

Trustee Insights

PRACTICAL GOVERNANCE



Engaging Boards in Disruptive Innovation

A strategy simulation can be effective for assessing potential disruptors

BY JEAN AHN AND MARK A. KEROACK

The health care marketplace is threatened with disruption by a variety of novel national competitors that are the products of mega-mergers. These include Optum-DaVita, CVS-Aetna, Walmart-Humana-Kindred and others. Boards of trustees need to understand the threats posed by these market disruptors and craft specific strategies to ensure continued fulfillment of the missions of their organizations.

As a means of engaging its board regarding the sudden profusion of disruptive competitors, Baystate

Health (based in Springfield, Mass.) used a simulation-based learning exercise at its annual board retreat in May 2018. Extending scenario playing and simulation-based

Innovation

learning into the realm of strategy allows for robust, interactive board education. The approach takes advantage of trustee knowledge and expertise from other industries that have themselves had to deal with nontraditional disruptive competition. Engaging trustees in this manner contributes to enhancing the caliber of health system strategy and may suggest specific next steps.

CHECKLIST

Is a Strategy Simulation Right for Your Board?

- ✓ Board members have little knowledge of disruptive competitors in health care and would benefit from an environmental scan and robust discussion about new competitive threats.
- ✓ Elements of mega-merger entities are already in the market (or are anticipated to enter the market) and pose a credible threat.
- ✓ Senior leadership team has not already planned for or addressed the entry of mega-mergers.
- ✓ Organization has not yet collectively determined its risk tolerance in a disruptor-focused environment.
- ✓ Board composition is diverse from a competency perspective (finance, health care, strategy, business development, and so forth).
- ✓ Board composition includes representation from industries that have experienced disruption, and who may serve as facilitators or challengers.
- ✓ Board has prior experience in role playing and simulation, or has been sufficiently prepped to participate.

The learning exercise was extremely well received at the board's annual retreat. Led by Baystate Health's chief strategy officer, chief executive officer (CEO), and chief financial officer, the "Deal or No Deal?" strategy simulations served to heighten awareness of potential future realities. In addition, this simulation approach allowed Baystate Health to leverage the strategic perspectives and competitive instincts of its trustees who are leaders in other competitive industries (such as banking, financial services, insurance, energy, academia and materials handling).

Five-step Process

Boards of hospitals and health systems may also benefit from Baystate Health's approach for assessing potential disruptors. (See the checklist on page one to determine if the approach is appropriate for your organization.) "Simulation," writes David M. Gaba of Stanford University, "is a technique — not a technology — to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner" (*Simulation in Healthcare*, 2007).

Working in close collaboration with the CEO and Strategy Committee of the board of Baystate Health, the chief strategy officer developed a set of simulation exercises that successfully met the envisioned goals of environmental level-setting and strategic planning.

Following an environmental assessment earlier in the year to

members of the leadership team and board, the following steps were pursued:

Step 1: Preparing background profile documents. The strategy team had earlier developed four- to six-page profiles of several disruptive mega-merger competitors over the course of three to four months.

Through the simulation process, the trustees gained key insights regarding the disruptive competitors by directly assuming the identities of the disruptors themselves, and by imagining how they might think and behave in the local market.

The briefs included key summary statistics of the merging entities, including foundational statements, maps, financial summaries, noteworthy programs, accomplishments and partnerships. These were supplemented with traditional SWOT (strengths, weaknesses, opportunities and threats) analyses developed by the strategy team, both for the disruptive competitors and for the health system itself. The relevant background profile documents were provided to the board as pre-retreat homework readings (*For an example, see Figure 1 on page 4*). Hospitals and systems may wish to adopt a similar [template](#) for profiling competitive disruptors in their own service areas.

Step 2: Preparing realistic scenario briefs. Four mega-merger competitors were selected because they already had a presence in the health system's primary service area and therefore were more than just hypothetical potential competitors. Expanding upon the background profiles that outlined the four disruptive competitors' existing footprint

and assets in the local market, the chief strategy officer took the lead in developing scenario briefs that imagined realistic possible short-term encroachment strategies by the disruptors that attacked niche parts of the health system's continuum of care (*For an example, see Figure 2 on pages 5 - 9*). The resulting encroachment challenge served as the basis of the "Deal or No Deal?" simulation exercises. Participants in the simulation needed to wrestle with the following question:

Does the health system attempt to partner with the disruptor (Deal) or try to compete and defend against the disruptive competitor on its own (No Deal)?

