

# Creating Alignment to Support an Integrated and Clinically-Driven Organization

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Chief Clinical Officer



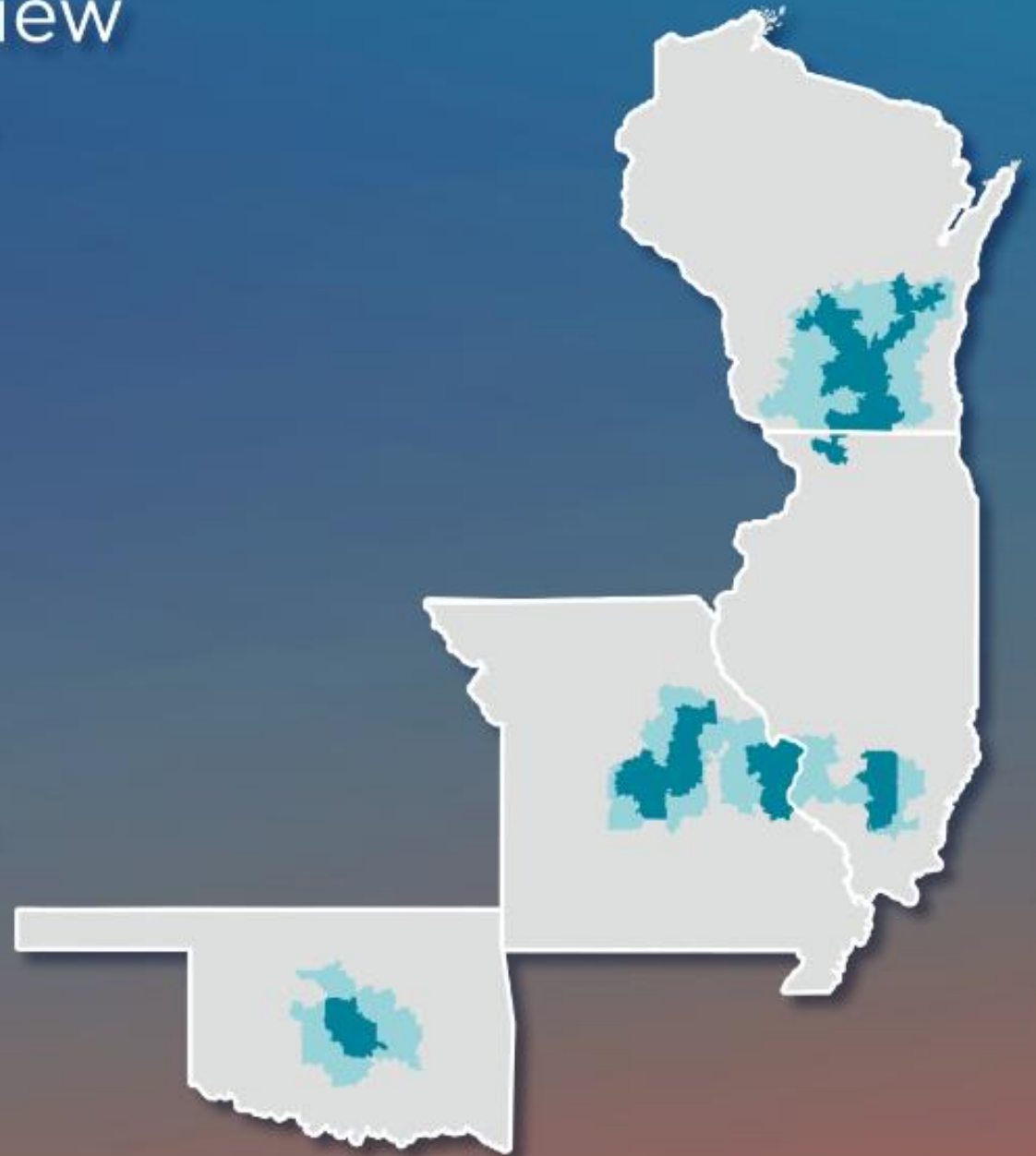
# SSM Health | System Overview

A \$7.8B