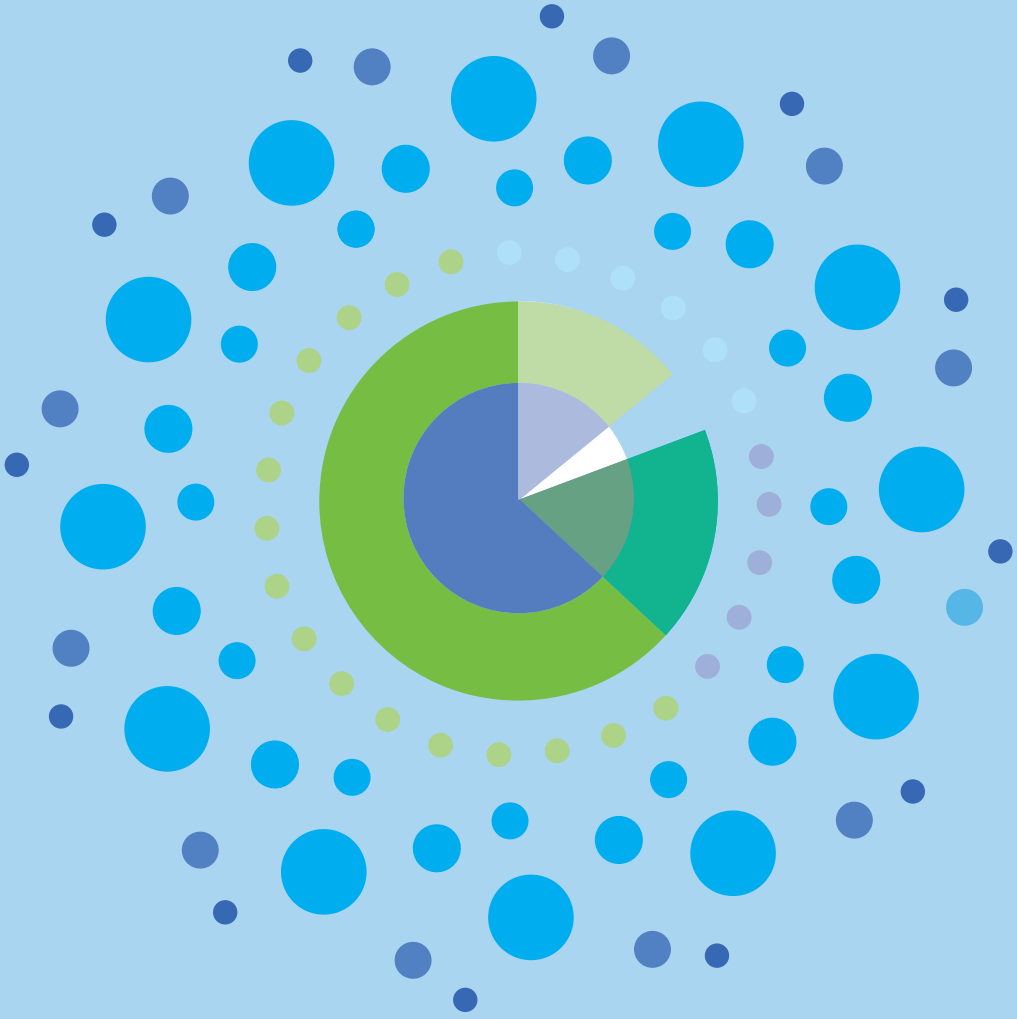
SHSMD

Society for Health Care Strategy & Market Development℠

Is COVID-19 a Transformational Event for Health Care?



