves and then we can have a casual conversation about what it is like to be a rural community hospital trying to remain independent while surrounded by large health systems interested in gobbling up independent hospitals.

Brett J. Braun:

Okay. Well, as for me personally, I'm a father of four, three daughters and a son. My son's the youngest, he's seven. I'm originally from Southern California, born and raised, and I moved out to Western PA about eight-and-a-half years ago. My wife is from Indiana, PA and that's what brought us out here. She wanted to get our daughter, at the time, closer to her parents. I said, "Hey, if there's anything remotely close out there to what I do out here, I would be more than glad to look at it." Now, ironically, my entire background and skillset has been in the sales and marketing arena. I was a marketing major pharmaceutical sales, was a President's Club Winner. I did that for about four years until I got recruited by one of my ophthalmologist customers to help them build a LASIK empire. We formed a separate LLC partnership with a nationwide company and carved out California.

That amounted to 10 surgery centers, 10 surgeons, and a referral network of about 2,000 doctors. I stayed in ophthalmology for about, I want to say 14 years and then moved out here living the dream as a hospital administrator. It wasn't anything I had pictured myself doing. I remember in the world of business development and sales in the ophthalmic arena, meeting a hospital CEO of an independent community hospital, and he just looked beaten down to a pulp. He didn't look happy. I said, "Please don't let me be like that guy in my lifetime." So, two years after I said that to myself, I was like, "Wow, I found myself working for an independent community health system." Little did I know, coming from the arena I came from in California, which was very much a cash-based system, and we had been exposed to HMOs and to IPAs and all the ACOs and stuff and just capitated care out in California.

I was in a cash-based business. So coming out to Western PA, it was very much a different nuance from the standpoint of still a lot of fee-for-service here. They're talking about the value-based contracting, they're talking about the various things. But coming out here eight-and-a-half years ago, I didn't have any revenue cycle in my purview. I didn't have any quality in my purview, but I did

have growth in my purview. So that has been very helpful and in alignment with the strategic plan of the organization to remain independent. I've always been told, if you're not growing, you're dying. This is why we had 26 providers when I got here eight-and-a-half years ago and now we're up to about 120.

Brett J. Braun:

We're a two-hospital system, Punxsutawney Hospital and Indiana Regional Medical Center. I am the COO of the physician group practices of both the hospitals. I directly report to the CEO of the health system and serve on the senior team of the hospital. Other than living the dream, I'm just here to serve and please.

Melissa Kwiatkowski:

Great, Brett, thanks. Go ahead, Lynda. Please share your background and role at SCALE with Brett, so he can get to know our team.

Lynda Mischel:

Lynda Mischel, I'm the senior managing director here at SCALE, responsible for our consulting division. I have lots of experience in the physician executive arena. I too was a large physician organization manager at hospitals here in Eastern Pennsylvania, both at Penn Medicine and at Aria and then ran a very large independent, clinically-integrated network that was both primary care and specialty that kept me up at night for several years and have been doing consulting for about eight years, mostly in the physician org arena where our team has helped physician organizations improve performance, think about new areas for growth, doing mergers and acquisitions, joint ventures, ambulatory services of all sorts.

So that's pretty much how we concentrate our business in the consulting and ASC Division here at SCALE. We also have counterparts across SCALE that do compliance, RCM, payer strategies of all kinds and marketing services. So we have a full set of services here at SCALE that are all physician organization focused, whether that be independent health system, MSO private equity or lender owned. So we really pride ourselves in differentiating the kind of work we do. Most of us come from an operations background rather than a pure consulting background and are very pragmatic in how we go about helping our clients and customers try to get to an answer quickly and get back on the road to success or the road to growth, whatever that might be. It's very nice to meet you, and we appreciate your spending some time with us.

Melissa Kwiatkowski:

We want to keep this casual. We've talked to several health system leaders, physician leaders, private equity leaders across the national healthcare landscape. Brett, I really thought that you could bring insight about a hospital that still wants to remain independent, that serves in a rural community, critical access hospital point, must play well in the sandbox because you're surrounded by people who would love to hang their sign on your building. You have also managed to remain "Switzerland."

Melissa Kwiatkowski:

Can you start by sharing why it is important for Indiana Regional Medical Center to remain independent in your community?

