Transcript -

The Future of Healthcare Systems with Richard Church

[00:00:00] **Chris Comeaux:** Hi, TCNtalks listeners. We're just appending this message to the beginning of our podcast. Many of you know about the devastation from Hurricane Helene that has hit West North Carolina, Eastern Tennessee, and Virginia. We've got many of the hospices that we work with, three of the most impacted hospices.

Four Seasons, AMOREM, and CCWNC, Compassionate Care, Western North Carolina. We're going to include links of how you can support those hospices. I want to thank you. The overwhelming response already has been incredible. We've even had other hospices get together and actually. Create a huge shipment of medical supplies and supplies for staff and the patients and families we serve So just want to say thank you.

Just want to keep it in front of you guys The road to recovery is going to be years. This is one of the most devastating events I know i've ever seen in my life and i've grown up in Louisiana Lived in florida with my wife and i've just never seen the level of destruction. So we appreciate your support We ask that you continue to keep [00:01:00] us in your thoughts and prayers because this is going to be a long road to recovery.

There are a lot of other great organizations that you can support as well that are helping just the community. People like Samaritan's Purse, Operation Hilo, the Cajun Navy. Those are incredible organizations that we can tell you are doing a great job on the ground. Helping people. Um, again, this challenge has been unprecedented.

It's really taken an all, all hands on deck approach. So thank you for listening to our podcast. Thank you for supporting us. We really appreciate you.

[00:01:32] **Melody King:** Welcome to TCNtalks. The goal of our podcast. Is to provide concise and relevant information for busy hospice and palliative care leaders and staff. We understand your busy schedules and believe that brevity signals respect.

And now here's our host, Chris Comeaux.

[00:01:55] **Chris Comeaux:** Hello and welcome to TCNtalks. I'm excited. Our guest today is a. [00:02:00] Long time friend and colleague, Rich Church, he's the Chief Growth and Strategy Officer with Parkview Health. Welcome, Rich. Thanks for having me, Chris. It's good to see you. Yeah, it's been a long time since us getting this thing scheduled, which to me it speaks to just the incredible work you're doing.

But before we jump in, Rich, I always love to ask our guests on TCNtalks, what does our audience need to know about you?

[00:02:21] **Richard Church:** Yeah, well, probably most important part of my life is my family, so I've, uh, got a beautiful wife, Christy, who's an artist, and then five kids, uh, so we range from twelve to into their thirties, and a grand, and a grandson, so, uh, I always say, you name the problem, we've got it.

But, uh, they, that's the, you know, what, what makes my days a lot of fun, and I will say, uh, makes my job look easy compared to my wife's.

[00:02:48] **Chris Comeaux:** Yeah. Well, for a husband of five kids as well with a wife who does similarly, I totally get where you're coming from. Rich, you, you've just, I kind of, uh, recently I was describing you [00:03:00] to someone else and I said, he's like a renaissance man.

I hope you take that in the compliment it's, it's meant, but I mean, you're just had such a unique path. You were at one of the top legal firms in the country and you left there to become the chief growth and strategy officer at Parkview health. Talk a little bit more about that, because that is like not the typical road more traveled.

That's the road less traveled.

[00:03:22] **Richard Church:** Yeah, well, you know, this is, um, this was an amazing opportunity for me. So I'm, uh, Parkview Health is, uh, headquartered in Fort Wayne. Uh, they run the critical access hospital. I grew up in about 10, 000 people, Wabash, Indiana. So, I am, I'm kind of passionate about people and place.

I've always lived in rural areas. Notwithstanding, I had the good fortune to work for a global law firm. Um, so, uh, Parkview is headed toward a CEO transition. And, uh, I was good friends with the person who's becoming CEO,

uh, from some board work that we were doing together in the community. And, um, [00:04:00] We just started having some conversations about what, what might it look like for me to come over, you know, as a, as a lawyer, I couldn't have had a better spot than what I was doing, but the opportunity to really be in the room when decisions are made about how to steer a health system, you know, what transactions to engage in, which transactions to pass on, that was a pretty cool opportunity for someone to, you know, give you the keys to, uh, you know, Uh, an organization as important as this and is, and quite frankly, scaled at the level of this organization is.

So that was a lot of fun.

[00:04:33] **Chris Comeaux:** Well, well, Rich, for, I miss you as an attorney, and that's how we got to know each other. And I actually met you when you were young, kind of, I guess, was that considered a junior attorney? Yeah, I was

[00:04:42] **Richard Church:** an associate at the time.

[00:04:45] **Chris Comeaux:** And what always made you unique as opposed to maybe the typical attorney is always felt like you were a thought partner, but obviously adding that legal perspective, but also felt like you were an entrepreneur, um, thought partner, which was so cool.

