



## 2016 Evolving Health Interview Series

**Interview Title:** *Delivery Models: Align Incentives...No Excuses*

**Interviewee:** Penny Wheeler, MD, CEO Allina Health System  
Summit Chair

If what we're about is actually supporting health and eliminating suffering to the extent that we possibly can, then I think that there's a great convergence going on right now, a great deal of connections that's going on towards that end and trying to eliminate some of the pain points that people have, whether it be access problems, coordination problems, just problems of disparities where they feel left out. This is our chance to actually do something about it in a very positive way, so there is no better time to be in health care than now.

It goes beyond-- we're not trying to treat an organ system. We're trying to treat all of you. So how do we help support you and the lifestyle changes and what things might be needed to support your health in a more holistic way, and think about things in those social determinants of health that oftentimes, and most times actually quite honestly, are much more important than just our medical approach to you?

I think a big challenge - and it's probably one that everybody points out - is right now our financial success doesn't equal the success of the people we care for. I'll give you an example. Last year we had a bang up operating margin in January of last year because the community was sick with the flu. This year we had a terrible margin with parentheses around it because the community was well. That's not what we're about. We're about actually supporting the health and being rewarded for the support of the health we provide, rather than being penalized when the community is healthy. Our biggest challenge is aligning, I think, the payments with the outcomes that we want and the successes we want for the patients and the community members we serve. That keeps me up at night because we don't have the incentives appropriately aligned yet, but it's not an excuse.

I think that we have to, as healthcare organizations, we have an obligation to prove what works. For example, we decided there's no reimbursement for this, but we're going to have newly diagnosed cancer patients have care coordinators. They're at their most vulnerable time. Their families are at the most vulnerable time.

*April 15, 2016*

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We're going to have cancer care coordinators walk through hand in hand with them when they're going through this vulnerable time. We found out when you had that service available, not only did they love it, and it relieved their suffering and the angst of their family, but it actually reduced admissions to the hospital by 95 in a six month period. So 95 people weren't admitted to the hospital, admissions avoided because they just had this extra support. Now, then the business model comes in, so we saved the community \$1.2 million and we lost 600,000, so we do have to write that, too, but we've proven that now. We proved that. Now we can get more sane support for those kinds of models because they matter, and they save not only human suffering, but they save dollars as well for the right reasons.

I worry about people who are affected by disparities, who have either culturally or socioeconomically or something are left behind. I worry people with mental health issues, and how they've been left behind throughout the course of time and the stigma that's associated with that that actually contributed to that.

I worry about end-of-life care, because we as a society don't talk about it very well, and we don't actually coordinate it very well, and quite honestly, when somebody's facing an end-of-life, part of it, as we're finding out, is medical, yes, but there's a lot more that's beyond the physical, like family, social dynamics, financial concerns, legacy issues, things like that that come into play. I guess my biggest concern - and I see it starting to raise up - is what are we doing for the people who have been most left behind?

Boy, the thing I always try to bring people back to, and it's one of my mentors and a mentor of many in Don Berwick. He one time said that he thinks that health care is more about love than anything else because if it's not about one person trying to relieve the suffering of another, and if that's not love, I don't know what is. I think we have to remember that that's the tenet under which all these complicated business models are pointed to, and that's really key for what we can accomplish collectively.

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