Brett J. Braun:

Well, I can tell you that I just wrote an article on this for our staff... saying how proud I am of them. It's a matter of multiple factors. One, it's about providing localized care. Being a nonprofit, it's about providing the healthcare to meet the needs of the community; the opiate crisis, the primary care crisis, the diabetic crisis, the obesity crisis, the mental health crisis, it's about keeping care localized. We're also a very large part of the community too, because we're probably the largest employer now given all the downsizing that's happened at Indiana University of Pennsylvania (IUP). I think we're probably the largest employer now in Indiana County, so that adds to the economy. I do feel that there is a sense of pride and purpose in remaining independent because there are only seven health systems that are our size in Western PA that are still considered independent. With some recent events that list is going to be shrinking too, so it's nice being one of the last Mohicans. It's exciting and scary at the same time.

I like the word smile ratio. I'd like to see how you guys' measure that, but I think our goal is to make certain our patients have a high smile ratio. I think that anything we can do to strive for that purpose-driven mission, that's the goal. But I'm not from here, so I don't have an attachment to the community as do the people that were born and raised here and third-generation business here. But I can tell you it is important for them and they're proud, and they're prideful of being able to build and establish this health system. It's actually a successful health system. We're not making money hand over fist, but at the same time we're surviving and have a very strong balance sheet. So, a lot of the board members, both present and past, are very proud and are very engaged. They're not a disengaged board, they're not a rubber stamp approval board. They are very granular in their approach, and I think that granularity has helped a lot to that purpose-driven mission.

Lynda Mischel:

That's great. Thanks, Brett. Can you talk to us a little bit about what are the challenges in a rural system that rises to the top of your list of things that you and the other C-suite members are concerned about, having passed COVID and going into this next phase of service for your community?

Brett J. Braun:

I think the biggest challenges out there that remain for an independent health system is just the shrinking reimbursements. It's the revenue cycle management. I'm still amazed, this is the only business I can think of that you give the government a free loan and they may or may not pay you in three months. It's just absolutely stunning to me to know how inefficient that healthcare is and how it's ... I don't think healthcare is delivered efficiently, I think people are charged inefficiently because if you want to get an appointment with us anytime you want, we have same-day access within most of our doctors and specialties.

But when it comes to the biggest challenges, it depends on who you're talking to. Some CEOs will say staffing. Some CEOs will say, "Gosh, we can't keep our ORs running because there's a shortage of CRNAs," or, "a shortage of anesthesiologists." So that's something we're struggling with now. I think it's a game of whack-a-mole. It's whatever problem is there that day that you have to resolve and fix. But from my perspective, as a COO of an employed physician group that is considered a subsidy or an investment to a health system and that's another thing too, that I just don't understand is why, why that has happened, because in the end, there's a lot less in independent medical practices now.

You've got a lot of specialties in private equity. You have a lot of specialties that are basically getting employed by hospitals, and hospitals are throwing money hand over fist to these physicians and losing money so they can make money over here, but they'll lose money over here. It doesn't compute. The fact that there's an MGMA stat that says, "Oh, the average loss per provider is X amount," it's like, does not compute to me. It's been my world for the past eight-and-a-half years, and when someone says, "Hey, what's your EBITDA?" We look at it as a system, we don't look at it as a physician group. I'm certain you're smiling because you probably had the same situation when you came from Eastern PA.

Lynda Mischel:

Exactly.

Brett J. Braun:

It's hard to describe that to people. Coming from the field of ophthalmology, I've talked to a fair amount of private equity people and it's like, "Oh, what's the EBITDA percentage?" "It's like -100%." What do you do? What do you say? But you do know that you generate value to the health system, so we always look at it from the all-encompassing group. As long as you're treading water, breaking even, that's the goal. So we do talk about hospital margins and so forth, but I think for me, it's squeezing blood out of the rock is my biggest concern. You asked about any operational challenges; I don't really have operational challenges. I have a really good team in place that if you're focusing on what's important, I think that we get that job done. But it seems like every day I come across a new revenue cycle thing that is just disruptive to the flow of cash coming in.

Lynda Mischel:

Are there particular specialties that you are concerned are going to be difficult to deliver in a rural setting versus in a suburban or more rural urban setting?