I mean, I just, that was [00:05:00] so unique. In my experience and um, that's why you and I've stayed in touch because I missed you so darn much Um, and it's been great to actually stay in touch and then just see what you're doing now at Parkview so reason why I want to actually do this podcast with you is I really feel like you're redefining what the future of what a nonprofit health care system will look like for the country in the future.

Can you share our listeners? What do you think a nonprofit health care system in the future is going to look like? And, and I'll say a little bit further because our listeners are hospice and palliative care folks, you know, some of them are just like, Whoa, Chris is interviewing in a health care system.

You know, they're in throughout my career, some of my most important partnerships in our community, wherever we've gone. Is the local hospital and health care system And so that's one reason why I wanted to have rich on and then of course someone who's doing such innovative work So just want to back up and give our listeners a little bit more of that rich.

So what's going on with the future here? Yeah,

[00:05:59] **Richard Church:** Well, [00:06:00] you know, we're I think as we look at sort of where health care is going really particularly, uh around Uh, the opportunities to do things in lower cost sites of care, but also the burden that, you know, quite frankly, health care has become for our national economy.

We've just got to begin to think differently as hospital providers in particular. Um, everything is getting more expensive. The inflation is, is really, really high.

So we can't just continue to charge more for the core services. That's the heart of who we are, which is really about providing access for that acute care and and the whole journey of care that a patient may have, regardless of their payer. And so, We know it's getting more and more expensive to deliver that care.

We're getting paid less and less, uh, both from, you know, commercial, uh, payers that are trying to be good partners to employ our employers in our community and, and lower the cost of care. But they've all been subsidizing, [00:07:00] you know, Medicare and Medicaid losses for, for hospitals for many, many years. And, you know, that sort of tax on employers has to end.

We've got to figure out ways to be. To be more creative. So what we're trying to do is figure out. Okay. So how do we take this engine? That is an amazing engine delivers amazing care. And we're a leader nationally in quality and safety and patient experience. How do we take all of that sustain the essence of who we are, which is this great care delivery network, but figure out ways to fund it.

That'll be, uh, less burdensome to our community in terms of the cost of care. So that means we're really thinking a lot about how to diversify our revenue streams. Are there ways that we can take the activity that occurs, you know, in a seven, 800 bed hospital like ours, um, and monetize that in other ways, quite frankly, so that we don't have to charge patients and employers more for that.

Um, we're looking at different ways to, To really deliver that care. And so we're leaning into lower site costs of [00:08:00] care. We just signed a deal to do a statewide network of ambulatory surgery centers, which would really give us an opportunity to to begin to scale that ambulatory network in lower site costs of care.

So, and then a lot of what, you know, what you've been passionate about your whole life, which is the delivery of care and in the home. So, I think hospitals are going to have to get better and better at that. Um, the hospital at home model is obviously, uh, it's, you know, it's got some regulatory challenges right now.

It's, there's a lot of debates within the reimbursement community about, you know, Does that look more like home health? Or does that look more like an acute hospital from a stay from a reimbursement perspective? But those are the ways I think we're going to have to think differently. So less bricks and mortar at the end of the day, which is very expensive.

Um, and more of that care delivery, uh, distributed out into the community, whether it's the home or lower site ambulatory.

[00:08:56] **Chris Comeaux:** Rich, um, I didn't tell you I was going to ask you this, but just kind of listening to as you kind of [00:09:00] went through all of that. Um, is it a future problem to be solved in a what to do with the bricks and mortar that's already in place?

Like repurposing that? Is that still some future visionary to be done?

[00:09:11] **Richard Church:** Yeah, no, that is a great question. Um, we're really thoughtful about, you know, additional build at this point. Now. Given probably the trajectory of, uh, you know, of our market, my guess is we'll need all the beds we have. Um, do we need 100 or 200 more?

Um, you know, if you looked at the demand increase in our market right now, today, you'd probably say yes. But if you look at where we think care delivery can go in the next five to ten years You'd probably be real cautious about building those beds So I I don't think that'll be an issue where we do see that quite frankly is a lot of the smaller rural hospitals that are closing and And what to do with those facilities it is is a regular occurrence.

Um, you also see that in a skilled [00:10:00] nursing space a lot of skilled nursing facilities closing and people looking at do I convert those to Um, you know, behavioral, uh, behavioral health, some sort of substance abuse, something like that.

[00:10:10] **Chris Comeaux:** That's really interesting. Do you guys have skilled nursing beds under your, um, umbrella?

We don't.