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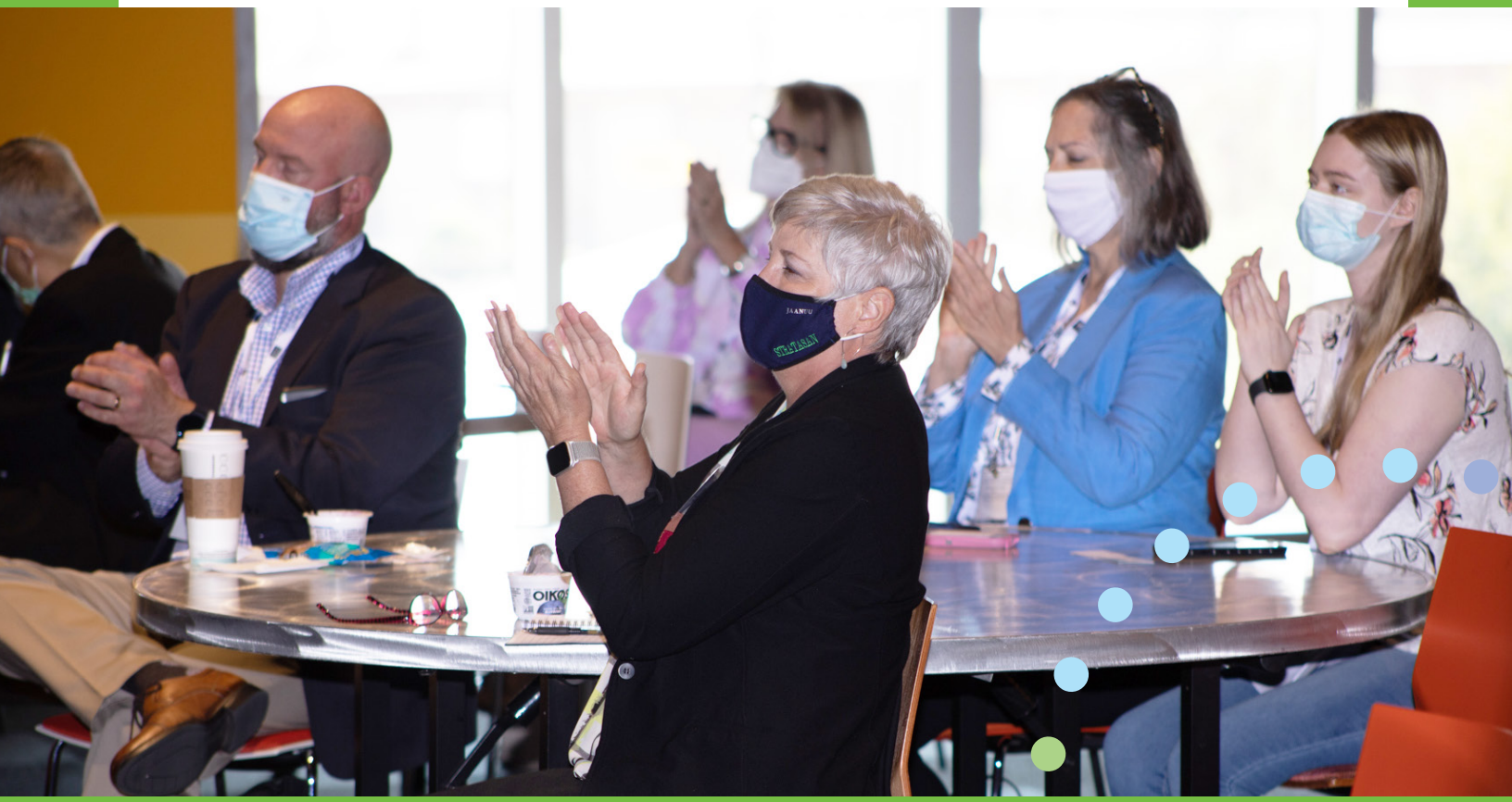
REPORT FROM THE SHSMD 2021 **THOUGHT LEADER FORUM**

About the Society for Health Care Strategy & Market Development

The Society for Health Care Strategy & Market Development (SHSMD), a professional membership group of the American Hospital Association, is the largest and most prominent voice for health care strategists in planning, marketing, communications, public relations, business development, and physician strategy. SHSMD is committed to leading, connecting and serving its members to prepare them for the future with greater knowledge and opportunity as their organizations strive to improve the health of their communities. For more information, visit **shsmd.org.**