Brett J. Braun:

No, I think we're able to deliver any and all specialties that you deliver in an urban setting. When I first got here, they always said it was hard to recruit to a rural area. But we've been fortunate, we haven't had that challenge. We've been able to recruit and we have every specialist you can think of from the standpoint of the top 10 specialties that generate revenue for a hospital system. We've got nine of them, and the only one we don't have is neurosurgery. But we're in the midst of trying to develop that service line, expand our vascular service line, build a secondary cath lab or a robotics program. So for me, I think it's a combination of how do I sustainably meet the mission of the hospital when I'm the one that gets held accountable or beaten up for let's say the losses that the group would have. But yet, I'm being told, "We got to grow. We got to grow. We got to grow."

Getting back to challenges. "What is my biggest operational challenge?" I would say, "My biggest operational challenge is revenue cycle management," biggest pain in the keister. If you talk about system-wide standpoint, I think it's data-driven metrics that help us make decisions or the lack thereof. We're starting service line management. We talked about line management probably two years ago and finally started it. But it was like my boss said, "Brett, I want you to take charge." So okay, I took charge. So there's not one simple answer to answer that question. Fortunately for me, staffing hasn't been an issue. We've been pretty good on staff.

Lynda Mischel:

That's very fortunate.

Brett J. Braun:

Yeah, and truly think that that is reflective of the geography. We don't do shift work like in the hospital. I do like to think we have a good culture within the physician group. We do a Net promoter Score every year for employee satisfaction, and we're about 30 points higher annually than the hospital. I think it's just because we imbue a culture that's reflective of our core values, and I don't think people focus on culture enough, and I think they focus on, I don't know ... It's interesting. You look at the core values that we have, it's integrity, compassion, accountability, respect, and excellence, and I'm really all about, I love accountability, and I'm okay if people make mistakes, so as long as they say they make a mistake. Whereas, the environment at the acute settings, if you make a mistake and they hold you accountable, but it's with a hammer.

Whereas here, I say, "Look, you made a mistake, get over it. Don't do it again. If you do it 1000 times, then you're an idiot," but we just move on. So we're very forgiving. I like to think that people are the drivers. People need to understand too, I had a great conversation last week is I had a meeting about with our CMO and our CNO, and they're talking about the behaviors of the surgeons and how they're just being disrespectful. Then the staff doesn't like working for this doctor or that doctor. I had to say for a second, I say, "Hey, time out. I don't care how that staff person feels about the doctor. They need to be focused on that patient because they should be treating that patient like that doctor's the best doctor in the world.

You can't have people have this animosity within the system because they were hurt feelings over here. It's like, doesn't make that behavior appropriate on the doctors, but at the same time, without the doctors, we can't do surgery. Without surgery, we can't have revenue. Without revenue, we can't have a hospital

take care of patients. It just cascades down." So I think it would be fun, actually, to make a Bravo reality show of what it's like to remain independent, and how do you remain independent because the collective group of personalities would be phenomenal. You'd have the narcissist, you'd have the passive-aggressive narcissist, you'd have the overly aggressive narcissist, and you'd have all the personalities in between.

Lynda Mischel:

Brett, tell us a little bit about where you're starting on the service line side.

Brett J. Braun:

Orthopedics, general surgery. I'm not know general surgery is the right one, but it is the right one for now because you've got one of the loudest physicians in that specialty. I call them marquis physicians. I like the word marquis physicians, not loud. We're going to have cardiovascular in there and oncology. Really, the determining factor or the idea buying service line engagement is just to get the engagement of the physicians sharing the data of all the revenues that are generated throughout the system for any testing, any supplies, anything that is incorporated as far as the revenue and expense attributed to any provider within that service line and say, "How do we grow it? How do we grow our market share? How do we increase our margins? That's the approach. Some systems already have those financial analysts that just press a button and they get everything. We're still in the year five of our integration with Cerner, and we learn something new about it every day.

Lynda Mischel:

You have Cerner, both inpatient and outpatient.

Brett J. Braun:

Yep. One patient, one record.

Lynda Mischel:

Yeah. So the goal, at least at this point for your service line management is reporting and data. That's where you're going to start.