[00:10:15] **Richard Church:** Um, you know, I'll tell you, Chris, in my life as a lawyer, uh, hospitals bought skilled nursing, sold skilled nursing, bought it again, and then sold it all off again. So Parkview, like many systems, used to have a skilled nursing facility and has sold it off. Now, with that said. All of our critical access hospitals and we get very rural very fast.

So we think a lot about the delivery of rural health care Uh critical access hospitals have the ability to do something called swing beds So they can swing between skilled nursing and acute beds. And so when we need those resources, um, We we tend to we have those beds available to us But then we partner with what we call high performing skilled nursing facility network that's really aligned with us on clinical goals um and trying to keep You know, patients from not being readmitted.

So, [00:11:00] um, we've got a lot of good partners in the community for skilled nursing as well.

[00:11:04] **Chris Comeaux:** Good deal. So Rich, um, just, I think this is a good segue. So how does a nonprofit healthcare system of the future just utilize this assets? Like a lot of, you know, these wonderful healthcare systems like yours have built up a beautiful balance sheet and you, you said something, you may not have said it this way, but this is the way it's stuck in my brain.

Um, but you said kind of the nonprofit healthcare system of the future almost will look at those assets like a, like a portfolio, um, to. Invest in the future. So why don't you take it from there and kind of unpack that a little bit more?

[00:11:38] **Richard Church:** Yeah. Well, and you know, so nonprofit healthcare and, and this is a, you know, typically a little bit of the education process.

We have to go with a lot of folks in terms of the size of our balance sheet. So our bond covenants for the debt that we've incurred to build the facilities we have, requires us to hold a tremendous amount of cash, uh, to hold that because of the covenants within those bonds. [00:12:00] It's, and it's quite frankly, Chris, I mean, just between us.

More cash than a regular business would ever hold, right? But it's because we don't have access to any other forms of liquidity. Uh, so we, we have to hold a lot more cash with that said, if we could think about using that in ways that really one, uh, funds, our mission. Um, really very similar to a traditional nonprofit that has an endowment invested in the market and then uses some of that, uh, some of that profit each year to operate at a loss and cover all the things that we do that we, we do do for a loss, including all that, that Medicare Advantage and Medicaid work.

But then also use it to, to grow our region, um, to grow the, the healthcare delivery. Uh, quality in our in our community and really nationally. So we have a an amazing innovation and research program in what's called the Miro Center for Research and Innovation. So we work with a lot of [00:13:00] young companies that want to sell into the health care space.

They've got great solutions. Um, they're obviously, you know, kind of leaning into digital, leaning into a lot of the ways that could again, reduce the cost of care, but they need experience with a large health system to know how to make their product fit within that system. So we do a lot of work with those companies, but instead of just Asking them to pay us for our time.

We'll now take an equity investment in one of those companies and say, okay, we want to see this company be successful because they're solving a problem we have. Um, so that's that's the kind of of work we're trying to do is really find those people who are delivering solutions that are going to change the trajectory and the quality of health care.

And then actually invest in them. Um, and if those, you know, again, if that could be a company that's based in Indiana, and we're also growing our region, or we can attract them to the region because we're a major partner to them. That's a, that's an additional win. That's all the ways that we're kind of [00:14:00] thinking about how do we make that money multiply.

For benefit of our community.

[00:14:05] **Chris Comeaux:** Yeah, that makes a whole lot of sense So I think the first time I bumped into this concept, I think it was in the university realm Where like, you know the traditional and I think a lot of our hospices will connect with this We typically go to the same donors in the community everybody knows who those key players are and you ask for you know major

gifts and that's how you build up your endowment, etc Well universities start to realize well, they need to diversify kind of their funding You And so they're, they're donations, if you will.

And so, and also they realized they had these amazing business ideas cause all these brilliant students. And so they started kind of investing in kind of startup companies and then they had equity ownership. And if that company flipped, then all of a sudden they actually, um, increased their war chass. So is it similar to that thought process or would you clean that up a little bit?

Right?

[00:14:52] **Richard Church:** No,

that's very, that's very similar. And actually some of it for us is actually our own internal innovation that we're growing. But a lot of it is this [00:15:00] external. Yeah, and that's exactly right. So and if there can be If there can be an opportunity to participate and we can create a lot of value in those companies And that's that's the conversation we have with them is, you know Our investment in you because to be honest with you And the startup world's gotten a little bit tighter from a venture funding perspective But most of the time they don't need our money Actually, they're they've probably got if if they're strong enough that we're probably wanting to engage with them They probably have that seed funding locked down already.

