

Service Line & Access Growth of the Future: The Old Service Line Is Not the New Service Line

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Learning Objectives

- 1. How to develop and modify clinical service line and access strategies to adapt to changing external environmental pressures, balancing the local nature of strategy, along with considering technology, consumer demand, payment models, site of care changes across the continuum, and impacting disruptors from both a competitive and partnership perspective.
- 2. How to best integrate physician engagement across solutions to incorporate stakeholder leadership and buy-in throughout the process leading to a higher probability of success.
- 3. How to incorporate take home tools and methodologies to apply your unique market dynamics and assist in promoting and marketing your plan.





Agenda

- 1. Live Poll
- 2. Industry Trends
- 3. Defining A Service Line
- 4. How to Effectively Execute
- 5. Industry Example
- 6. Critical Success Factors





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Get ready to participate in real-time!



Grab your smartphones and scan the QR code to instantly connect to our live Slido poll.



Your opinions matter, and we're excited to hear your thoughts!

Accelerated Innovation in Healthcare is Driving Change; Providers Must Plan Today for the Impacts of Advancements and Disrupters of Tomorrow and the Future.



AI & Predictive Analytics



Mobile Integration



Site of Care Changes



Real-Time Decision Support



Personalized Medicine



Evolving Payment Models



National Strategy Decisions



Regulatory Change and Compliance



Emerging Disruptors



Strategic Considerations



Virtual Health Tools



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Defining a Service Line





Defining a Service Line



- Interdisciplinary engagement
- Alignment with strategic goals
- Performance standards
- Value from systemness
- Improve reputation



Comparison From Here to Future

Before Service Lines

Individual Growth Planning

Uncoordinated Services

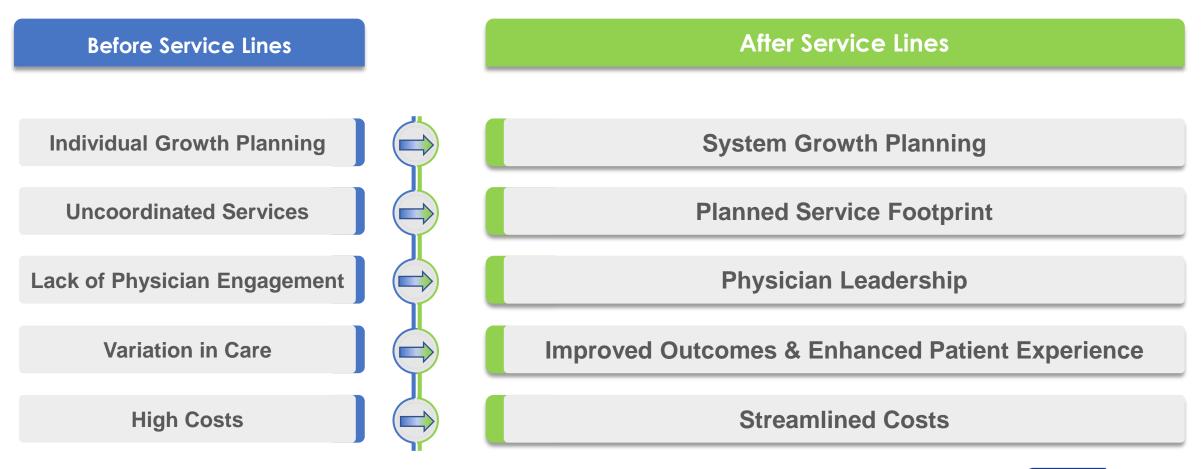
Lack of Physician Engagement

Variation in Care

High Costs



Comparison From Here to Future





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Discussion Questions



Who is involved / what process are you using to define the vision for service lines in your organization?

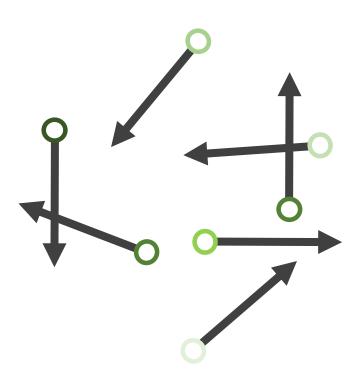
What is your greatest challenge with execution?