Step 3: Designating teams. The CEO and chief strategy officer selected four sets of opposing teams to address the "Deal or No Deal?" question. Each pairing included four trustees who represented the potential mega-merger competitor (the trustee "disruptors") and three or four Baystate Health senior leaders who represented the health system (the management "defenders"). Collectively, each team of trustee disruptors and management defenders negotiated

to determine if a deal could be reached, as outlined in the scenario briefs. Each disruptor team was led by a trustee who also sits on the Strategy Committee of the board, and who therefore was already familiar with the competitive disruptors under discussion. To ensure a variety of perspectives, each team included at least one clinician (a physician or nurse), an individual with a finance or business development background and a board member with a non-health care background.

Step 4: Fine-tuning the meeting agenda. Four hours were allotted to the competitive disruptor session at the annual board retreat. During the first hour, a representative from an investment banking firm summarized the national competitive landscape and provided a high-level overview of the various competitive disruptors. The remaining time was spent specifically on the simulation exercise, with time allotted for (a) an initial small-team orientation huddle, (b) a negotiation session between each set of trustee disruptors and management defenders, (c) a decision-making session by each set of teams, followed by (d) team report-outs and a discussion facilitated by

the chief strategy officer and chief financial officer, with feedback from the investment banking firm representative.

Step 5: Follow-up on next steps.

Based on the key ideas that emerged from the team report-outs and discussion, the chief strategy officer summarized and highlighted the next steps for follow-up, which included an endorsement from the board of trustees to identify and prioritize capital partners for outreach and partnership discussions. Conversations with competitive disruptors are currently underway regarding possible partnerships (including those related to primary care transformation).

Lessons Learned

The Baystate Health Board of Trustees uniformly reported that they had received valuable education from the simulation approach, which was more interactive and engaging than a traditional informational presentation. Through the simulation process, the trustees gained key insights regarding the disruptive competitors by directly assuming the identities of the disruptors themselves, and by

imagining how they might think and behave in the local market. One Baystate Health trustee remarked later, “This activity brought the opportunities and threats to life and gave me a deeper appreciation of the crossroads at which health care now stands.”

The exercise also provided a valuable perspective to the senior leadership team on what it is like to compete and negotiate with strategic thinkers from outside the health care space. Most importantly, the exercise allowed the trustees and senior leadership team alike to spend time thinking through what the system will need to do should an envisioned scenario present itself. As a result, the board came away with a new appreciation regarding the health system’s competitive strategy, and generated several ideas for considering partnership strategies with potential competitive disruptors.

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FIGURE 1: Sample Background Profile

Baystate Health

OPTUM-DAVITA SCENARIO BRIEFING

BACKGROUND:

In addition to the development of its network in Connecticut, Optum continues building its [Central and Western MA ambulatory ACO network](#) as one of its 75 targeted core geographies nationally. In 2018, Optum had 6 MedExpress Urgent Care locations in Western MA, and completed the acquisition of Reliant Medical Group (a practice of 500 primary care and specialty providers), based in Worcester, MA. The 6 MedExpress sites include 2 locations in Springfield, and 1 each in Westfield, Chicopee, Hadley and Pittsfield—all with good curbside appeal. UnitedHealth (Optum’s parent company) is also experimenting with putting MedExpress urgent care clinics into Walgreens stores, of which there are over 25 stores in the 3-County region (7 in Springfield; 2 in Chicopee; and 1 each in Agawam, East Longmeadow, Northampton, Ware, Westfield, Florence, Holyoke, and Ludlow).