About Kaufman, Hall & Associates, LLC

Kaufman Hall helps society's foundational institutions—health care and higher education—to achieve their full potential in service to others. For more than 30 years, Kaufman Hall has provided first-class management consulting in strategic financial planning; performance improvement; partnerships, mergers, and acquisitions; and treasury and capital markets. Kaufman Hall's consulting is supported by a deep foundation of benchmarking and software tools. To learn more, visit **kaufmanhall.com.**



INTRODUCTION

Few industries experienced the profound impacts of the COVID-19 pandemic more than health care. Hospitals, health systems, and the dedicated clinicians and staff they employ were on the front lines of the battle to save those most severely affected by the disease. They also struggled to ensure that communities had access to vaccinations as they became available and to other needed services amid widespread disruptions to the health care system. They experienced firsthand how societal inequities left some populations much more exposed to the pandemic's dangers than others. And they demonstrated remarkable agility in compensating for supply shortages and pivoting to new care delivery models—including telehealth and hospital at home—to protect the safety of their patients and staff.

> "They demonstrated remarkable agility in compensating for supply shortages and pivoting to new care delivery models."

Whether the many changes made in response to the pandemic will become permanent is an unanswered question, as is the long-term impact of the upheavals experienced since the pandemic began on issues such as social justice, mental health and the public safety net. To help its members think through these questions, the American Hospital Association's Society for Health Care Strategy & Market Development (SHSMD) hosted the forum, "Is COVID-19 a Transformational Event?" at its 2021 annual conference, **SHSMD Connections**, in San Antonio, Texas. Panelists included:

Dr. Margaret Lozovatsky, Senior Vice President and Chief Health Informatics Officer, Novant Health Digital Products and Services, Winston-Salem, N.C.

DeAnna Minus-Vincent, Executive Vice President, Chief Social Justice & Accountability Officer, RWJBarnabas Health, West Orange, N.J.

Randy Oostra, DM, FACHE, President and CEO, ProMedica, Toledo, Ohio

The session was moderated by **Ryan Gish**, Managing Director at Kaufman, Hall & Associates, LLC, in Chicago, IL.

Excerpts from the forum follow.

EXCERPTS FROM THE FORUM

> "As leaders in our organizations, we need to think in terms of not only what has happened and what we are doing today, but how do we position ourselves for the future? We need to make sure we don't lose the lessons we have learned."

What have been the immediate impacts of the pandemic? What lessons have we learned?

Margaret Lozovatsky: I would say that overall, the pandemic has taught us to work differently, to be better stewards of supplies, and to leverage our technology for the greater good. I think that as we reflect on the events of the last 18 months, we have all had to pivot in many ways in health care, and the pandemic has taught us to be flexible to learn how to meet our patients where they are.

From the early days of the pandemic, we had PPE shortages, there were no technological solutions in many institutions, and we were trying to figure out how to treat our patients. The pandemic has really taught us to be able to pivot in each aspect of providing patient care. And our patients' expectations have also changed quite a bit. We need to understand what those changed expectations are and make sure that we are addressing them in real time.

Randy Oostra: It has been very humbling to see what people did and how they responded. I remember when we set up our incident command center. People showed up every day, coordinating care across the system. Early on, we couldn't figure out testing and we couldn't figure out the supply chain—we were begging and borrowing from every company, whether they were in health care or not, just to help us on the supply chain side. And then setting up care, dealing with staffing, and all those issues—it was incredibly humbling. These people were often dedicating themselves to take care of people when they were separated from their own family.

I get a mixed feeling when looking at America during the pandemic. We saw incredible agility and innovation with the mRNA vaccine and how quickly that was done. We are blessed that we have these great caregivers. But then you experience their sadness, how COVID has impacted lives and neighborhoods, and the impact on people's mental health. And the way COVID hit minority communities and people that had significant social issues in life. I think there are some lessons that come out of that. I think that as leaders in our organizations, we need to think in terms of not only what has happened and what we are doing today, but how do we position ourselves for the future? We need to make sure we don't lose the lessons we have learned.

