Healthcare Chief Medical Officer (CMO) - Cherye Morgan LLC is most interested in serving chief medical officers that are concerned with the many challenges of building a clinically effective organization as they position for value-based care. While quality improvement and patient safety are still paramount, efforts to integrate and coordinate care in preparation for value-based and capitated payments further expand the role of the CMO in very strategic ways. They face many obstacles in their organizations trying to align physicians and the entire clinical team to manage the patients care with appropriateness, high quality and efficiency. Many of the questions that continue to keep Chief Medical Officers up at night are the following:

1. *How do we continue to deal with unprecedented cost pressures, as we seek to continue to improve our clinical outcomes and patient safety?* This is the single biggest challenge of the medical officer today! These pressures are dramatically changing how we take care of patients because of declining reimbursement. Identifying a portfolio of clinical effectiveness strategies that align with your market maturity is a very strategic way to address this key question. No matter where you are on the journey towards value-based care, there are many efforts that are foundational that must be in place that help organizations reduce inappropriate costs and support strategic movement along the continuum.

2. *With the complexity and cost pressures of our industry, how do we best align our medical staff and healthcare workforce? What are the best infrastructures and operational models for patient care?* Building a clinically effective infrastructure is all the talk in healthcare journals today. What does that really look like and how do we begin? At Cherye Morgan LLC, we recommend the following strategic themes to consider. Under each one of these is a detailed infrastructure and approach to be discussed:
    i. Create competitive options for Value-Based Contracting;
    ii. Create Physician Structures such as ACO or CIN to support Risk Contracting;
    iii. Create solutions for translating Big Data into Actionable Business Intelligence;
    iv. Create Practice Transformation Strategies for Population Health Management;
    v. Improve Quality Measurement Systems;
    vi. Reduce Financial Risk through Patient Engagement and Coordinated Care;
    vii. Create a Clinical Strategy and Model to support Clinical Integration across the continuum;
    viii. Extend Value to the Post-Acute Extreme of the Care Continuum; and
    ix. Create capabilities for Negotiating Value-Based Contracts for New Telehealth Services.

3. *How do we make sure that we do not lose focus of day-to-day issues of quality, patient safety and customer service while preparing for value-based care?* These are essential to ensure better outcomes, expense reduction and the maximization of resource utilization regardless of the payment system employed. It is very common today for organizations to be so overwhelmed with the changes going on in healthcare that they lose focus on the foundational essentials. The key to doing this well, is to not forget to include these essentials in the designs of any new plans or projects. It is very easy for leadership to get side-tracked and come up with isolated projects that sub-optimize critical processes. Without remembering to define the overall purpose and align changes in new processes to that purpose, organizations create business with little value. Many times, these changes cause damage and leaders are unaware. A system understanding and perspective for managing change is critical.

4. ***How do we best strengthen the role of physicians in health system leadership and ensure a strong and effective clinical governance models?*** The role of physicians in health system leadership is critical to help manage the direct business-clinical connection (e.g., pay-for-performance, pay-for-outcomes, accountable care, bundled payments, etc.) and will require increasing interest by physicians to participate in leadership, leadership training and an interest by health systems to create truly meaningful roles.

5. ***How do we enable these physicians to play a role in building the infrastructure needed for accountable care and designing the processes (e.g., disease management processes) used to reduce variation and improve care?*** The key to enabling physicians appropriately, is to develop an infrastructure for effective clinical governance which begins with the board and cascades throughout the medical staff structure. The board is ultimately responsible for assuring that the organization develops and implements key pillars of Clinical Governance that include 1) Clinical effectiveness of clinical practice; 2) Clinical Risk Management; 3) A clinically safe and satisfactory patient experience; and 4) Professional development, management and training of all credentialed and non-credentialed staff within the organization. The Board delegates the oversight and management of these pillars to the medical staff leadership but provides the ongoing oversight.