Um, but what they really do need is You Our expertise about how to make their product really work within the context of a health care system Um, and that is where we can supercharge them from a value perspective And why we we think you know, we ought to be at the table with them as an equity holder as well

[00:15:49] **Chris Comeaux:** um, I didn't tell you I was going to ask you this and I don't want you to reveal anything proprietary, but I imagine Just figuring out how to take that out of your organization and bring that knowledge to be [00:16:00] valuable to accelerate the product development for this startup.

That's probably been a journey onto its own. Is that pretty accurate? Would you say anything about that?

[00:16:07] **Richard Church:** Yeah, no, I think you really do have to, it, a lot of this has got to be inbound from our operators and our clinicians versus, you know, we have a lot of people, you know, and this is probably conventional wisdom, but we have a lot of people that come to us with a solution for a problem we don't have.

Yeah.

[00:16:28] **Richard Church:** So, we need to be real thoughtful about talking with our, our operators and our clinicians. What are the problems you're trying to solve that you need solutions for? And then, hopefully, that innovation program can, can marry those two up.

[00:16:43] **Chris Comeaux:** Very cool. Have you gotten really good, Rich, at harvesting those on a day to day basis from staff and made that really easy?

Really good is a

[00:16:51] **Richard Church:** high bar. So I, you know, we're very focused on it that we really try to do that liaison work. [00:17:00] But, you know, I think we can always be better in that space.

[00:17:03] **Chris Comeaux:** Yeah, that's, that's the tough thing, right? We're all so busy heads down working to stop one, someone and say, Hey, um, I remember one time rich, I was actually shadowing in our inpatient unit and I remember watching a staff member and they were taking a long time kind of getting the syringe and like with the actual needle on the syringe and I just happened to go, Hey, that seems to be very inefficient.

She goes, Oh yeah. Um, six months ago we used to get these together and then, you know, something changed in the ordering process. Awesome. Bye. You didn't think about telling someone about that? Yeah. But, and I'm not picking on it cause it's, you know, healthcare workers every day are so busy. Yeah. Just trying to get through their shift and get things.

So to get them to stop and go, wait a minute, this is super inefficient. If I had a better solution. That's a challenge. That's a pretty big challenge.

[00:17:45] **Richard Church:** Yeah. Yeah. And that, you know, I'm. I try to, I try to be influenced by a lot of thinkers outside of healthcare and, you know, um, and both these folks are probably politically charged a little bit.

But, you know, both Steve Jobs and Elon [00:18:00] Musk, you know, came to their, their fields with a radical vision to disrupt, but also, but the whole essence of that. Was simplicity and kind of taking things and nobody makes things more complex than health care. Um,

[00:18:14] **Chris Comeaux:** yeah, that is

very well said.

[00:18:16] **Richard Church:** If we could remove, we, we, we tend to think of innovation as more instead of actually less.

And I think probably that's where the opportunity is for true innovation right now is to, to simplify things.

[00:18:30] **Chris Comeaux:** Yeah, that's what I said. I recently finished Isaacson's book on Elon Musk and you know, he is Consistently challenging his people. Why do we have four bolts on this? Why is why are we doing it this way?

I'm just that um, and you know, I mean again, like you said, I mean, he's maybe politically charged But step back and look what the guy's done. He is absolutely brilliant But I think that's That was my takeaway from that book of he is so challenging in a good way to his people of, Hey, why are you [00:19:00] doing it that way?

Um, and that was my huge, biggest takeaway. And I've repeated that several times to my team as well. Yeah,

[00:19:07] **Richard Church:** I think, you know, so I've, you know, obviously that was one of the books that really informed my thinking around how he approaches innovation, but I will say. I think the important caveat that is the real challenge for healthcare, um, we, you know, we live in a world of never events, right?

So we tell our people, you have to be perfect and never make a mistake. He's telling his people, I want mistakes. I want us to go and simplify to the level we start to make mistakes. So that is where, you know, nothing is harder than healthcare because we're both asking our folks to be essentially perfect from, uh, day one.

That's the, that's the goal from the delivery of clinical care, so it comes very hard, I think, to take those types of risks, um, because of that one time that, you know, uh, I do think part of the inefficiency of healthcare is kind of by design because our, our target is 100%. And you spend a lot [00:20:00] of money getting between probably 98 percent to 100%.

[00:20:03] **Chris Comeaux:** You know, it's interesting. And I just thought the same thing, Rich. And we didn't tell each other we're going to talk about this. But you know, I was, um, influenced quite a bit by Dr. Lee Thayer. He was my mentor. They're very much influenced my book, The Anatomy of Leadership. And he was always talking about the learning mode and what strikes me about what, um, Elon Musk is after.