DeAnna Minus-Vincent: My first real job was in health care, in maternal child health planning. The things I worked on were black infant mortality, ensuring that women could use translators and interpreters, making sure that they didn't have to use their children to do that work, and making sure that social services and health care were talking with each other. Now I'm doing the exact same thing. I do not think COVID changed the way that health care looks at itself, but instead it forced health care to really look inward at the things that the social sector knew. Health care is just catching up—it is reengineering a fractured system.

The pandemic has had a significant impact on the workforce, especially in health care, which is experiencing high levels of burnout among clinical staff. How will health systems need to address workforce issues differently going forward?

Randy Oostra: Childcare is a huge issue in our country. You have probably seen the statistic that three million women have left the workforce. We talk about women leaving the workforce, so how do we better support them? And then, of course, we have all the mental health challenges, which have intensified during the pandemic. How do we begin to think about that and address that in a comprehensive manner? We have been finding that life purpose is a big issue for people. If you can help your employees connect to their life purpose, they have higher resiliency and more engagement at work. What researchers would say is that if you want to do one thing to have people be more resilient and engaged at work, help them find their life purpose.

I also think we have become more flexible with our administrative workforce, using more of a hybrid approach. But I don't think the answer is to have everybody working from home. There are issues around career development and building people for leadership roles that are more difficult to address in a remote setting. We need to make sure that we can manage people appropriately, so striking the right balance is a work in progress for us.

DeAnna Minus-Vincent: At RWJBarnabas, it depends on each team. Supervisors can choose whether their teams are primarily remote with some hoteling or whether they want their entire team in the office. I have always had positions where I have been probably half in the office and half work from home, and my employer definitely gets more product for me on days when I work from home. I start at 4 a.m. and I work straight through until 7:00 p.m. At the same time, you do not have the same gel when everyone is working remotely, where you can just stop in the hallway and chitchat and get that cohesion. You have to find different ways to work and different technologies to ensure that you're connected.

Margaret Lozovatsky: At Novant, our approach—even pre-pandemic—has always been that we are a 17-hospital system with a broad geography. We have always had the infrastructure in place to be able to connect virtually. Part of the thinking has always been that you may have a team member who is in a different city. In order to leverage their expertise, you can't just go knock on their door.

Coming out of the pandemic, the goal is really to have hybrid options. There will always be roles that require in-person interaction in the hospital or in the clinic, and it is not just the clinicians. On my informatics team, for example, we are much more impactful when we're in person watching what people are doing and being able to help them with their workflows.

I also want to address the wellness question and how we think about burnout. A lot of burnout is attributed at least in part to interacting with technology,

Dr. Margaret Lozovatsky

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which is how clinicians spend a large part of their day. At Novant, we have put a lot of resources into our physicians' well-being. In the informatics space, we are working on building out what we're calling a wellness informatics team to really focus on clinicians' interaction with technology, helping our clinicians with any of struggles they have, providing education, and making sure we are addressing their needs in real time. We have a program called GROSS, which stands for "Getting Rid of Stupid Stuff." This is an opportunity for clinicians to send in anything that they think is not working for them. We found that not all those things could be fixed, but at least we could help explain them, and we could make them better. And over 50% of these problems were things that we were able to face and make clinicians' day-to-day work better. That is a program that we continue to grow, and hopefully one day at a time, one small change at a time, we will make the interaction with technology as seamless as possible.

How has innovation been part of your response to COVID-19?

Randy Oostra: We had a very traditional innovations group. During the pandemic, I started reading a lot and thinking a lot about how we are going to reposition our organization and invest in all these things that are out there. Some organizations invest in innovation as an investment strategy, but we invest in innovations that we think are pertinent to what we want to do every day. For example, we are working with an innovation partner on a product for screening not only our patients, but also our employees for social determinants of health and personal determinants of health, and whether they have a life purpose. The idea is to have a solution for employers because wellness programs do not work. And again, we should all focus on social determinants not only to take care of patients, but also to take care of our employees.