Brett J. Braun:

Yes, reporting, data, and results. In the end, you must show results. I see a lot of promise in orthopedics. I don't necessarily know if general surgery is the right one to focus on, but you can focus on controlling costs. If you got five surgeons, all their costs for all procedures should be relatively the same, so you want to monitor that. I think any and all service lines should be monitored, to be honest. It's just we chose those to focus on from a market share standpoint. I think OB would be one, but OB you'd lose money on, so it's just picking and choosing.

Lynda Mischel:

Got it. Melissa, did you have some questions you wanted to include?

Melissa Kwiatkowski:

I do. Brett and I go back several years. I can't believe it's been 5 years since you implemented CERNER, seems like just yesterday. Are you over those growing pains or do you still have them?

Brett J. Braun:

Well, we still have them because it seems like you still have a lot of manual reports that you need to generate. So every time we need to report, we have to provide a ticket to our IT department to create a report within Cerner. So you say, "Oh, we should have had this. We should have that. We should have that." But overall, it's going well.

Melissa Kwiatkowski:

Excellent. You talked a lot about partnerships internally. Everybody must get along, and you guys have done a fantastic job with remaining Switzerland. You have fostered partnerships outside of your health system for quaternary care that needs to be delivered elsewhere. If you had any advice to another independent hospital out there somewhere in the U.S. how would you recommend they build partnerships as well as lessons learned in fostering partnerships with other health systems?

Brett J. Braun:

Yeah, don't burn bridges, overly communicate, be transparent, be fair about any and all processes. So if you're going to do an RFP for a PCI program, let all players participate. Our PCI program is in a partnership with Butler, which is now Independence Health System. Our oncology centers are with UMPC, and our hospitalist program is with AHN. Give everybody a little bit of love. I can tell you right now, we have a partnership or a loose partnership with Windber Hospital. It's something that we tread lightly on because we don't want to put a specialist over there that they don't want, and so we just communicate that.

So if you were to say, "Well, if another independent health system is surrounded by the likes of a UPMC and AHN like we are, then I'd say, you got to play nice in the sandbox. You can't be overly aggressive. You have to know where you stand. Again, I think we are on the precipice of, I don't know, taking that next step to the next level. When Steve Wolfe took over back in 1999, we were about a, I want to say, a $50 million hospital. Now with Punxsutawney and us, we're about a $300 million system, and that growth of revenue, 300 million is actually, you're starting to inch up there.

Our strategic plans are we want to continue that growth. If you make that next jump into the half a billion range, okay, well then wow, it's like, that's bigger than I thought you guys were. So it's exciting. But at the same time, I can understand how we got there because we're just very opportunistic in our growth. Things come our way that we won't turn down and then we prioritize. So I joke about the whack-a-mole. You've probably got 15 different projects that we're talking about concurrently, but you prioritize your top five. So it's not rocket science. I think any CEO of any other health system would know just be transparent and don't tick anybody off.

Melissa Kwiatkowski:

You also talked about accountability being one of your core behaviors and founding principles. How do you hold your partners accountable? How do you measure the outcome with those partners?

Brett J. Braun:

That's a good question. We have AHN, the USACs runs our ER department, and we got really bad ER scores, patient satisfaction scores. So we just collaborate with them, say, "Hey, look, we got to get these scores up, try to figure out work plans to get those better." Oncology that is, and fortunately, a very successful venture and runs itself. UPMC knows what they're doing. Butler PCI, it's a losing partnership as far as all the pro fees that are being billed, but it's generating a lot of revenue into the health system, and that just runs itself. But I do know that we've gone back and that's a CEO to CEO... I think it depends on the level of where the communication is, cause some of the partnerships, it's CEO to CEO. It's marine to marine. Every once in a while, I'll get engaged in the conversation with our Punxsutawney and our physician group up there. But really, a lot of the major strategic things after they're done, there's a process to get there. But then after the process is done, most likely it's a CFO to CFO discussion, CEO to CEO discussion. So it all depends.

Lynda Mischel:

It sounds like you are committed to additional growth in Indiana and struck me that grow or die seems to be your flag, which is great. In terms of the kinds of growth that's available in a market like yours, where do you anticipate new growth to come from over the next, call it, three to five years?

Brett J. Braun:

I think it's going to be M&A activity.

Lynda Mischel:

M&A in physician practices or in other hospitals or a combination?