2019 OPTUM-DAVITA PLAN:

To complement its MedExpress Urgent Care Centers in Western MA, Optum builds two ambulatory surgery centers (which include a state-of-the-art EMR, best-in-breed patient portal, and consumer-centric facility and website design) near two of its busier centers in West Springfield and Amherst, and hires 15 PCPs and 5 surgeons. In addition, UnitedHealth (Optum’s parent company) continues its experiment of putting MedExpress urgent care clinics into Walgreens stores—placing them in more densely located areas—including Carew Street in Springfield and King Street in Northampton. Rather than hire newcomers from outside the region, Optum’s recently acquired Crimson Market Advantage database helps highlight 8 BMP PCPs and 7 Riverbend PCPs to pursue for hiring, as well as 3 BMP surgeons/proceduralists and 2 Riverbend proceduralists based on their connections, panels, population health know-how, and activity levels. The collective ambulatory sites are an immediate hit, pulling patients in by providing extremely convenient, easy-to-access care by well-known quality providers selectively hired from within the region, promoted by a well-known national brand, at costs significantly lower than any of the area hospitals. UnitedHealth, also looks for avenues to make effective inroads into the state to direct members to Optum’s sites and acquired providers.

DEAL:

Disruptor Team: Optum needs to decide if it will disrupt the region on its own, or if it wants to partner in any way with Baystate Health or another entity. Is there a possible deal where Baystate Health can add value by providing something that Optum does not have or does not deliver, or where BH can reduce barriers or increase possibilities for success in this region?



Defender Team: What will be the health system’s go-it-alone strategy (keeping in mind current state in relation to access, ambulatory and digital footprint, physician engagement, EMR, tools and technology, data analytics, etc.)? Alternatively, what are other defensive or offensive strategies (partner, redesign, acquisition by for-profit, etc.)?

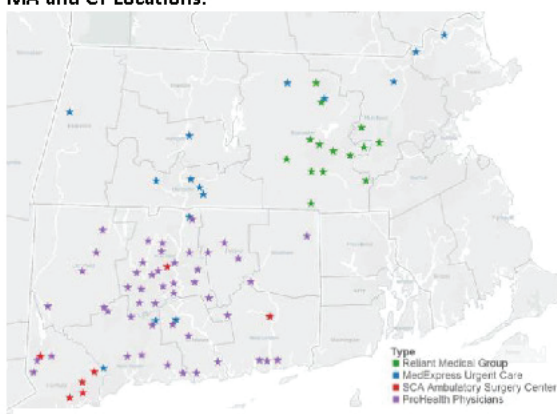
Note: Given the brand strength and resources of the disruptor(s), the system will need to be very specific about its value-add proposition in any partnership venture as the weaker partner.

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FIGURE 2: Sample Scenario Brief (1/5)