We have a running list of projects now that we bring to every board meeting. Some of them are whiteboard ideas, some are at the discussion level, some are business plan oriented, and some are being watched. The thought is to create in our management team the idea that they are innovators. We have created an innovations council, and we have private equity people join us. We've asked the private equity people to critique our people's proposals and really have our team think in terms of being part of a startup. If we all owned a company together, we would make decisions very differently than we do when working in a larger organization.

We are also part of an anchor institutional strategy. We bought an empty federal post office and we are moving our innovations group there. We are creating what we call a Social Innovation District, which involves both geography and renovation of buildings. All these things have been about fostering an innovative culture and trying to change what we do.

Margaret Lozovatsky: Health care in general is data rich, but we are often information poor. What we have been able to do is to take some of the data from our health care systems and from our other information systems, and combine it in a way that we can translate the data into information that is

DeAnna Minus-Vincent

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useful to the clinician, and then really to go a step further to start building out some algorithms so we can get ahead of the long-term complications that we know will be happening, both from COVID and from all the other aspects of health care. As we think about predictive analytics, we have been able to implement many of those models in our care settings.

I think that we are at a point where we need to go even a step further. It has great to be able to predict some of the long-term morbidity and mortality outcomes. But what we have not always been able to do in the past—and what we're right in the middle, I think, of breaking through now—is transitioning into what I call prescriptive analytics, so that health care providers will know what to do next when they get this information. We're working very hard to build that into clinician workflows so that in real time they are not only able to see what we think is going to happen, but also how they can intervene to try to impact the trajectory of a patient's health care outcomes.

The pandemic brought inequities in our health care system to the fore, and the murder of George Floyd in 2020 set off a national discussion on the persistence of racism in the U.S. How are your organizations addressing issues of social justice?

DeAnna Minus-Vincent: We have created four goals. The first is around our patients, where we are looking at disparities. We are looking at all our technology to ensure, for example, that we are purchasing pulse oximeters that read dark skin the same as they do white skin. And we are looking at things such as residents and making sure that they we have race concordance between our residents and our patients. We have also created a policy that no patient can select a caregiver based on physical attributes, or else, if they are able to be transferred, they can be transported to another facility.

The second goal centers on our workforce. When we took a hard look, we found disparities in things such as disciplinary actions, where 20% of our employee base is black but 40% of our disciplinary actions were against African Americans, and people got put on a "do not hire" list in our system, and they couldn't be hired into the system again, and that was a problem. We are also looking at things such as how we recruit and how we retain staff across the board, which we know is also a piece of our business case.

Our third goal is about our community work, which is where social determinants come into focus. A key aspect of our work around social determinants is making it a universal screen for all our patients. We're working to ensure that every patient who comes through our doors will be screened for social determinants, seamlessly connected to services and supports, and given an active follow-up. We know that we all have social determinants, and we did not want our clinicians to ask some of us and not others and create a stigma around the questions. We also want to make sure we have a closed-loop referral system, whether

a patient is referred for a mammogram or for food supports. The referral is only step one, and we want to make sure that our clinicians know that their patients actually received the services.

Our fourth goal is around our business operations, where we are looking at all our policies, our legal contracting, our procurement policies, and things such as that. We knew in the past that things such as our procurement policies mattered, but it was just one small team pushing a really big boulder up a hill. That's where the accountability part of my title comes in play. We have now charged all 44,000 of us with ending racism. And we have apportioned all the goals across the entire organization, so every department and every hospital has a goal, and these goals are tied to everyone's performance evaluation and to bonuses for those of us on a bonus structure.

