TRANSCRIPT: Part Two | Why Traditional Primary Care Fails Frail Elders and the Future Need for Specialized Models

Leadership Excellence Program Invitation

Chris Comeaux 0:00
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Welcome And Part Two Setup

Jeff Haffner 0:40
Welcome to TCN Talks, and Anatomy of Leadership. We continue our conversation with Dr. Bethany Snider in Part Two, Why Traditional Primary Care Fails Frail Elders. And the Future Need for Specialized Models. And now, here's Chris Comeaux.

Mission Case For Frail Elders

Chris Comeaux 1:02
So as we go to this next segment, um, for hospice organizations that might be considering an expansion into a frail elderly practice service, what cultural leadership shifts are required to move from kind of more of an episodic end-of-life model to this long-term population health longitudinal model that you've been describing in our first segment?

Dr. Bethany Snider 1:25
So I think the most important thing leaders have to do is communicate effectively to the hospice organization, both your frontline staff and your support staff, why this expands

and meets the mission that they've bought into. So I know early on, as we were building programs, even our palliative program, there was consternation of, well, they're just taking resources and giving them to palliative care when we could use them in hospice. But the reason we were creating our palliative business line is because we wanted to ensure access to hospice. And we wanted those hospice nurses you mentioned earlier to have lengths of stay of 30 or 60, not 12 or nine, right? And so I think critically, leaders have to understand you cannot over-communicate how vital a frail elder practice is to the overall success of the mission. And if we want our organizations to thrive in the future, we have to shift our mindset out of the episodic end-of-life benefit that you mentioned to really think of being serious illness providers across a continuum of care. I always think we do best when we tie it back to the patient and how this is a win for them. And frankly, if we interview tons of hospice staff and organizations across the country, they get moral distress when they have to discharge patients live because they know we're sending them out into an ecosystem of healthcare that's flawed and broken and disconnected and doesn't meet their needs. And so it's taking that gap that we all see and framing how we can actually solve that for your neighbors, for our communities, for the people that we care about. So I think that's one element that you really have to communicate the why effectively early, because otherwise it will just make that change management even more painful if they don't understand the value to the people that they're taking care of and the value to our organization.

Investment, Data, And Team Fit

Dr. Bethany Snider 3:28

Secondly, this requires an investment. And I think leadership has to be thoughtful around creating that business plan and that pro forma to say, okay, we are going to take dollars and invest in building the right model. I will tell you what does not work is you know, death by a thousand cuts and skimming away, you know, month over month over month, trying to find resources to help build these things. That's never gonna work. This is fundamentally a new business line with different needs, and organizations will have to invest before they see success. Now, that return will show up in their hospice business to you. And so data is critical. Internally, you have to have data sophistication so that you can show the value to boards, to your internal stakeholders, and to the organization at large. But the other piece of it is as mentioned, I think the composition of the teams within these business lines is uniquely different. They have a more ambiguous model they're working in, right? When we think about hospice, it's very regulated, right? There are all these rules that we have to know and follow. And then there's all this heavy administrative burden that comes with it. The skill sets you need to thrive in these value-based primary care models, even palliative care models, it's a different skill set. There are different

challenges. That flexibility piece is critical, right? The payment side of it is frankly more complex for a lot smaller revenue because then you're turning yourself into the world of prior authorizations and denials and having to work multiple claims over and over and over, right? So, like there are unique skill sets that you're gonna need to attract to the organizations if you don't have them. And I always say be prepared to fail fast. So I think in hospice we don't think about that a lot. But when you're innovating new care models, new pay structures, new programs, you have to be willing to fail fast. Like try something when it doesn't work, be humble enough to say, hey, we missed the mark, but we've learned this, and so now we're gonna do that. And so I think it requires a lot of humility and transparency, but you gotta take the risk. And when that risk doesn't paint out, you adjust, you learn from it, and you take the next risk. And so, you know, to us, we believe it really helps to have specialized experts that have some experience in this space that can kind of step out of your hospice business to build something that's flexible, can adapt to the needs of the patient, and that really helps expand the mission.

Reimbursement Reality Check

Chris Comeaux 6:18
So well stated. Gosh, there's so many pearls in everything you're saying, Dr. Snider. From a sustainability standpoint, what does the payment reimbursement landscape look like for elderly practices today? And what should hospice leaders understand before they step into this space?