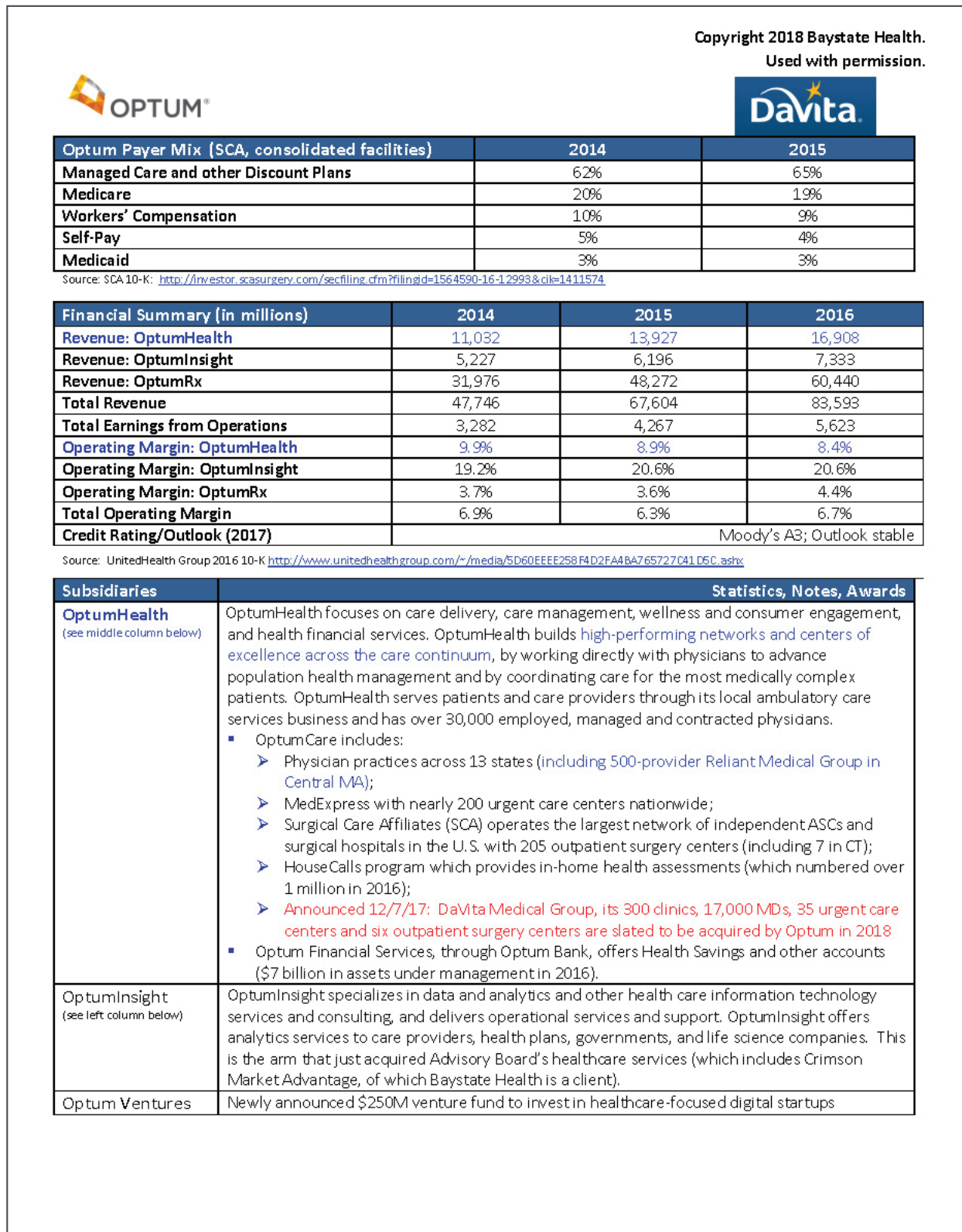
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Optum-DaVita Profile	
<p>Optum Summary: Optum is a technology-enabled healthcare services business serving payers, care providers, employers, governments, life sciences companies and consumers, through its three divisions: OptumHealth (care delivery & population health), OptumInsight (data & analytics) and OptumRx (pharmacy services) businesses. A \$250M Optum Ventures (startup investment fund) was recently started. These businesses help improve overall health system performance through optimizing care quality, reducing costs, and improving consumer experience and provider performance in 5 areas: data and analytics, pharmacy care services, population health, health care delivery and health care operations.</p> <p>A subsidiary of UnitedHealth Group, Optum is an \$83.6B company that employs over 125,000 people worldwide. Optum serves 115 million individuals; 4 out of 5 U.S. hospitals; over 67,000 pharmacies; 100,000+ physicians, practices, and other healthcare facilities; 300 health plans, and government agencies in 34 states and DC. Optum has 15 offices across the U.S. and also maintains operations in South America, Europe, Asia Pacific and the Middle East.</p> <p>Mission: To help people live healthier lives and to help make the health system work better for everyone.</p> <p>MA and CT Locations:</p>  <p>6 Western MA MedExpress Locations:</p> <ul style="list-style-type: none"> ▪ 1505 Memorial Drive, Chicopee ▪ 424 Russell Street, Hadley ▪ 999 Dalton Avenue, Pittsfield ▪ 1312 Boston Road, Springfield ▪ 430 Cooley Street, Springfield ▪ 311 East Main Street, Westfield 	<p>DaVita Summary: DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. As of December 6, 2017, Optum announced that it would acquire DaVita Medical Group for approximately \$4.9 billion in cash, with the transaction expected to close in 2018. <i>As of March 2018, delays have occurred with regulatory approval timeline.</i></p> <p>DaVita Medical Group is a division of DaVita Inc., a Fortune 500® company that operates and manages medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington. A leading independent medical group in America, DaVita Medical Group has over two decades of experience providing coordinated, outcomes-based medical care in a cost-effective manner. DaVita Medical Group’s clinicians (including 17,000 physicians) provide care for approximately 1.7 million patients per year through nearly 300 medical clinics featuring primary and specialist care. The Group also operates 35 urgent care centers and six outpatient surgery centers.</p> <p>Mission: To be the Provider, Partner, and Employer of Choice</p> <p>Core Values:</p> <ul style="list-style-type: none"> ▪ Service Excellence: Serving others — our reason for existing. ▪ Integrity: We say what we believe, and we do what we say. We are trusted because we are trustworthy. ▪ Team: One for All, and All for One! We work together, sharing a common purpose, a common culture and common goals. ▪ Continuous Improvement: We never stand still; we are never satisfied. ▪ Accountability: We don't say, "It's not my fault," or "It's not my job." We take responsibility for meeting our commitments — our personal ones as well as those of the entire organization. We take ownership of the results. ▪ Fulfillment: We make a difference. We feel rewarded — personally and as a team — because what we do in our jobs is consistent with our goals and dreams. ▪ Fun: We enjoy what we do. We know healthcare is hard work; but even hard work can be fun.