6. ***How do we engage physician leaders to play a role in helping to integrate the continuum of care through the connection of hospitals, physicians, home health care and extended care facilities through business, clinical and information technology relationships?*** Engaging physician leaders in the early and ongoing strategic planning process is critical as you move into changing environments that require organizations to support Clinically Integrated Network (CIN's); and successful Accountable Care Organizations (ACO's). Physicians involved at the CIN's or ACO's conception provide input crucial to the evolving vision and establish a new culture for value-based care and population health.

   The same physician leaders who shape the organization's vision will also establish the CIN's and ACO's culture and develop the shared expectations and behavioral norms that create a cohesive group. To permeate the system, these norms must fully penetrate the culture – a reason that involving all levels of physician leadership is critical to success.

   Also critical to this evolution is building the medical staff structure & governance processes. The physician leadership including the Chief Medical Officer (CMO) should be included on the Executive Planning Committee spearheading the project's objectives and progress. The Executive Steering Committee guiding CIN or ACO development should recruit middle and frontline physician leaders to support the CMO's vision for implementation.

   Each leadership level contributes unique perspectives. Project subcommittees provide opportunities to engage additional middle and frontline physicians. These individuals not only provide valuable input, but forge linkages to others who must embrace the CIN's or ACO's tenets. Later, as CIN or ACO development transitions to implementation, the Steering Committee often naturally transitions into the CIN's or ACO's formal leadership and governing bodies and the subcommittees become standing or ad hoc committees.

To achieve the greatest input and buy-in, involve physicians representative of the specialty mix, geographic distribution, ages, and genders of the provider network. Use subcommittees to keep the main decision-making body at a workable size.

Another critical component is selecting an engaged provider network to drive quality, patient engagement, and care Management - A CIN or ACO will not survive without an engaged provider network that believes in what the organization is trying to accomplish. That network must also be intimately involved in fulfilling traditional clinician roles related to:

- quality (clinical and operational),
- patient engagement (involving patients in their own care and eliminating/mitigating/barriers – which may require getting out of the office and into the home and community), and
- care management (a team-based focus on the most complex/recalcitrant individuals).

These functions form the backbone of the care delivery model as it shifts to population *health management.* Provider network members must understand and be aligned with the CIN's or ACO's financial metrics and expectations. They should also be intimately involved in vetting prospective data systems. Physicians are key end users. Drawing on their knowledge and experience will achieve better outcomes. Cultivating champions to pilot data acquisition and analysis systems in clinical practice is the key to successful implementation and utilization.

7. ***How do we meet the challenges of decreasing the hospital length of stay, when appropriate, for hospitalized patients, while assuring a high-quality care progression and transition to the next level of care?*** Providing efficient care requires close collaboration and communication among doctors, nurses, other caregivers, patients, their families and sites of care outside the hospital. It is often a challenge to fully coordinate the care a patient requires in such a complex process. There are very comprehensive approaches to managing these challenges well that our team has over thirty years of experience in developing and implementing.

8. ***How do we best teach patients and their families about their responsibilities in managing illness and developing processes of care that provide established standards of care and reduction of variability?*** We must seek to develop an effective team with the patient being at the center of our efforts to provide optimal care and outcomes! Messaging to patients and their families, needs to be consistent coming from all parties on the clinical team and based upon clinical leading practice guidelines and the resources they need to understand how to manage their health effectively across the continuum.

9. ***How do we best establish clear goals for each initiative, obtain buy-in and commitment to the goals; hold physicians and others accountable for the results of the initiative; develop meaningful measures for the results; share them often; celebrate success and critically review the causes for less than optimal results of any initiative?*** The answer to this question is addressed from multiple perspectives and by the combined effect of much that is mentioned here. Clear goals for each initiative must align with a clear purpose and overall strategic mission for the organization. Obtaining buy-in and commitment requires involving the right leaders with the right incentives that address what is in it for me and my patients. Clear goals are carefully developed based upon strategic, business and clinical imperatives supported by effective metrics that are routinely shared.