Brett J. Braun:

I think it's our mission is to try to incorporate other hospitals into our network, the Pennsylvania Mountain Care Network, which is the parent company of Punxsutawney and Indiana Regional. It was formed years ago, and it wasn't a asset merger, but it wasn't a partnership. It was a different type, but then we fully merged with Punxsutawney years ago, and so the goal was to get other systems in there. There aren't that many left remaining, but that's why we have a loose affiliation with Windber. You go, "Wow, maybe we can work with Windber down the line." I look at organic growth and inorganic growth. So organically, what can we do internally to generate more revenue? It's revenue cycle efficiencies. It is market share increase. It's DTC campaigns. I can tell you right now, if I had two female OB-GYNs, I would double the deliveries in my marketplace and probably increase market share by 20 points if I had not a bunch of old dudes delivering babies. That's not meant to be offensive, but just in this day and age-

Lynda Mischel:

Not offensive at all to me.

Lynda Mischel:

Yeah, just a curiosity, cause we're in the midst of doing a women's health services service line engagement for another hospital. Do you have a midwife program?

Brett J. Braun:

We do not. It's always been discussed in the past, but when you have the generation of providers that we have, that has never been a generation to support that type of program.

Also, you have to actually have the physician leadership from the CMO level to drive it.

But midwives are the way to go. Midwives, laborists, if you have a lot of ... The biggest issue I get with my providers and most specialists say, "Oh, the call schedule, the call schedule, the call schedule." I said, "Then why'd you go become an OB-GYN if you didn't like to be called?"

Melissa Kwiatkowski:

I know that we lost one of your lead physicians years ago, moving to a concierge medical practice. Some refer to these as "disruptors" examples being Village MD and One Medical. Are you feeling any pressures of losing physicians to these disruptors coming into your market? Do you have any plans of how to address this?

Brett J. Braun:

Yes and no.

So, in losing Dr. Wong, it was catastrophic, but I still see him as a patient and as friends, and he was very entrepreneurial. This generation of physicians coming out, I would say the majority of them want employment. The majority of them are not as entrepreneurial as the generations that have preceded them, so I'm not overly worried. I'd be overly worried about a corporation that would want to scale something like that. But in the end, the market he's going after, in his marketplace, he's charging like 40 bucks a visit, 15-minute visits, so it's very reasonable. If you calculate that out, he's making 160 bucks an hour, so it's not like he's making money hand over fist.

Now, if he scaled it and hired a bunch of nurse practitioners like the urgent cares do and maybe increase his price, he's in a good spot because he can increase his revenues just by increasing his prices to bring him up to market. But I think anytime you have a disruptor, I think you want to be aware of it. I still think Indiana PA is unique in its own island, cause even MedExpress came here to town and was doing okay, doing well, but we ended up merging our urgent care and their urgent care. It's weird, because when we merged them, we were doing combined about 30,000 visits between our urgent care and MedExpress, let's say 15,000 each or us 17,000 and them 13,000.

Now it's lucky if it's doing 18,000 or 19,000. So I want to know where those 11,000 visits went. It's the oddest thing. But I will

say we've increased our primary care presence here in town, and we do have same- day appointments. So I think it's just a matter of keeping your eyes open, worrying about ... there's an iCare Urgent Care that opened up in Blairsville, and that's starting to take away some of our urgent care business in Blairsville. But you always have to be worried about it, but at the same time, you have to focus on what you do well.

Lynda Mischel:

Yeah. That's interesting, Brett. We just finished engagement with an urgent care company and saw the exact same trends that the overall business on a per-visit basis is down in 2023 from 2022 and 2021, actually, down over 2019, which is the last year you compare before you get to COVID where the numbers are off. It's really an interesting question about where those patients are, because there aren't enough primary care doctors for all those patients to be seen by primary care. So what has happened to those patients is a question everybody seems to be asking.

Brett J. Braun:

Well, I think here in town, I do have enough primary care doctors. I've recruited probably eight primary care providers in the last two years. In the situation that I don't have fully at- capacity docs, we've opened a walk-in clinic here because even during COVID, you had MedExpress shutting down left and right cause they didn't have staffing. So we just opened up a walk-in clinic and staffed it accordingly. I think it's a couple of things. I think it's a combination of COVID. I think COVID still has people scared for whatever reason. I think there's PTSD going on with COVID to a certain extent, not with everybody, but I still see people with masks and just don't want to go out of the house, and they're still scared to death of it. I think that would account for a portion of that. Then I would just be curious as to maybe there's another portion that just doesn't trust doctors anymore because you have a lot of people that are vaccine hesitant now as a result of the COVID vaccine.