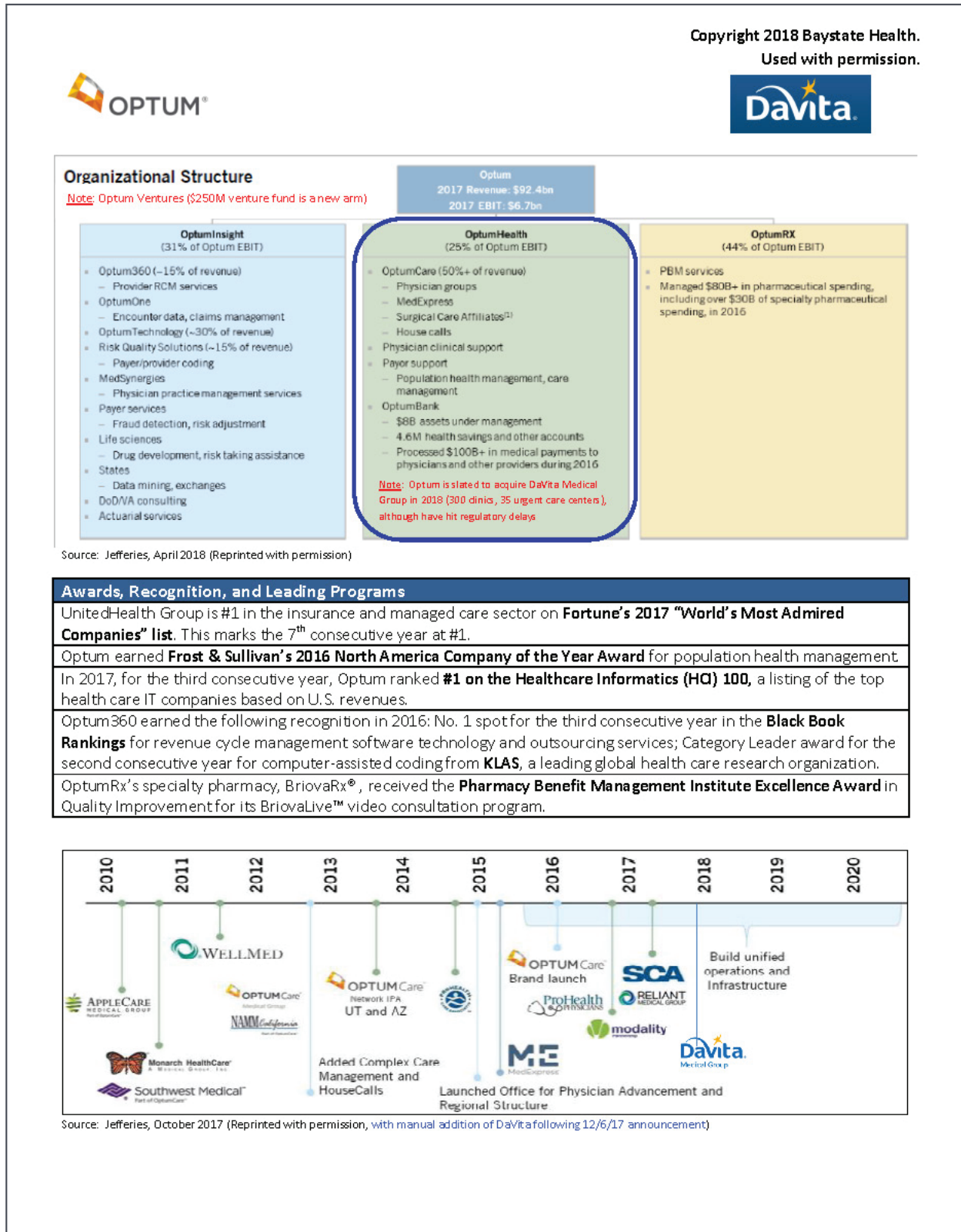
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FIGURE 2: Sample Scenario Brief (2/5)