not-for-profit Catholic health care system

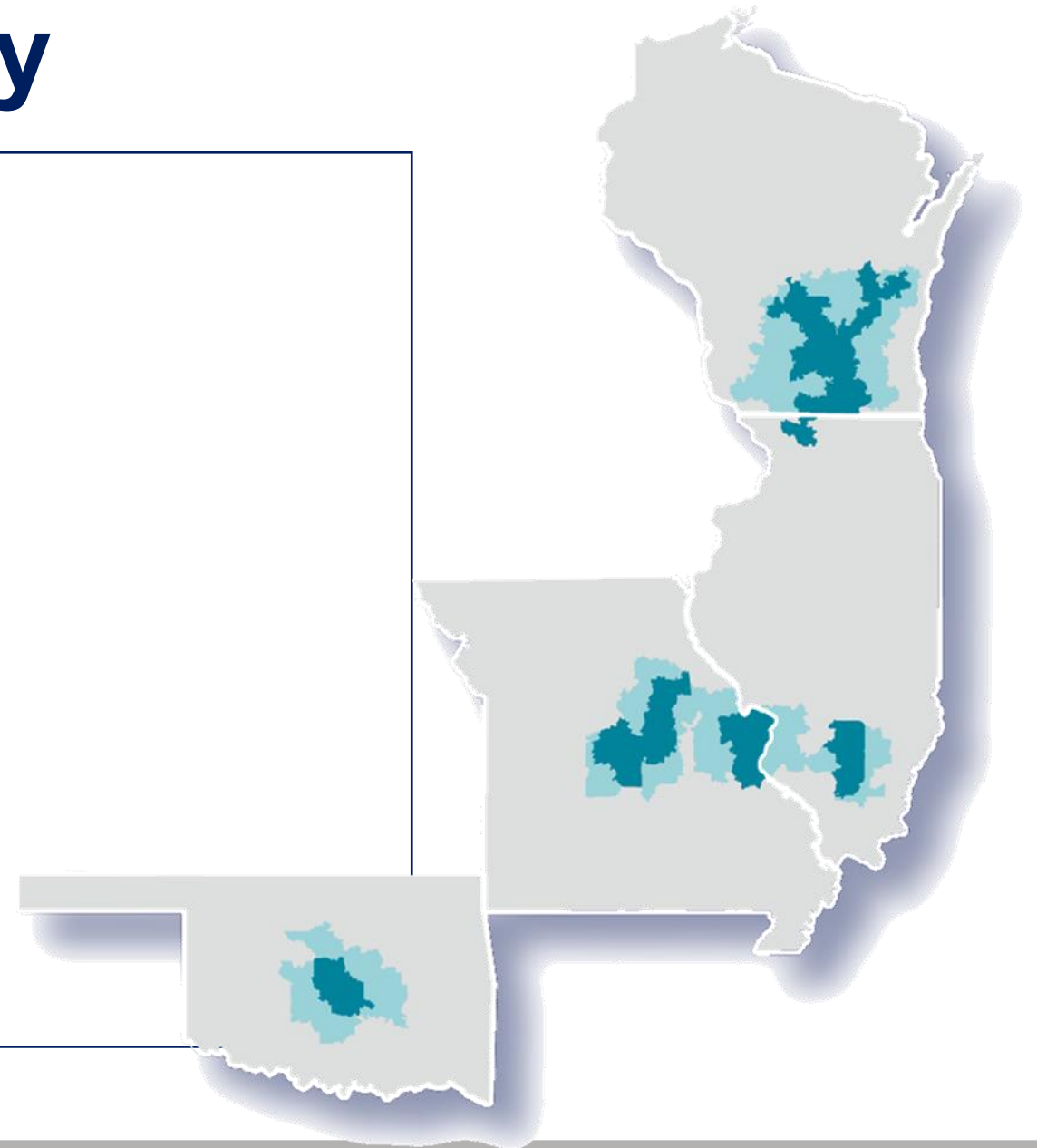
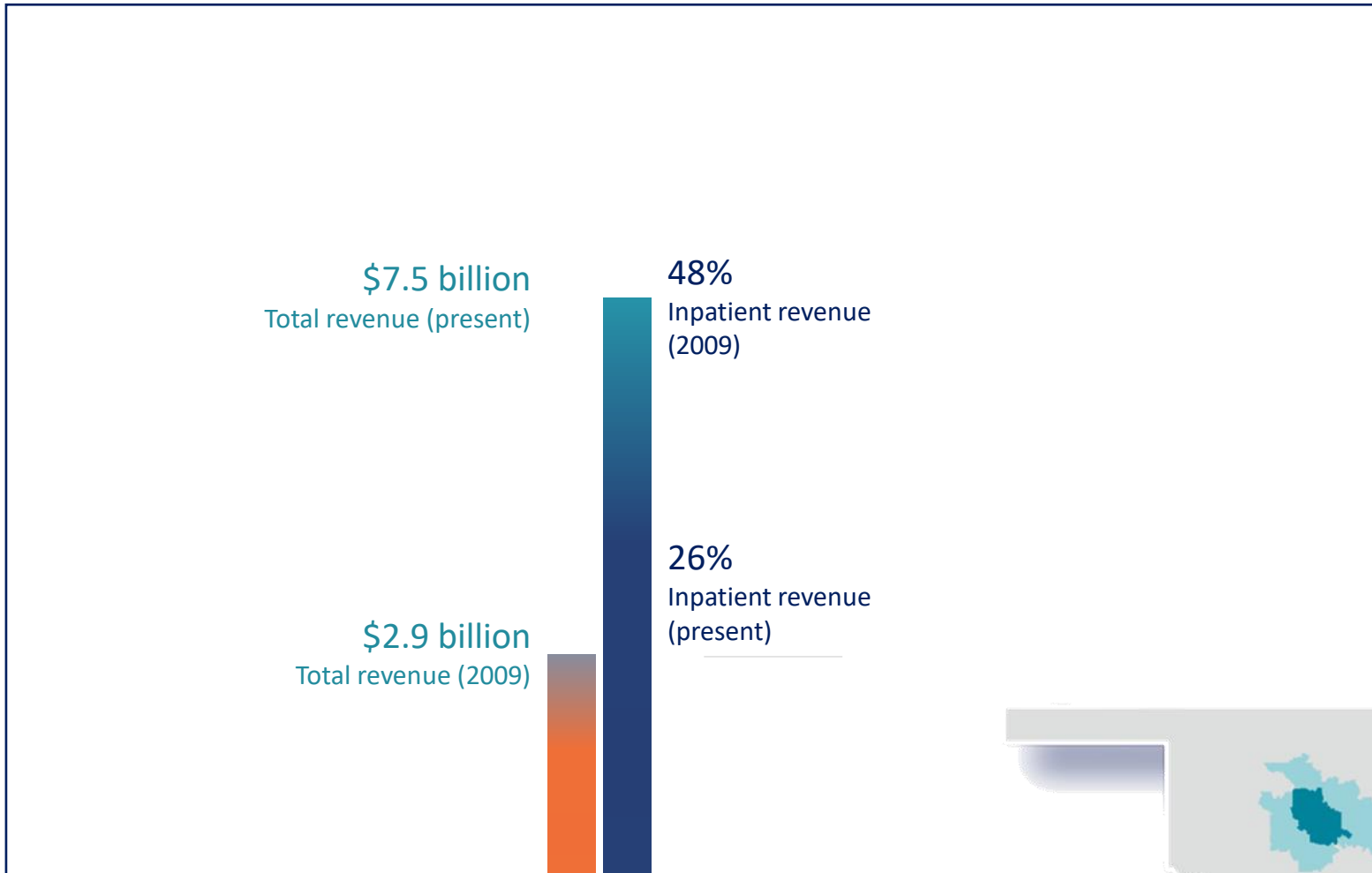
- Nearly \$445M in community benefit
- Nearly 40,000 employees
- 11,000+ physicians/providers
- 290+ physician office/outpatient sites
- 23 hospitals
- 10 post-acute facilities
- 58 counties served by SSM Health at Home
- 6M covered lives - Navitus
- 415,000+ covered lives - Dean Health Plan
- 40+ managed hospitals/affiliate relationships
- Virtual care (Launched May 2018)