Brett J. Braun:

You have a lot of people that are just ticked off the doctors. Even me personally, I'll sit there and I go, "Wow, you look at our mental health department, oh, it's booming. It is a booming." They're saying, "Oh, I've never seen this much anxiety before." It's like, "Well, no kidding, we created it." So it's mind-numbing just to think of all the stuff that you can in healthcare, depending on the service line, depending on the access to care, depending on what the patient's seeking. I don't think there's one magic bullet. There's not one answer, and it's tough to discern.

Right. The last of the baby boomers are going to be 65 next year or the year after.

Okay. So, let's say they still have 15 years, roughly cause the average lifespan, 78 years. Cause eventually, what's going to happen is the gravy train for certain specialties where they really want an aged population, their business is going to come down. For example, ophthalmology, cataract surgery, just going up now. When the baby boomers are gone, the cataract surgery is going to have to come down just because of a lesser population. But I think you're right. I think the 10-year mark is probably the normalizing or stabilizing factor that's going to have to be there possibly sooner. But you don't know because you're still going to have a shortage of doctors.

Lynda Mischel:

Exactly, and nurses. It takes for doctors eight years to train them.

As we, Melissa and I spend a lot of time with providers of care across the country, it is not bouncing back anywhere as quickly as anybody wants it to, for sure.

Brett J. Braun:

We're lucky. I'm looking at our revenue goals for the system, and for the first nine months we were tracking I guess about $2 million in revenue.

Lynda Mischel:

That's great.

Brett J. Braun:

That's on a budget of 3 million, so we're not too far off.

Lynda Mischel:

So, it's such an interesting story, Brett, from what the prevailing sentiment about rural hospitals is that they're in trouble and there aren't going to be rural hospitals remaining. It sounds like your system is really the opposite of that. So I'd love to understand your perspective about what is happening in other places versus what's happening in your system.

Brett J. Braun:

Well, if I can be honest and frank, I would say that it has everything to do with the leader at the top. I think that the CEO is the captain of the ship, and if the CEO drives the ship straight, it's going to sail straight. I think the way that he functions and is he's functioning in five- and 10-year allotments is we're going to keep us on budget. Back in January, we're thinking of our budget for '24 and '25, and how can we sustain? So he's thinking long term. I've met other CEOs of other health systems, and I can tell you they're not ... there is a sharpness factor that you can see and see the difference. So when you see the health systems that are failing, you can see the difference in the leadership there.

When you look at the ability that my boss has given the autonomy and the empowerment for us to continue to grow, continue to recruit, and again, I'll get in trouble for, "Oh, you guys lost way too much money this year." "Oh, but we need another neurosurgeon." That's like, "Okay, you lost too much money this year, but we need a second vascular guy." So in the public setting, I get beat up, but in the back end, it's like he understands it. So I think it's just having that long-term vision, the long-term commitment to stay independent, remain independent. I agree with the sentiment. It's like, I think it's going to be very challenging to continue

to remain independent, and I just don't want to get in bunker mentality.

What I mean by bunker mentality is being a World War II historian, you had the Germans in their bunker at the end of the war, and the Russians were coming in the East and the Americans were coming in the West, but the Germans or their leader says, "Oh, we can still win this war." It's like, "No, you can't." So you don't want to stick your heads in the sand and be oblivious to it. But what you want to do is, how can you remain relevant? How can you remain current? How can you continue to grow? So as long as you are thinking that way and not thinking, "Oh, woe is me," like I told you I met that independent CEO years ago. He was like a, "Oh, woe is me. I don't know," versus, "Hey, we're going to ride this ship out."

We just made the announcement last week that we're going to be opening up a mental health inpatient unit for adult, adolescent and geriatrics, and that's a $19 million project. We are continuing to invest and reinvest in the community, collaborate with the politicians. It was interesting, I was talking to my counterpart at Punxsutawney, and he was impressed that the local congressman and the Senator Pittman was here. We have good relationships with our politicians, and I was surprised when he says that they don't have those relationships with their politicians up there. It's like, "Really? That's weird." So I think that it's a matter of independence is dependent upon the leadership that is leading the system. That would be probably my number one.