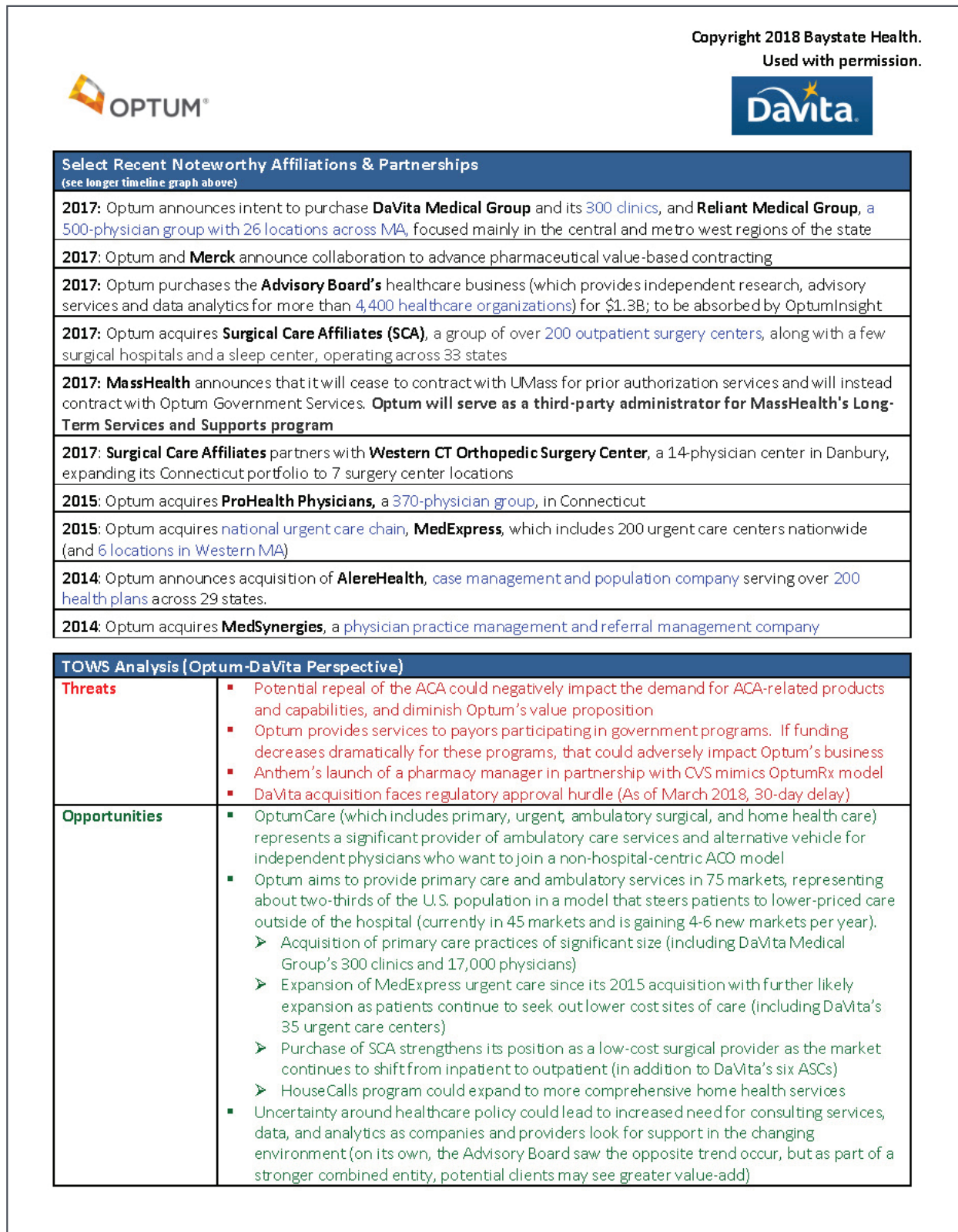
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FIGURE 2: Sample Scenario Brief (3/5)