*Through our exceptional health care services,  
we reveal the healing presence of God.*



# Diversification is key



# Diversification is key



# Aligning our organization

Two fundamental questions driving our quest to create integrated, clinically-driven health system:

- Why would patients choose us?
- Why would you choose us as a place to work?



A photograph showing the lower legs and feet of a person wearing blue denim jeans and tan canvas shoes. They are standing on a grey paved surface. A large, white, hand-painted arrow points directly forward from the person's feet. The text "No shortcuts." is overlaid in a bold, blue, sans-serif font in the upper right quadrant of the image.

**No shortcuts.**

# Doing Both

Optimizing the  
ministry of today:  
**the KNOWN**



Building the  
ministry of tomorrow:  
**the UNKNOWN**

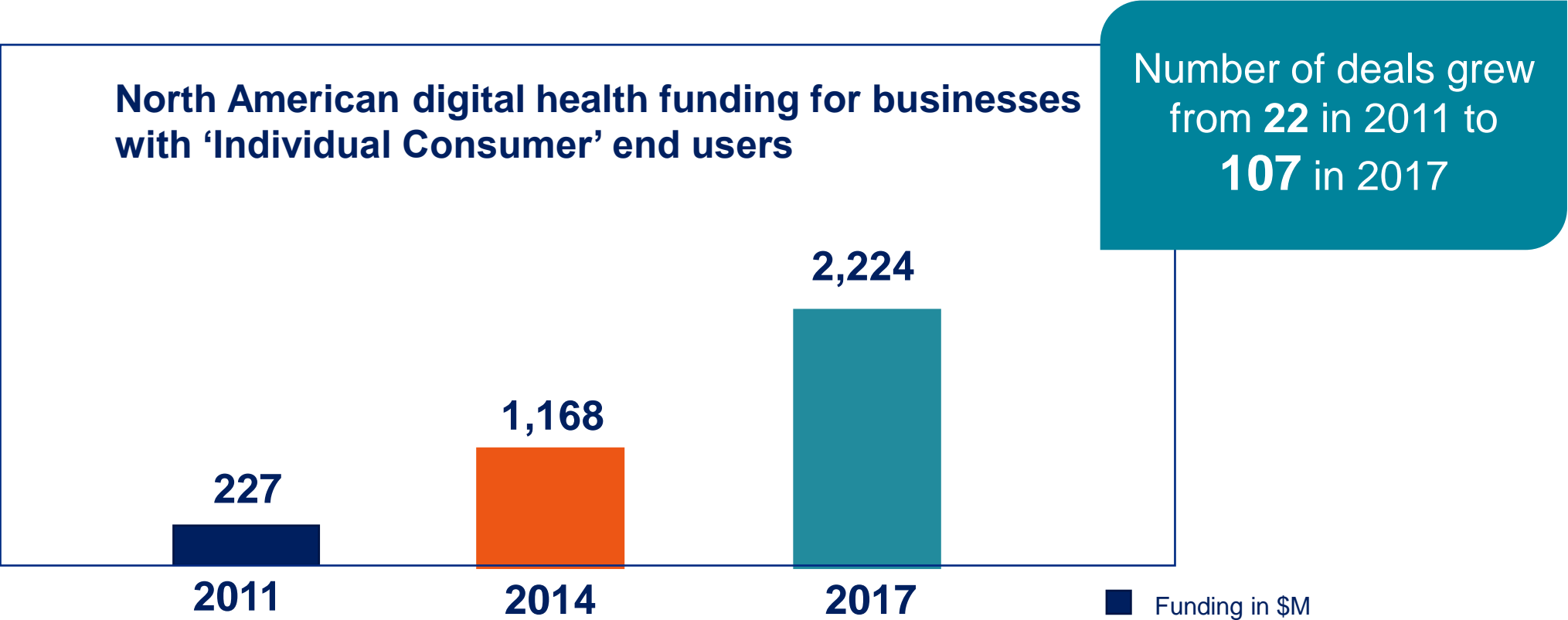