Lynda Mischel:

Very, very useful.

Brett J. Braun:

Again, you can do all the marketing you want. If you have a bunch of knuckleheads as your physicians, that isn't going to work either, but we've been very, very lucky to be able to recruit top-notch physicians. We've been able to be empowered to focus on what's right for the patient. We continue to innovate from a standpoint of patient experience, technology components. I think that's what's going to really set us apart.

Melissa Kwiatkowski:

You knew that was the next thing. I got to know Brett because of his system's participation in a clinically integrated network. Indiana Regional Medical Center was one of the independent hospitals and physician groups that aligned with Allegheny Health Network's CIN, and we previously worked together. Brett, can you share what you are most proud of as it relates to value-based care initiatives.

Brett J. Braun:

I am proud of my team. I am proud of the infrastructure that we've created and the close knitness to the group to understand the importance of what those quality scores mean. I think this last calendar year we STARS score of 4.79, and that's a pretty darn good score.

Brett J. Braun:

We continue to focus on the Highmark BCBS Quality Blue bundle for the hospital, so we earn the max points. But I'm really proud of my team because it's honestly, to achieve the high scores in quality, you have to have the infrastructure. So I have a quality analyst, I got my social services team, I got my director of quality. We now actually have a physician leader that finally replaced Dr. Wendy Angelo, Dr. Neff, who's our CMO. He started participating in our quality meetings. We're starting to integrate quality and work collaboratively between the acute and the ambulatory now because there's some Rural Health Model initiatives that we're working on, and we do it better in the ambulatory setting. So they're saying, "Oh, why don't you guys do it for us over here?" It's like, "Okay." So, there's a lot more cross-functionality within the system, but I think it's honestly, it's setting up the infrastructure, having the engagement and just poking the bear to get this stuff done.

Melissa Kwiatkowski:

You just mentioned collaboration between the acute and the ambulatory settings, and that they used to be siloed. That acute setting quality was working on fall prevention and central line infections and then primary care was working on breast cancer screening and preventive health visits. Can you share a little bit about what you did to bring that together? What have you done to create synergy between the acute quality and the ambulatory quality?

Brett J. Braun:

Well, I still think we're in the early stages of it, but one example is our CHF initiative. Our aftercare team, which is tasked with calling all post-discharge patients to set them up with their transitional care visit with their primary care. They actually are monitoring and identifying people with CHF in the hospital and they are trying to get them set up for remote patient monitoring, but then also trying to coordinate a visit with our ambulatory CHF clinic. We didn't have that clinic a year ago.

We opened it up, so trying to coordinate with the hospital of high-impact dollars initiatives, like readmissions, ER visits, trying to do anything and everything to keep people out of the ER, keep people out of being readmitted. So now we keep track of readmission rates. When you talk about the breast cancer screening, I think it's our scheduling center reaching out, they sent out constant annualized reminders, appointments, setting up for those people for their mammography. So, between the scheduling center, between the automated reminders and between the fact that we keep track of our rosters of who has had their mammogram and who hasn't and who can, it's a group effort for sure.

Melissa Kwiatkowski:

Great examples, can you share a little more about the CHF program.

Brett J. Braun:

Well, you know what happened was, we got a big chunk of money from the Rural Health Model, so they decided to hire somebody

to do the CHF engagement. Engagement rates were not great in the first year, so my team took over the CHF initiative. Within 6 months, we've enrolled 40 patients in remote patient monitoring, and we've got 40 patients in the CHF clinic. It's because I have a nurse running it and the person in cardiology running it. So it's about just focusing on results. I think in order to be quality driven, you got to focus on the results. What is your end game? What do you want to get to? I still remember, Melissa, there was a time when UPMC was going to kick us out of the shared savings program because our quality score was low. I said, "Look, don't kick us out, give us a PIP." Then we focused on results and three months later, they took us off and now we are one of their top performers.

Melissa Kwiatkowski:

We measure our smile ratio by our return business. Lynda is a testament to that right now as she is in her second engagement with Children's Hospital of Philadelphia. If you keep them coming back, they're not coming back with a frown on their face. They're coming back with a smile and that they want to engage with SCALE Healthcare again.

Brett, on behalf of the SCALE team, I want to thank you for your time today.