And that is antithetical to 100 percent perfect. It's that learning mode. Yeah. It's like getting people to like have their lights on every day to be thinking about why am we doing it this way? And is there a better way to do it as opposed to let me get this perfect? There's a huge differentiation in that and you probably get closer To never event if someone's in the learning mode like they have their lights on as opposed to hey I'm trying to train a robot that checks all these.

[00:20:50] **Richard Church:** Yeah.

[00:20:50] **Chris Comeaux:** Um This checklist manifesto that's over designed and then you're trying to think through every possible thing. You take away all the critical thinking skills. And would you [00:21:00] say that differently?

[00:21:00] **Richard Church:** Yeah, no, I, well, I do think, and it's just, you're not encouraging risk taking. And I think at the end of the day to your, you know, I think what Thayer's asking for is asking you to take a risk to do something.

Even if you just think about your own human psychology, no one's generally going to say, well, you didn't do something. Uh, and that was a problem. Like, most of, even as you think about how we manage people, you know, we tend

to, we, we punish mistakes less than we punish the lack of, of action. You know, which, which any change means you're gonna do something different and you're gonna put your neck out, cause if it doesn't work, somebody could say, oh, well, you made a mistake, and that's That's, that's what we punish, you know, so, so there's a, there's a huge cultural element, I think, to how we manage around that as well, um, and I think we have to understand how, how much we've ingrained within the delivery of health care, a mindset of don't make a mistake, [00:22:00] which rightly so.

I mean, again, because it's driven massive quality improvements, um, over the 20 years, but, but maybe counterintuitive to, to innovation. Yeah.

[00:22:10] **Chris Comeaux:** Well, let's take something that I'm pretty passionate about. I'm not quite sure what your opinion is, but what do you think is going to differentiate the nonprofit healthcare system of the future compared to the for profit healthcare system?

Um, and by the way, you don't know this rich, but we've got coming out, um, a podcast, um, lady who wrote a fascinating book about ethically challenged, and she did a lot of, of the private equity research. And that's, um, So we've been doing a lot of research lately. And of course you've, you know, about me and the hospice side.

I mean, when I started in hospice, uh, 25 percent were for profit, 75 percent are nonprofit. That is now completely flipped. 75 percent for profit and 25 percent nonprofit. I don't know what the mix is on the healthcare system side, but what are your thoughts about that and what's going to differentiate them in the future?

[00:22:57] **Richard Church:** Yeah, so I do think [00:23:00] the successful nonprofit systems are going to think like a for profit. Every day in terms of how they're, how they're ultimately, you know, managing the company. But at the back end of that, you know, the, the margin we may create is then going to be used up in delivery of care to folks who otherwise might not have access, whereas, you know, otherwise that margin might get delivered back to stockholders.

So I think that's the, uh, At the end of the day, that's going to be the essence of what defines non profit healthcare, and I do think we do that today already. The, you know, there's a lot of research going a lot of different ways, but I

think if you just look at the, the uninsured, the Medicaid, the Medicare Advantage burden, all of, all of which, you know, is probably primarily being served by non profits at this point.

Um, that's, That's the place where we're going to continue to you know, our doors have got to be open to everyone. That's that's the heart of [00:24:00] who we are. We'll always be that. Um, I do think we've got to be as savvy as anyone else in the market about about everything else so that we have the funds to do that work and on a long term sustainable basis.

It's probably the important caveat. I think too.

[00:24:17] **Chris Comeaux:** Do you know the general mix, rich of non profit, for profit, nationally for hospitals? Oh. I was going to guess like 50 50. Does that sound in ballpark or is it actually much more non profit?

[00:24:28] **Richard Church:** On a pop quiz, I think it's probably more non profit, but I apologize Chris, I actually don't know that stat.

I probably did at one point in my life, but I, I'd be nervous to say I definitively knew that at all. And I think it'd be, you know, it'd also be, you know, That answer is probably a little bit different if you went by beds, by revenue, by patient encounters.

[00:24:51] **Chris Comeaux:** Yeah, what's the metric?

[00:24:52] **Richard Church:** Yeah, there's a lot of different

ways to score that.

[00:24:54] **Chris Comeaux:** Yeah, that's a great point actually, and I think it's actually pretty telling that we know that in hospice. I think it [00:25:00] actually is probably a leading statistic. Whereas probably in your world, not so much. Probably what that mix is probably like, do you think that mix has changed very much? Especially like looking back at your time, um, at K and L Gates till today, or, or is it held probably pretty, pretty steady?

[00:25:15] **Richard Church:** Yeah, no, I'm an old guy, so I think it has changed. So, you know, early in my career, I spent a lot of time, uh, acquiring facilities for for profits. Um, and I think most of those. And you're seeing now a fair bit

of divestitures out of the for profit space back to non profits in those, in those non premier markets.