Dr. Bethany Snider 6:37
Mm-hmm. Yeah, your care delivery model is critical. And it requires more productivity today because we're primarily living in a fee for service space. So when you think about going into a frail elder practice, right, we wanted to expand those programs at Everent so that we can get more attribution to accountable care. And so the beauty of accountable care, when you do it well, right, there's shared savings to benefit you. But you can't be short-sighted enough to build a model to think about that. So, number one, you have to build physician fee schedule expertise, either in-house or you have to contract with it. Most providers aren't well trained on that. And that's still the bread and butter of where we generate revenue out of the gate in these programs. So whether it's building it internally, like I decided to take on myself a few a decade ago, honestly, that I was gonna be the expert in the fee schedule. I was gonna know those rules backwards and forwards. We were gonna train our teams to know those rules, and every year when that changes, we're gonna provide updates to our team. So that's one piece. You also have to realize traditional fee for service isn't enough. So you have to figure out care management, whether that's chronic care management, advanced primary care management,

transitional care management, principal care management, all the codes. You have to know them and you have to optimize your practice. It may not mean all of the codes all the time, but you've got to decide which ones work best for your practice. You gotta understand fever service, but you gotta know that that doesn't fully support the interdisciplinary team. So who can you contract with? Whether that's at-risk provider groups, Medicare Advantage contracts to get some additional payment for some of those care management services that you're building. But also, what is the downstream benefit to your hospice and your palliative organization or your PACE program? And make sure you quantify that. So that's something we started doing was really quantifying the value back to the hospice from these upstream programs.

Outcomes That Actually Matter

Chris Comeaux 8:42
So if a frail elderly practice is truly succeeding, what outcomes should leaders be watching out for beyond the traditional healthcare metrics? I feel like you start to allude to some of those.

Dr. Bethany Snider 8:54
Yeah, I think first and foremost, we have to look at patient and caregiver experience of care and the impact of our program on their quality of life. That's actually a question that we survey all patients based on frequency or intervals in the program. And it's beautiful to see frail elders and patients with advanced illness say that their quality of life is improving as their disease is actually progressing. So I think the first thing we have to be mindful of and really mission focused on is are we actually making lives better through these models? Obviously, from a business perspective, we need to be looking at utilization metrics, avoidable ER visits, readmissions, hospital stays. I think we have to look at medication burden and deprescribing. And are we successful in really moving the needle for this population? As we know, polypharmacy is a huge driver of symptom burden and the complexity of their illness. We also should evaluate equity of access and ensuring that we're providing these services to all who would benefit. Financial sustainability is obviously important, and you've got to build the KPIs to ensure that you're evaluating your program on an ongoing basis. I also think a measure of success is are we helping people age in place? Because when I think about, you know, my family that would benefit from these type of programs, most people want to be able to stay home. So how are we building programs, whether that's assisted living or at home in the residential setting, that really helps them to age in place? And that can they remain safely in the community where they find value and have relationships? And so, of course, right, there's um other healthcare metrics that we track and are important. I also think, particularly as hospice

organizations, we need to look at timely transitions to hospice. Are we actually leveraging hospice when it makes sense and the values align? Because we need to be sure that we're not building programs that are substituting ourselves out, right? So that's why when I spoke around the care model, having a primary palliative care knowledge set is critical for these teams so that they identify when hospice is the right service for them and they make that transition timely. I think those are the key outcomes that leaders should watch beyond traditional healthcare metrics. Um, and then to ensure that we've really lived out the expectation that we're going to respond to these patients when we need them and that we're tracking that time to responsiveness, whether that's by answering the phone or deploying resources or having urgent and acute care capabilities to meet the needs of these populations. I

The Future: One Continuum Of Care

Chris Comeaux 11:46
I love that answer. So kind of look into your crystal ball a little bit. Look five to 10 years into the future. Do you envision for elderly practices, palliative care, and hospice becoming more integrated into a single continuum of care? Or the service lines are still fairly segmented, but they have to work better together. What how would you describe that future?