# Significant Consolidation & Mega-Partnerships



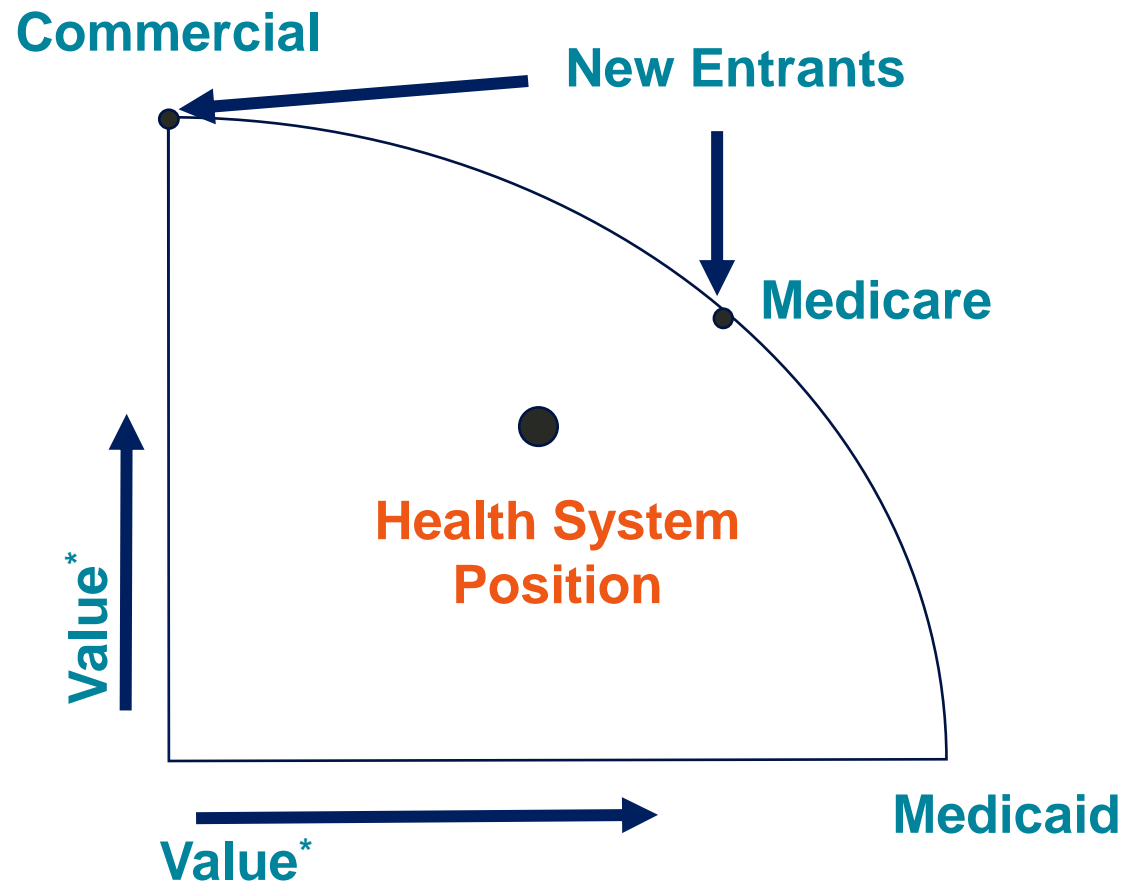


# Massive Number of New Market Entrants



**Pressure from the Bottom**

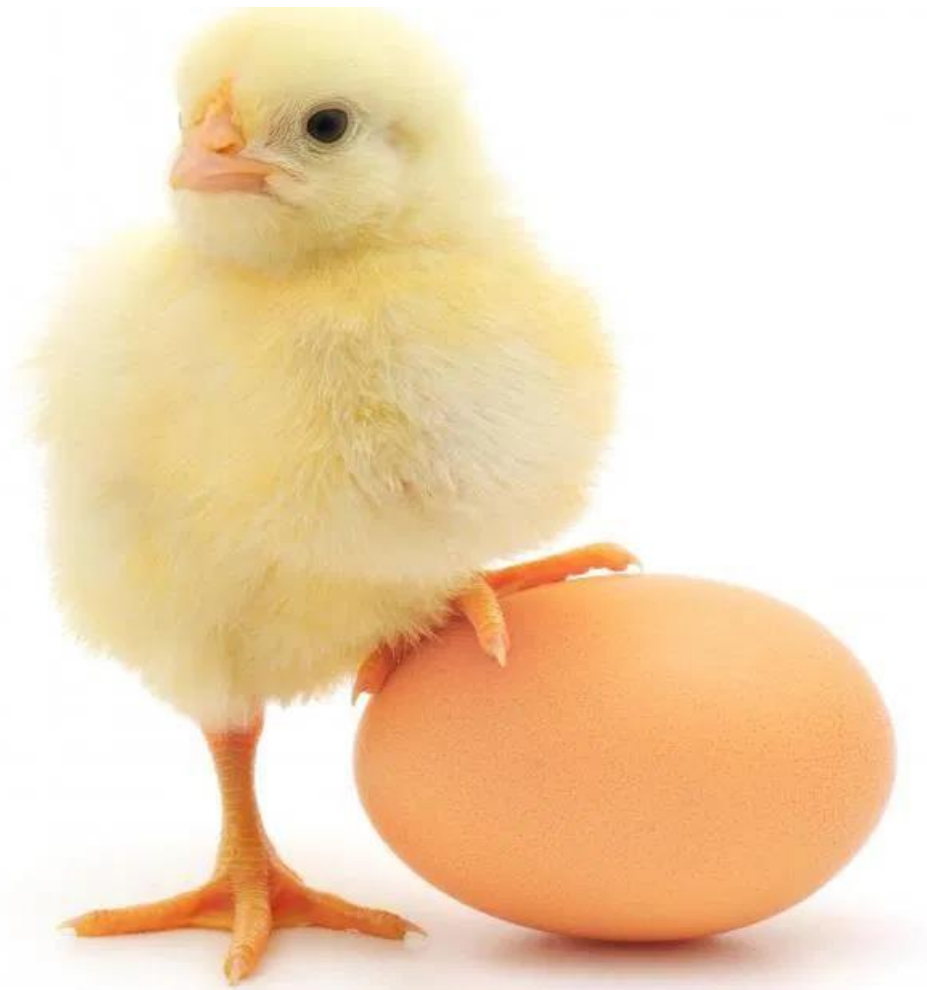
# Health Systems Caught in the Middle



(\*) quality/satisfaction/cost



**Nimble yet  
leveraged for scale?**



**Where do you start?**

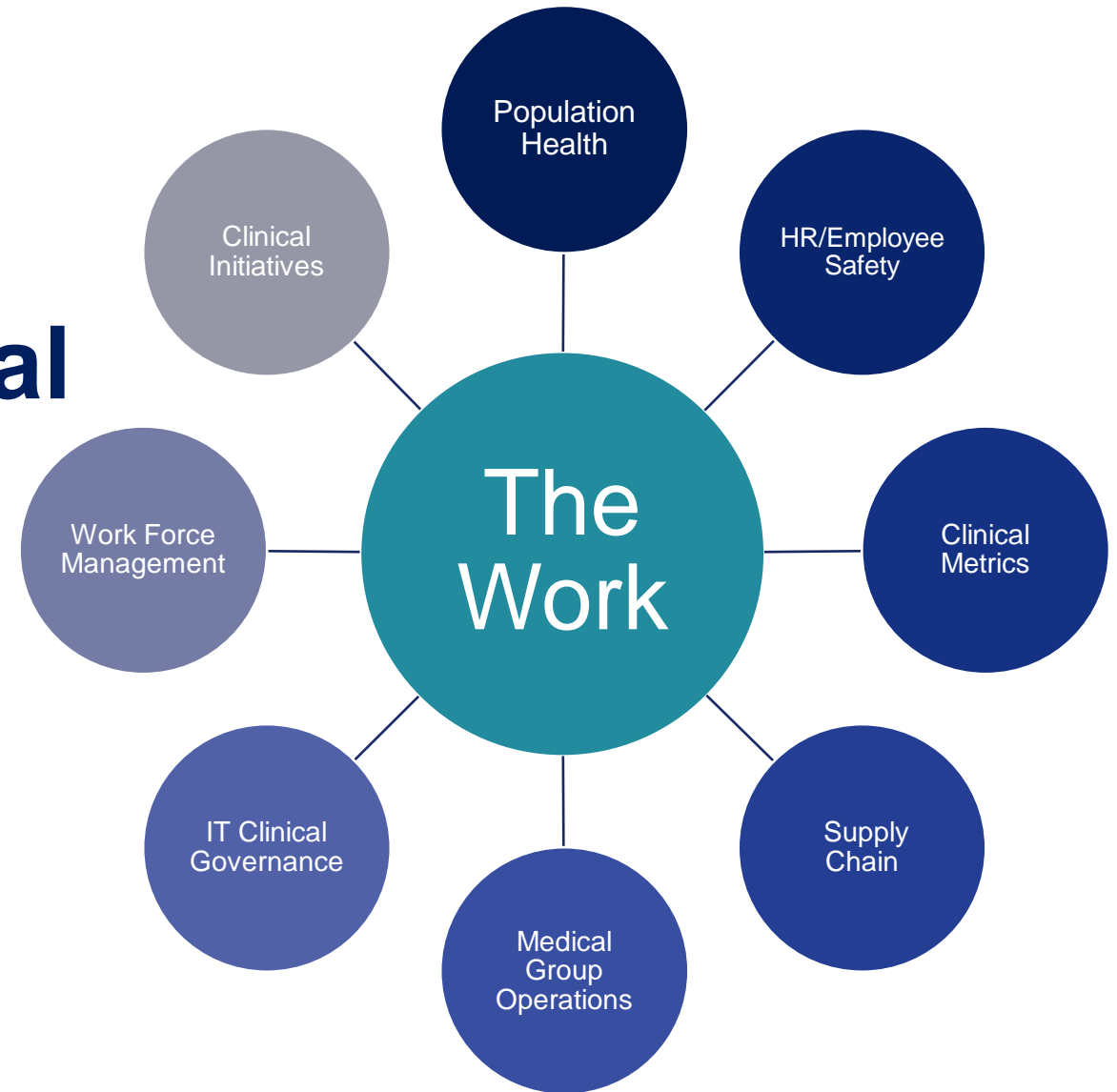
# Changing our leadership processes and structure