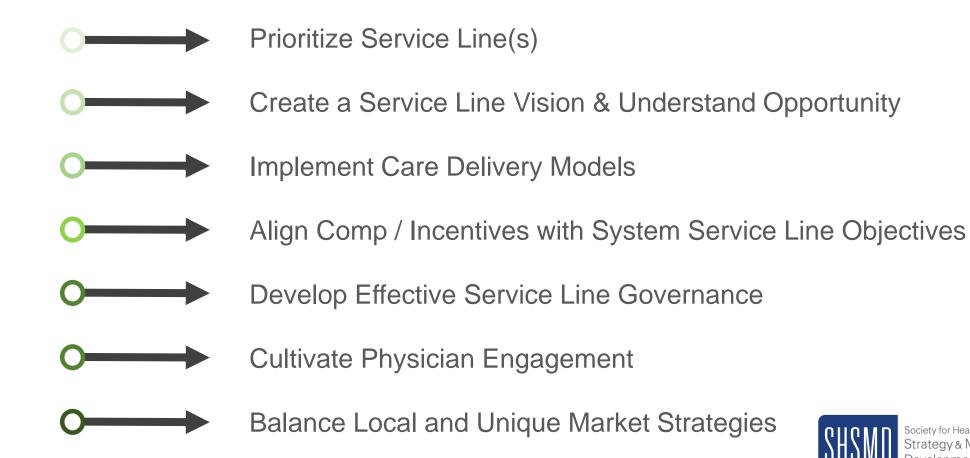
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How to Effectively Execute Service Lines





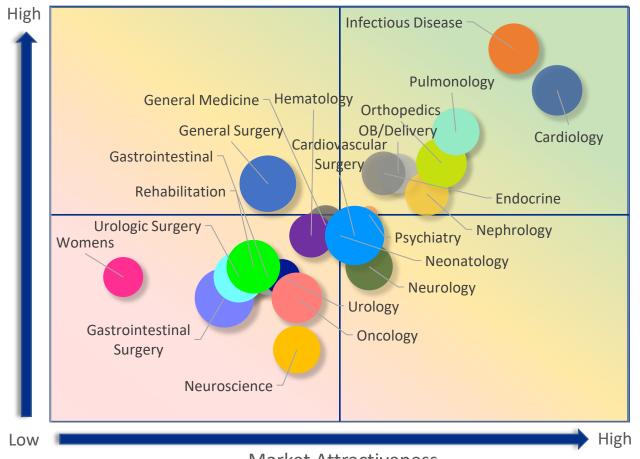
How to Effectively Execute Service Lines



Prioritize Service Line(s) – Example Analysis Customized to System Strategy and Market Priorities

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- 1. Develop an index for each factor and plot each service on Market Attractiveness / Business Strength matrix
- 2. Evaluate program and service costs against benchmarks to identify performance improvement opportunities



Strength

usiness

Business Strength

- Volumes
- Net revenues
- Contribution margin
- Operating margin
- Net profit
- Market share
- Market position
- Payer mix
- Consumer preference
- Quality
- Physician resources

Market Attractiveness

- Market size
- Market growth
- Market revenue
- Competitive intensity
- Patient demographics

"If you are only providing the services that are most profitable, you might not be doing the best service for the patient"

 Modern Healthcare, Jill Horwitz, Professor of Health Policy & Management – University of Michigan School of Public Health



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Market Attractiveness
*Bubble size reflects contribution margin per case

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Create a Service Line Vision & Understand the Opportunity

Marketing Plan /
Consumer Perceptions of
the Service Line



Alignment with Organizational Strategy and Mission



Service Line Performance, Health Equity & Quality Outcomes

Clinical / Staff Resources







Physician Expertise, Recruitment Needs & Referrals

Access, Infrastructure & Patient Experience





Profitability / Revenue / Cost / Contribution Margin / Payer Relationships

Market Impact- Service Area, Competitors,
Market Differentiation,
Industry certifications and Accreditations