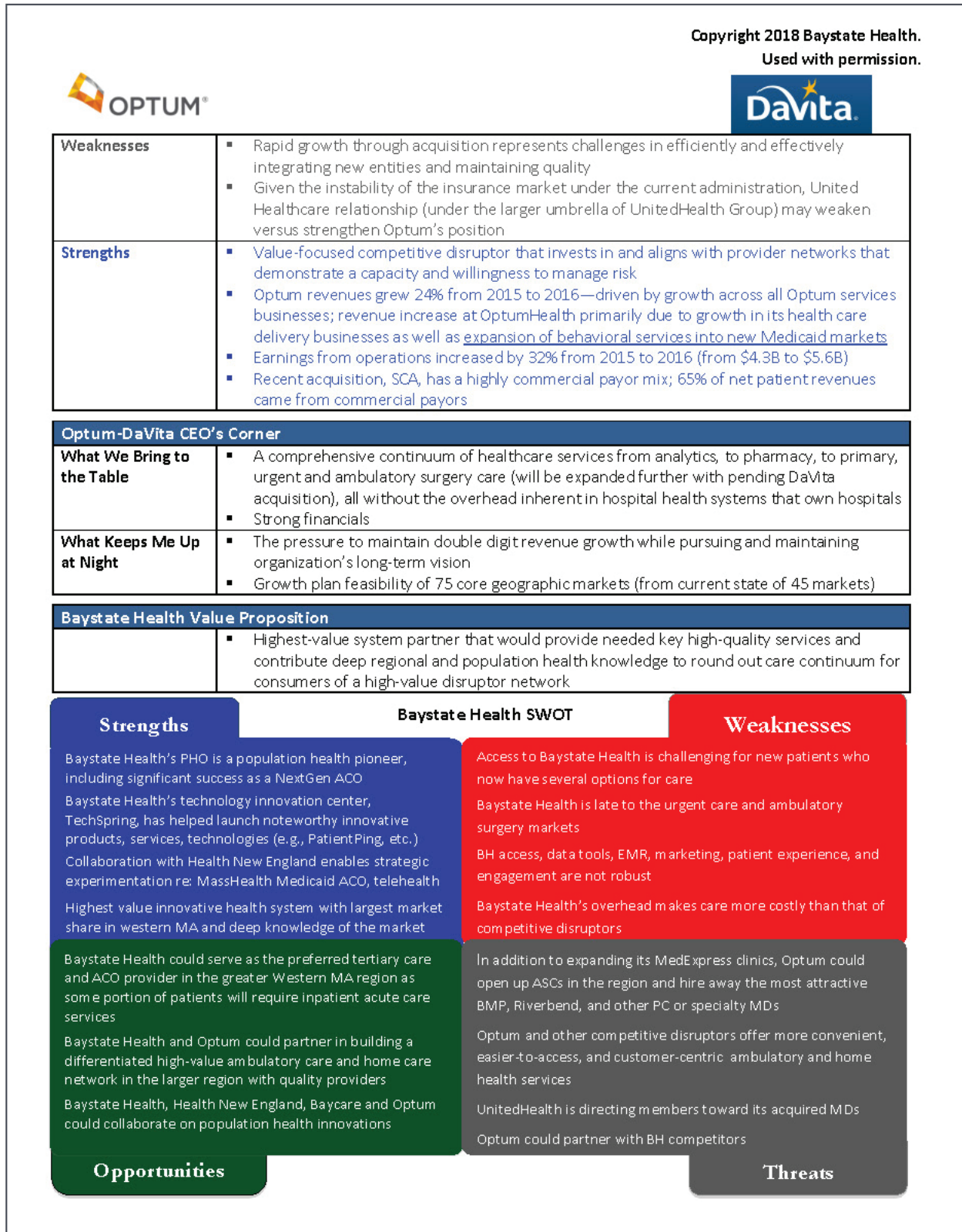
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FIGURE 2: Sample Scenario Brief (4/5)



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FIGURE 2: Sample Scenario Brief (5/5)



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