Dr. Bethany Snider 12:10
Yeah, if Bethany could wave her magic wand, the future model would be a continuum, not a set of disconnected services. I would want patients to feel like they are supported by one team and one organization and can move from advanced primary care to primary care with palliative support to hospice without feeling like there are all these handoffs. And it's a new system or a new entity or a new set of people within each stage. I think when we think about when we do this best, it's when they don't notice the difference. And we add and subtract supports as they need them, but it really is one continuum of care. I think the financial model needs to follow that. And we've got to make sure we're advocating for a model that rewards providers like us in hospice that have done well for patients and families for a long time and gives us the capabilities to really stand up these longitudinal, integrated, value-driven models for people with serious illness. This is some of why Everent Health chose to stand up this infrastructure to invest in growing these capabilities so that we can support our current and future affiliates to move toward an integrated serious illness model, but really to give nonprofit hospice legacy organizations the opportunity to thrive in a future where there's this continuum of care that we are best positioned to provide and that will keep us relevant for the future. Because at the end of the day, what I'm fighting for is that my neighbors and my family have access to these

services, the services that I know will care for them the best, and that they don't get relegated to short lengths of stay and kind of push them to the corner when it seems valuable to another pay biter.

Emotional Intelligence And Diverse Teams

Chris Comeaux 14:10
Can I ask you some leadership questions? Because I think when you started with about your superpower, you're such a unique unicorn, by the way. And I hope you take that as the compliment. Um, in some respects, I feel like I've also kind of seen you grow up in this field. I can still remember when Dr. Janet Bull said, you got to meet this Dr. Bethany Snider when you were just kind of coming on the scene. And so again, I think what makes you so unique is because great vision, right? But leader, everything rises and falls on leadership. So, what leadership lessons have you learned so far throughout your journeying this, journeying this innovation that other leaders could really benefit from?

Dr. Bethany Snider 14:49
Oh, that is such a good question, Chris. Um I think one thing for a long time that I did not value enough was the importance of emotional intelligence in the team that's helping drive innovation. Because as we think about moving healthcare employees through this massive wave of chains that that frankly has always been there, but I think post-pandemic, it just really accelerated. And the stress tolerance and stress resilience for a lot of people really got tested, and we saw those things expose themselves. So I've learned a few things in that space. Number one, it was important for me to have the awareness of myself. Like, what are my strengths? Where am I emotionally sound, but also where do I struggle and need help? Uh what's interesting, so I've done like the EQ inventory, have a very high stress tolerance, very high flexibility, and very high assertiveness. I know that's really shocking to you. But I struggle more with some of the softer skills. And so, as a leader, what I've learned the hard way by failing a lot in this journey is I had to recruit to my team the complimentary leaders. So I needed people that were really relational and collaborative. It's not that I don't value those things, but it's not where I'm comfortable. Like I have to work really hard. I had to learn to appreciate people that are more intellectual and really needed to think through and process strategy. Whereas I'm execute, execute. Like let's execute, let's get this done. I know what we need to do. And so I think my biggest coaching and guidance to leaders trying to innovate is make sure you have a strong team of very diverse people with very different skill sets, because then we all lift each other up. And so now I have a better appreciation for who on my team can really sell and get the buy-in of the team versus who's really the operational people that execute well, but can't translate the vision effectively. Um, so I think that's one leadership piece.

Don't devalue emotional intelligence and what you can learn from it. Uh, our leadership development executive does a lot of trainings for us. And what I love when she talks about emotional intelligence, it's actually the one thing we can develop and grow. You know, like your IQ is basically capped out, and you, frankly, when you're in your 20s, right? EQ is not. So this is something that highly impacts the people we work with and live with, frankly. And if you start to have more self-awareness, but also know how to influence other people's emotions, particularly when they're under stress, which is what change management is all about, then you're gonna be way more successful. I think the other leadership lesson I learned, I'm not a perfectionist, but I'm an achiever. And so I want to achieve all the things. But when you want to achieve all the things, that doesn't mean you do them all well. And so I think the other thing I've learned is what I commented on early, is we fail fast. We make mistakes, especially when you're innovating. Don't get so bought in to say like this is the way. Because then you're never gonna build something extraordinary, in my humble opinion. You gotta try something, adjust, try it again, iterate over time. Because I think I always say indecision is a decision. And we don't like to think of it that way. But if you don't decide to take the leap, indecision is you making a decision to not do it. So, like, let's take the leap and make a decision. And if it doesn't work, it's okay. Nobody's gonna be penalized or nobody's gonna be, you know, kicked off the team. It's we have to have this culture of adapting and failing fast so that ultimately the patient and family gets what's best. And I think that's you know, by knowing your team, by surrounding yourself with very diverse skill sets and strengths, and then being willing to fail fast, it's gonna drive us to a better future. And frankly, that's what I believe about the hospice benefit. I know there's a lot. I probably get really nervous when I, you know, really lean into the reality that it needs to change. There's a lot of people that also believe that. But we need a benefit that serves more people more fully. It's not gonna look the same as it did for the last 40, but wow, what could it look like in the future if we really try to support people with high quality serious illness care over years of their lifetime and get them access to the services that today are only limited for a certain number of people for a certain amount of time? I always say this, and you maybe heard me before when we participated in carbon, I'd get so frustrated because we kept building these episodic programs. Heart failure is not episodic in that it ever goes away. TOPD doesn't go away, it continues to progress. You have peaks and valleys, advanced illnesses don't magically get better after you get six months of palliative care. Like we need to advocate and push for models that actually serve people well, and to do that in a physically responsible way, we're gonna have to rethink hospice. I think at the end of the day, it will ultimately serve our communities better. And that's why I'm bought into Everent, and that's why I joined that team and the vision that we have. We want to build a future where organizations that we all love and care about are relevant to preserve the local mission while creating a shared strength for our communities so that someday Bethany can call Hospice or Chris