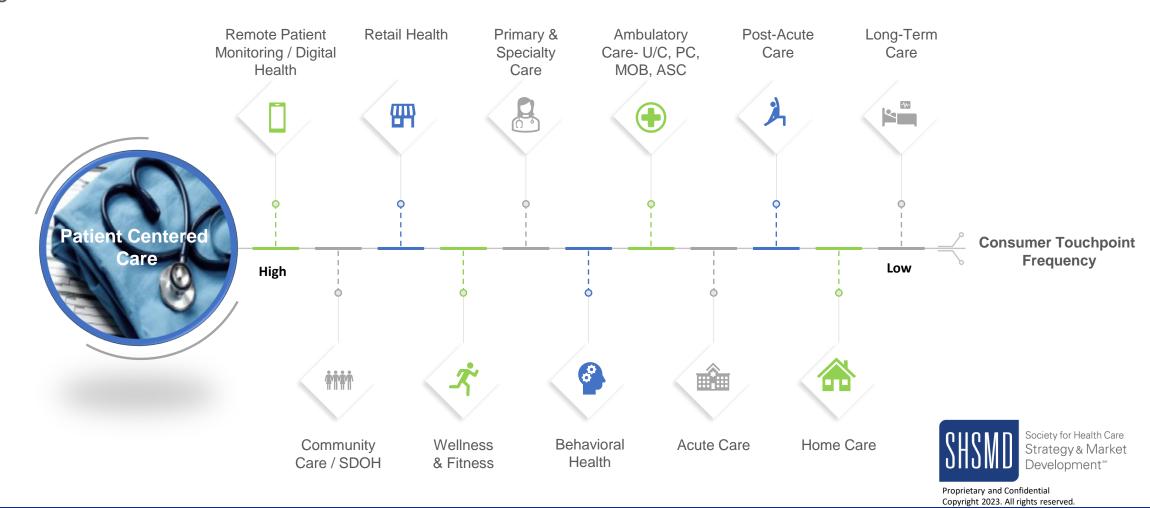
Society for Health Care Strategy & Market Development™

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Implement Care Delivery Models

Is the service being delivered in the most appropriate, efficient, and lowest cost setting, effectively distributed across the market, providing the greatest access to care? What services naturally complement one another designated locations across the service area?

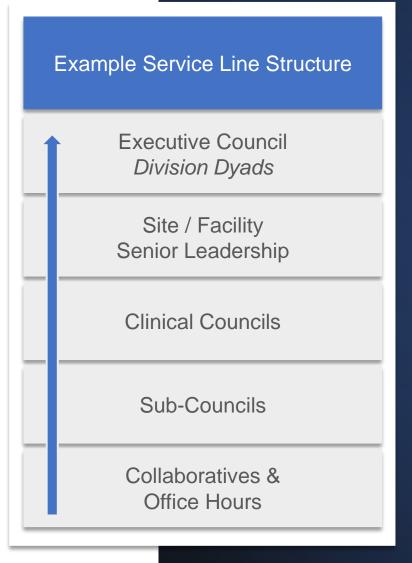






Develop Effective Service Line Governance

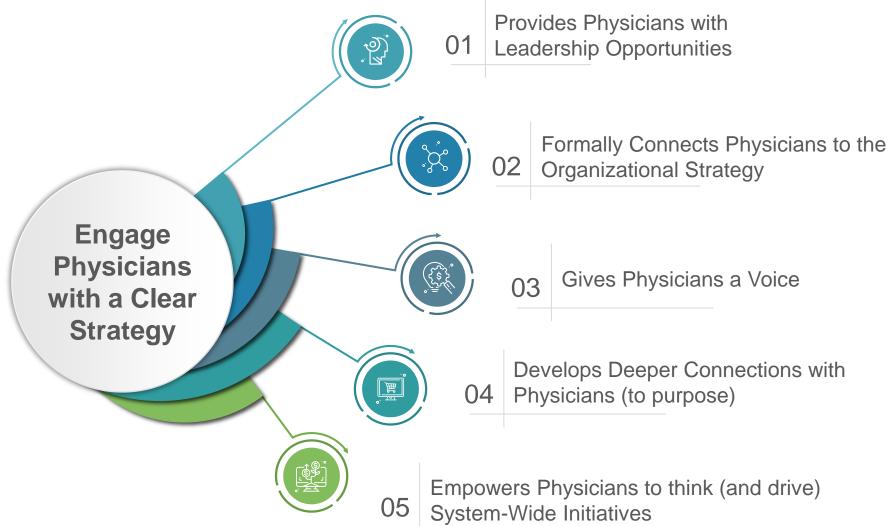
- Key Components
 - Focused on care delivery and growth
 - Strong physician leadership
 - Direct correlation to operational leadership
 - Executive council
 - Subspeciality clinical councils
- Points of Consideration
 - Decision rights/veto rights
 - Performance goals and dashboards
 - Integrated financial statement
 - System-level goals