That's probably, quite frankly, the other thing you're seeing, just differentiate non profits and for profits. I think the for profits are really looking to be, you know, in those premier markets of Florida, Texas, Arizona. You know, there's, there's some places that are really doing well just as an overall market.

Um, but they're divesting, you know, some of those [00:26:00] facilities that, you know, were acquired from nonprofits, you know, 25 years ago when I was, uh, a young,

[00:26:07] **Chris Comeaux:** I think there's a kind of a cool, maybe a little prophecy for us as, as hospice, you know, the reimbursement has been pretty rich, which is what's, what's actually attracted on the hospice side.

Whereas for you guys is, you know, the introduction of DRGs and just all these other economic challenges. Isn't it interesting that you have more non profits? So maybe that's an interesting prophecy for us in the future as the going gets tough.

[00:26:29] **Richard Church:** Yeah

as they start to squeeze on hospice Yeah,

[00:26:32] **Chris Comeaux:** yep. Yeah may smoke some of those guys out and then actually get maybe some acquisitions back the non profit way.

We'll see Um, well one thing you alluded to earlier too rich I wanted to ask you this whole challenge between well care and sick care Um, and I love what you just said about as a non profit. So do you see like this? You tipping point where people are going to be a little bit more motivated for well care, because it's kind of a perverse system.

And I'll say something you can rebuke me. [00:27:00] Actually, learning from Dr. Thayer, he quoted like, you know, Eisenhower was on his way out and he cautioned the country about the military industrial complex, the people who would make war because it's good for business. But then he drew the corollary to healthcare and he called us the healthcare industrial complex.

In other words, we're more motivated for sick care than we are well care because we get paid for the sick care.

[00:27:23] **Richard Church:** Yeah. No, I think, you know, I do think that's entirely correct. And if you really think about. Truly bending the cost curve and the work we're sort of most excited about it really is preventing the care in the first place, particularly that high acuity care.

And, you know, I joke with a lot of our employer clients. I mean, there's a helicopter on the roof. It's ready for a mass shooting at any minute. I mean, You know, you can only run our main tertiary facility, but but it's so low a cost given what it's prepared for Yeah, but we're very fortunate that you know, if we can keep somebody out of that facility all together [00:28:00] Um because we keep them healthier.

That's that's a huge win. And so We do a lot now direct with employers, uh to try to to partner around that and you know, we're fortunate We have the Kind of the strength in our market to have the luxury of essentially decanting volume out of our own facility. It's, uh, which, which is helpful. Um, that, that, you know, that doesn't, that's not the end of the world for us.

Cause you're probably another patient that meets that bed that day anyways. Um, so we are really excited about that. And, you know, Parkview, um, our mission has always include inspiring wellbeing. It's included that for 20 years. And I, I sometimes think about a little bit like the constitution. Sometimes we got to.

Yeah. Go back to that original document, say, Hey, this was here all along. Let's how do we do more in this space? But that's certainly the part that I think will really, truly bend the cost curve. And, you know, I think a lot of a lot of new research that we're all sort of aligning around these kind of core Core indicators of or drivers of health are going to be, you know, sleep and diet community and connection [00:29:00] that, you know, it's a pretty simple movement.

I mean, it's pretty simple to see what it takes. Now, the question that's going to be really interesting. How do we, how do we get people to do that? You know, and that's, um, you know, we're thinking about a lot of, you know, Um, engagement, say with diabetes patients, because at the end of the day, we have a great clinician that's here from South Africa, pediatric endocrinologist,

he's, he's had to manage, you know, a lot of patients with a lot less, uh, physical providers.

And so he's done a lot in that space and helping us build similar models where how do we engage with the patient on a daily basis about those decisions that are going to really drive their health that once a quarter, once every six months meeting with a clinician, it's just We're not going to move the needle on their health in that space.

So we're, we're hopeful. It's the part I find the most fun and really the part I'm most passionate about.

[00:29:51] **Chris Comeaux:** You just affirmed something. So I got involved in a project in the spring and now it's carrying over into the fall. It's part of our international, [00:30:00] um, it's part of our national organization, but it's international.

It's called the International Forum. And the guy who's facilitating it that I'm co facilitating with has these amazing connections globally. And one reason why I'm like, this is not a distraction is I do believe that a lot of what's going on internationally is going to inform and the world. Rich, you may remember years ago when I was still at Four Seasons, we had a partnership with the country of Zambia and we helped create a power of care network in Zambia.