can call Four Seasons, whoever it might be, right? We want nonprofit providers to thrive for the next 40 years.

Partnerships And Final Leadership Advice

Dr. Bethany Snider 21:10
Chris Comeaux 21:10
This is all incredibly well stated. What final thoughts might you have? You've got the year of hospice and powered care leaders. There are so many pearls. I think this is going to be one people are going to want to go back to over and over again. But what final thoughts would you like to leave them with?

Dr. Bethany Snider 21:24
Yeah, I would say don't be afraid to partner with whoever's right for your organization. I think organizations that succeed will be the ones that combine mission with clinical expertise in a value-based world. And the reality is many of us can't do that alone. And so, whatever the right partnership is for your organization is what you should pursue. Because frankly, at the end of the day, we're all stronger together. And I believe that, and I think that's important. And I would say, let's fight for a future that's a continuum and not a handoff. And like, let's actually fight for health care that really serves patients and families and is built on the tenets of hospice and palliative care, which we know are better and essential. Um and I I guess I would say don't be afraid to fail fast because I think that's going to be required over the next five to ten years. We're going to choose some paths, and it might not be the right one. And that's okay, but don't give up because we're fighting for something that is so important and critical to the success of our society, in my humble opinion, to really have access to high quality, serious, and end-of-life care when we all need it.

Chris Comeaux 22:41
So well said. And, you know, actually, you you didn't know this, but one of our very first board meetings with Intellias was the adage of, you know, basically we're better together than we are individually. And then we have this incredible board member, and he's actually very high up in the Edward Jones infrastructure. And he said, My best advice to you is fail and fail fast. And so you hit on both of those. And so that's very deeply in our in our ethos. So thank you for the work you're doing, Dr. Snider. Thank you that you took the time. You're incredibly busy. Um, when I thought about who I want to have this discussion, you're at the tops of my list. And thanks for agreeing to do it because I know

you've got a ton of things that you probably could be doing otherwise. So thanks for paying this forward to so many people in our space.

Dr. Bethany Snider 23:22
Uh it is a pleasure speaking with you, Chris. And if it helps one person, then I'm sure it was a valuable use of our time.

Closing Thoughts And Brain Bookmark

Chris Comeaux 23:29
Well said. Well, to our listeners, we want to thank you. At the end of each episode, we always share a quote, a visual. The idea is to create a Brain Bookmark, a thought prodder about our subject to further your learning and growth. We're going for like a brain tattoo. We want it to stick. Be sure to subscribe to our channel. We don't want you to miss an episode of TCN talks / Anatomy of Leadership. If you're interested in the book, The Anat atomy of Leadership, we always have a link to that as well. So it's easy for us to rail against the world and be frustrated by things. Must be the change that we wish to see in the world. So thanks for listening to Anatomy of Leadership, TCN Talks. And here's our Brain Bookmark to close today's show.

Jeff Haffner 24:03
Leadership with emotional intelligence and a willingness to fail fast are essential to pioneering in effective care models. By Dr. Bethany Snider. Protecting thhospital mission requires proactively expanding to upstream models focusd on frail elders before traditional referral patterns deminish. By Dr. Bethany Snider.

Jeff Haffner 24:55
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