Cultivate Physician Engagement







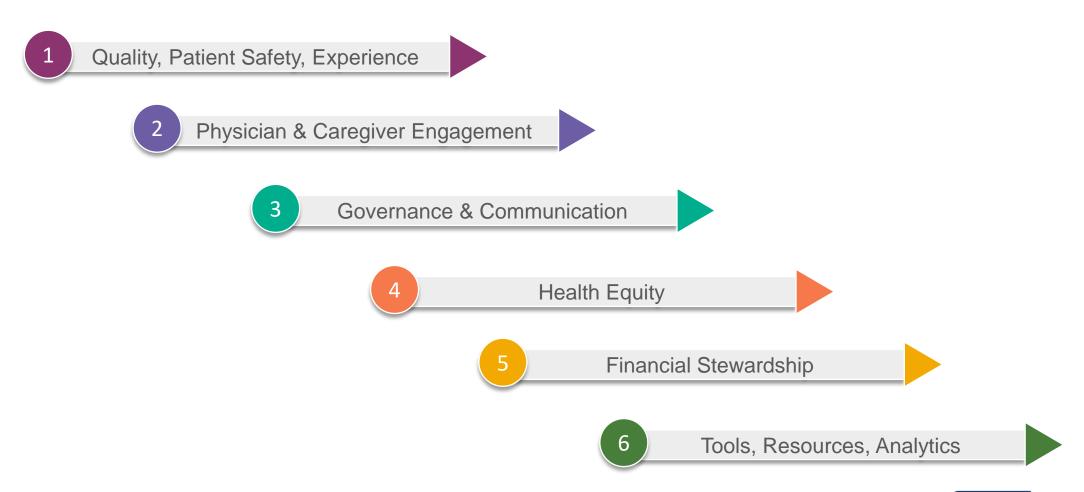
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Balance Local and Unique Market Strategies





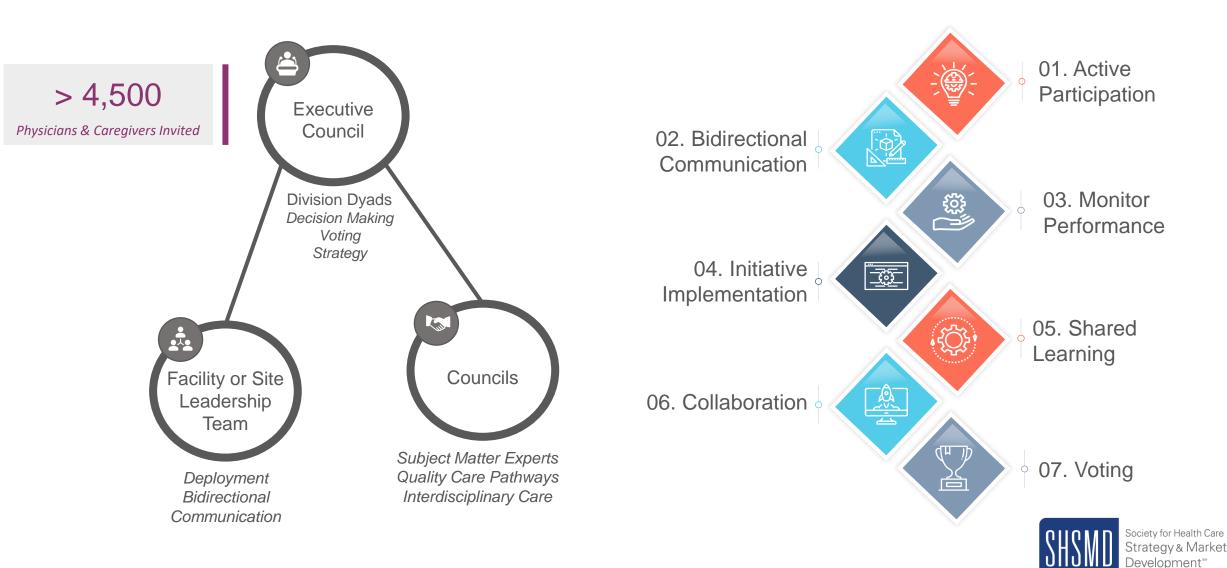
CommonSpirit | Service Line Goals





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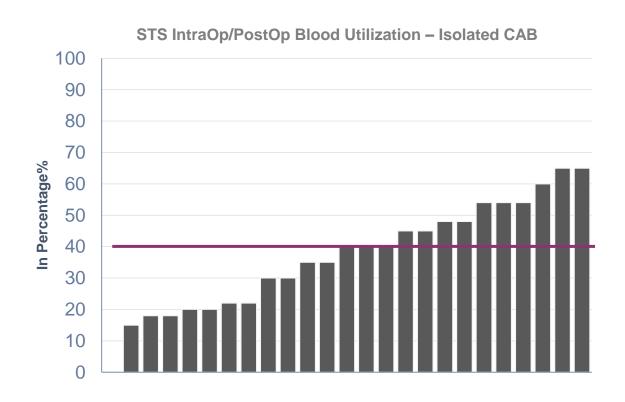
CommonSpirit | Governance Structure & Responsibilities