And the fact that they took so little and figured out how to take so little and serve people. And that was like our biggest learning lesson is number one. We have abundance here in the state side, but then how do you take a challenge where you don't have much, but still create, um, a network and positively impact things.

So I love that you have stumbled on to something much more robustly applicable. It sounds like with this person from South, South Africa.

[00:30:50] **Richard Church:** Yeah, no, we're, we're really fortunate. He's, he's a great clinician and, and, you know, he helps lead our innovation program, quite frankly, because he, he does bring, you know, he, [00:31:00] he comes, he comes to that, you know, beginner's mind to every problem and sees a different set of answers and maybe even a different set of questions than the rest of us.

[00:31:08] **Chris Comeaux:** That's a beautiful way to put it. Well, Rich, what about innovations in the post acute realm? What do you see going on there? I think you alluded to one about hospital at home.

[00:31:17] **Richard Church:** Yeah. Well, in, you know, Chris, I think you and I've talked about this a long time ago in terms of hospices. It really is. If you think about side of care shifts, you know, hospice in some ways is that kind of transform.

It'll bend the curve kind of tight. Decision where, as a country, we actually, you know, sort of never had a robust set of conversations about how much should we spend at the end of life? And what are we really more importantly delivering in terms of value? Um, if, if, if that, um, if, if we could be spending that time on a quality end of life versus, you know, Uh, versus maybe extending that life by a day or two or a week, whatever, whatever we might do.

So I think, you know, we, [00:32:00] we still, we maintain our own hospice program. Um, I, I think there's, you know, again, a lot that we ought to all be collectively thinking about there that probably we've all known for 30 or 40 years, but we still maybe haven't fully, um, You know, embraced. Um, but we are thinking and then a lot about those discharges out of home and being able to deliver more care in the home.

I still think that'll be, that'll be 1 of the transformational changes you'll see in health care. We're, we're very robust in the digital space. I continue to want us to be thinking about that home home care delivery space. I just think if you look at, you know, I've got 2 teenage boys. Yeah. I think when they're 30 years old, if we say, Hey, we want you to drive to this location, and then you're just gonna sit there and wait until we decide, you know, we're ready to see you.

And then, you know, and then we'll, we'll shuffle a bunch of paper back and forth. They're just gonna say like, Hey, I'm at [00:33:00] home. Uh, I, there should be an app for this. And once you decide what I need, you know. Amazon will be here three times today. So could you just send it over? And they're just not gonna Understand, you know the way we might think about hey drive here and sit here and then go over to this pharmacy and sit there So I think that's that's these kind of transformational changes that how do we build and that's actually quite frankly Some of the things that scares me the most because i'm not sure that we'll ever be as as good at logistics For example,

which is something we think about a lot like You How do we get as good at logistics as, as, as some of these folks that do that on a full time basis?

[00:33:39] **Chris Comeaux:** Yeah, boy, it's interesting. You kind of drew the correlator, your son's. I, so my dad is having some health challenges, so I just took off the week before we're taping the show. And, um, now I'm the sandwich generation. And so starting to deal with some interesting stuff, but I was sitting there with my dad and he's baby boom generation.

And he looked at me and he said, it's always this way with my [00:34:00] physician. I show up and I sit there for 30 minutes. And so he himself, who's starting to partake of the Amazon. Convenience factor is like, this doesn't make sense. And I thought, ding, ding, he's a baby boomer in saying that. So can you imagine your son's is going to be that on the steroids for sure?

[00:34:17] **Richard Church:** Yeah. No. So I think that's where, so, but all of that, you know, would also facilitate post acute care that are again, hospital at home where we may be. Really have very short stays where you're in the, in the four walls of that, of that bricks and mortar and, and hopefully, you know, having a better experience at home.

Obviously COVID taught us that there's a lot of risks. I mean, I think we've long known there's a lot of risk with being in a hospital, but aggregating a lot of really sick people in a skilled nursing facility or hospital, you know, has its own challenges.

[00:34:47] **Chris Comeaux:** So Rich, um, we didn't say this in the beginning, but the last question I have to use, where do you see the collaboration points between healthcare systems and hospice and pedicure organizations?

But to set the table a bit further, your umbrella, you [00:35:00] have your own hospice, you have your own home health. Can you just talk about what's under your purview and then kind of we'll go to the question?

[00:35:07] **Richard Church:** Yeah, in terms of, um, the health system, we do, you know, we sort of operate All of all of that post acute care really other other than skilled nursing facilities or assisted living.

So we have in and that's been essential for us because, you know, we also if you think about the economics of a hospital, it's very tied to the average length

of stay. And if you can't get a patient out, he's really ready for discharge. Because you can't find a home health provider that will care for them, or you can't find a skilled nursing facility bed, that, that really impacts us economically as, as well as it's not best for the patient when they're ready to go home.