1. Create a common understanding of what we do.
2. Integration of system level clinical and non-clinical operations and governance.
3. Clarified role and authority within the matrixed environment.
4. Clearly defined the relationship between shared system services and operations.

# A Common Understanding: Clinically-Driven

- Begin with mind set and heart set.
- Reflects a belief that we are in the business of solving problems for our patients, their families, and their communities through our clinical services and products.
- How we organize ourselves and processes should be reflective of this belief.

# Integration of system-level clinical and non-clinical operations and governance



# New System-Level Operational Leadership Structure: The Why

## System Operations Council, System Clinical Council

- Build stronger **alignment**
- **Clinically Driven**
- Improve the **flow** of communication
- Ensure **system and regional leadership** are at the table
- Avoid administrative malpractice





# Council Membership

- Regional Presidents
- Regional MG Presidents
- Health Plan
- Post-Acute
- System CQO, CNO, CMIO
- Regional CMO, CNO
- Key shared services leaders



# Key Functions

- Single Conversation
- Alignment and Reconciliation of Work
- Decisions and Governance
- Communicate to our Teams



# SSM Health Clinical Programs

**Clinical programs (service lines) – modern systemic approach to provide efficient, high-quality and exceptional care to well-defined patient populations:**

- Dyad Leadership – Clinical (up to 0.5 FTE) and Operations
- 13 Clinical Domains
- Must be Sustainable
- Not a separate island - Matrixed and integrated with Clinical and Operational processes and teams
- Reports into the System Operations and Clinical Councils

# Example: Clinical Program System Leaders

Clinical Program	Operations System Lead	Clinical System Lead	Clinical Areas
<b>Cardiovascular</b>	Kathleen	Bob	EP, Intervention, CV Surgery
<b>Acute Care Medicine</b>	Joe	Sally	Hospitalists, Critical Care, ED, Nephrology, ID, etc.
<b>Ambulatory</b>	Mark	Preeti	Family Practice, Internal Medicine, etc.
<b>Musculoskeletal</b>	Amy	Carl	Orthopedic Surgery
<b>Neurosciences</b>	Stacy	Alisah	Neurology, Neurosurgery, etc.
<b>Oncology</b>	Elain	Kavita	Medical, Radiation Oncology, etc.

# Role of Program Leaders

- Act as convener for system wide experts
- Represent all ministries for clinical program
- Serve as designated point person/consultant for system wide initiatives
- Vet key initiatives to be completed with link back to KPI's

# Qualifications of Program Leaders

- Able to identify best in class solutions and ideas
- Able to work across various geographies to gain acceptance of solutions and quickly implement
- Must be adaptable based upon needs of the system
- Need not be experts in their assigned clinical program

# Operating Model



# Program Leadership Cadence

## Rhythm of Leadership Follow-Up and Coaching

- Leader Standard Work
- Step Back Reviews
- Daily Escalation Process
- Close the Loop





# Clarifying Reporting Relationships – Living in the Matrix

## Joint Responsibilities:

- Hiring/recruitment
- Goal setting
- Performance
- Evaluation
- Dismissal

**Regional Leader** (often “solid” line reporting relationships):

- Regional planning
- Day-to-day management
- Cross-functional alignment

**System Leader** (often “dotted” line relationships):

- System strategic direction/framework
- Subject matter expertise
- Resource allocation

# Shared System Services as a Consultant

- Quality and Safety
- Information Technology
- Human Resources
- Digital Health
- Marketing / Communications

**We have to continually ask:**  
*Will they hire you next year?*



Thank you.

Matthew Hanley, MD  
Chief Clinical Officer

 SSMHealth<sup>®</sup>