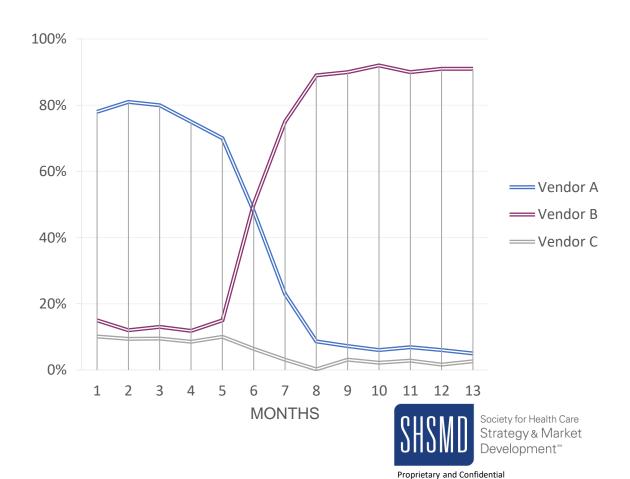
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CommonSpirit | Reduction in Variation Results in Improved Outcomes

Variation Reduction in Outcomes



Reduction in Cost of Care



Critical Success Factors

- ★Keep organizational strategy and mission core to decision-making
- ★Strong leadership (physicians and operations)
- ★Make decisions based on data specific to your organization vs. trends, reaction to competition, etc.
- ★Ensure data is reliable, updated and staff are knowledgeable
- ⋆ Develop a strong business case
 - Be prepared for push back- use credible data
- ★On-going update to analysis
 - Iterative
 - Watch trends
 - Allows for timely decisions
- ★Commit to a plan





Questions?

Please be sure to complete the session evaluation!



Three Key Take-Aways

- 1. Develop and modify clinical service line and access strategies to adapt to impacts of advancements and disrupters of tomorrow and the future.
- 2. Create a service line vision and understand the market opportunity.
- 3. Integrate physician engagement across solutions and incorporate stakeholder leadership and buy-in throughout the process leading to a higher probability of success.



Thank you!

Please be sure to complete the session evaluation!



Amanda Trask, MBA, MHA, SFHM, FACHE, FACMPE Senior Vice President, Clinical Institute & Service Lines

Amanda is the national leader for clinical institutes, clinical service lines and community research services at CommonSpirit Health, the largest not-for-profit healthcare system in the United States. In her role as clinical institutes and service line leadership, Amanda focuses on enabling a collaborative model that improves clinical and business outcomes through optimized practices and processes. She is a solution-focused healthcare executive with over 25 years of consistent success in leading change, improving performance and growing value. Amanda holds an MBA and MHA from Georgia State University in Atlanta, Georgia, and a BA from Converse College in South Carolina. Amanda has been recognized nationally among the Top 25 Healthcare Leaders Under 40. She is a Fellow with the American College of Healthcare Executives, a Fellow with the American College of Medical Practice Executives and a Senior Fellow with the Society of Hospital Medicine.









Lindsley Withey, MHA, FACHE Managing Director, BDC Advisors

Lindsley has more than 20 years of successful strategic planning, operational and business transformation experience working with hospitals and health systems to grow market share, expand campuses and health networks, optimize, and enhance patient access. Lindsley joined BDC from Guidehouse, where since 2018 she served as Director and Facility Planning Solution Leader in the health segment and was responsible for directing strategic advisory engagements and client relationships with health systems across the US. Lindsley is a Fellow of the American College of Healthcare Executives (FACHE) and previously served as the ACHE Regent for Colorado. She is a recipient of the ACHE Regent Award for Young Healthcare Executives and serves on the executive board for the Colorado Association of Health Care Executives (CAHE). Lindsley has her BS in Health Information Management and Master in Health Administration from Saint Louis University.









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