They obviously want to get home. So that's why we've run that. And then hospice, you know, is, is, um, Is really, I think, um, something we've had for such a long time. I'm not even sure the history, you know, I think it just aligned with who we were from a mission perspective. Um, but, um, you know, so we continue to, to want to [00:36:00] have those, those parts of the care delivery network.

But, um, but I also, you know, we probably can't care for every patient that even needs those services. So we still partner with independents in the market as well, including non profit independents.

[00:36:15] **Chris Comeaux:** So when you think about just collaboration points in the future, so you obviously have you, you uniquely could collaborate 'cause you kind of own those pieces.

But I love what you just said that you see that you even partner with others that aren't kind of, you know, have the park view kind of brand. But what are the collaboration points? Like what would you hope that if you had a good partner that those are the things they'd be thinking about to be a better partner for a healthcare system?

[00:36:37] **Richard Church:** Yeah, and you know, you see this. Kind of putting my old hat on. I've seen this in other markets as well where it really is like this high performing skilled nursing facility network we have. It's not a formal clinically integrated network, but we've all lined on a set of best practices that we think need to occur in terms of how they're managing patients, how we're managing [00:37:00] patients, how those handoffs are being made back and forth.

Um, and hopefully that drives, you know, That, that integration of care, which, you know, is kind of core to who we, we, we tend to think a seamless integrated delivery system is going to be better for patients. It's going to be lower cost, but it's also going to be better quality care because so many of the gaps and the problems that happen in healthcare is when everybody doesn't have a whole longitudinal view of that patient's journey.

So it's that work to really integrate. And figure out ways to make sure all the records on both sides of that equation are, are seamlessly available to clinicians on both sides that decisions being made on, you know, one side are consistent with the recommendations that say, uh, you know, physician had had left for that patient on when they were in one of our clinics.

It's that, I think it's that, really that clinical coordination that matters the most. Um, obviously if we can't do it all ourselves, you know, then maybe it's a more robust [00:38:00] set of partnerships. But, but that's, I think for those independent, you know, non profits in our market, that's probably the thing we think most about is our ability to coordinate care with them.

[00:38:09] **Chris Comeaux:** That's great. Right. I don't know if you remember. Um, we had done a project many moons ago and I think we had worked with you on one aspect of the contract, but a healthcare system hired us to take their 55 hospices down to four preferred providers. So we had to build kind of like what you're talking about, like you're a high performing network and of course now TCN is the first clinically integrated network in the serious illness space.

So I love that as kind of a way to. Kind of be a better partner with your local health care system or rich. Any final thoughts? There's so many pearls in what you've said throughout today, but any final thoughts for our listeners?

[00:38:40] **Richard Church:** No. Well, I, again, Chris, I just really appreciate the, the partnership.

Obviously. Um, you know, I got to be along the journey of the creation of TCN and that was a tremendous amount of fun. You're one of the most creative hospice thinkers I think I'd ever, you know, dealt with. And so as a, as a lawyer, you, you know, not every [00:39:00] client wants your. You know, engagement around not just how to solve those problems, not just what's the right answer from a regulatory perspective.

So I really appreciate your, your engagement and partnership over all these years.

[00:39:11] **Chris Comeaux:** Well, I appreciate you being here, Rich. Again, I love the fact that we still touch base with each other. I learn every time I talk to you

and just know what you're working on. Um, I get these little pearls as you just kind of keep talking about the things that you're working on.

And I think our listeners probably feel the same way today. Well to our listeners, and so Rich again, thanks for being here to our listeners. Make sure you subscribe, pay this forward, follow us. Um, we do this as a, as a tool and a reference for you so you can learn. And make sure you've got all the need to know to perform your role And as we always do we always leave you with a quote and actually Rich picked this one and I love it It actually comes from Walter Isaacson who again, I love his books Um, and so it actually is a Steve Jobs quote and then Isaacson's part to it And so again rich picked this so it says one of jobs's business rules was to never be afraid of cannibalizing [00:40:00] yourself If you don't cannibalize yourself someone else will he said So even though an iPhone might cannibalize cells of an iPod or an iPad might cannibalize cells of a laptop, that did not deter him.

I think there's a really cool nugget of learning there. So thanks for listening to TCNtalks.

[00:40:26] **Jeff Haffner:** Thank you to our TCNtalks sponsor. Dragonfly Health is also the title sponsor for April and November 2024 Leadership Immersion Courses. Dragonfly Health is a leading care at home data, technology, and service platform. With a 20 year history, Dragonfly Health uses advanced technology and robust data.

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