Personally, when I was asked to lead this effort, I knew that I had to do something different. My mother was imprisoned in 1963 for integrating a movie theater. All the jails were full in Baltimore, and so she and a group of girls were put in prison, hosed down with lye. I think that she never thought her grandchildren would fight the same fight. When George Floyd and COVID happened in tandem and we had a chance to make a substantive difference in this country, I promised that I would fight the small fights with the same vigor as the big fights, because somehow, I'm going to make a difference so that one day when my daughter, who is 20, has children, they won't have to fight the same fights.

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Most organizations around the country are working on their digital health strategy. Where do you see digital health going, and how has the pandemic affected its development?

Margaret Lozovatsky: I think we are all asking ourselves that question. I don't think that we're ever going to go back to where we were. I think that digital technology is here to stay, and I think that our patients are going to always feel that there is a need for it. I do think that our approach is going to shift in health care. We have traditionally been very focused on the brick-and-mortar model of health care, but the lines between physical and virtual are all going to blur over time, and we are going to need to continue to be innovative as we provide care and meet our patients where they are. And that means that we are going to have to consider how we structure our teams, because it is not going to be about the care setting any longer. It is good to be thinking about the patient perspective and arranging the patient data in a way that it flows smoothly across the care continuum. And the care continuum, in my mind is going to be completely redefined. I think of it as a situation where we are going to have remote patient monitoring, hospital at home, and many, many different venues where we treat our patients in unique and innovative ways that we may not have even thought of yet.

"...concierge-type service—where they say what their issue is, and we help them figure out how to navigate that.... "

How has the patient perspective changed over the pandemic, and how are your organizations responding to changing patient needs?

Margaret Lozovatsky: As we know, the needs have not only changed over the last 18 months, but they really vary based on community setting. Much of what has been done during the pandemic is to better understand what patients' needs are now, and part of that has been leveraging the data infrastructure that we had in place to be able to gather that information quickly, so that our clinicians have their COVID-19 dashboard in front of them and know what's happening with the numbers in our community so they are able to understand what the patients need in real time.

We have many initiatives to try to get technological solutions out to our patients, which has been fantastic. We leverage a device that allows our patients to do a lot of basic physical exam features on their own during a video visit that the clinician can see. We can listen to their heart and lungs, and we can get an oxygen saturation reading and do a skin exam. A lot of our work in the last year and a half has been focused on making sure that our patients get equitable care across all our communities, and thinking about how we can collect information on social determinants of health and make sure that the care we are providing is tailored to the needs of our patients, not just their medical needs, but all of the other factors that contribute to them receiving optimal health care.

Wearing my physician hat, I think that one of the most complicated areas for consumers today is understanding where to find true medical facts. They have so much information being thrown at them from so many different venues. It is very difficult to sift through that and know what the right answer is. I think we have an opportunity, particularly in my realm, to consider how to simplify the health care entry point for our patients. We have all heard the term "single, digital front door," but what does that really mean? Our patients have so many ways to get to the health care space, and not just within our health system. It can be incredibly overwhelming, even for simple questions like, "I need a COVID test, so where do I go?" I think having a central place where they can get medical education, where they can easily understand where to get care, where we do some of that work for them on the back end—almost a concierge-type service—where they say what their issue is, and we help them figure out how to navigate that, is really where we need to get to.

DeAnna Minus-Vincent: We have tried to simplify the patient experience by expanding the definition of health, and addressing clinical, social, and behavioral issues at once, by screening for all those things in one visit, and then seamlessly connecting them to those services inclusive of government benefits. If we know that a patient is on Medicaid, for example, they are highly likely eligible for SNAP and other benefits. How do we use the data that is already in our coffers to seamlessly connect them to these benefits, as opposed to having them fill out the forms again? It is about reengineering how these things work together. It should be a seamless system, and we must get there. It's not that hard.

People have lost so much trust in institutions during COVID. Are there opportunities for health systems to be a trusted resource, or to rebuild trust?

DeAnna Minus-Vincent: We have been trying to be intentional about building trust, particularly with communities of color, because there wasn't a lot of trust in these communities even prior to the pandemic. One of the things we are doing is creating an ending racism hotline. As we talked to our frontline teams, we found that people did not want to speak up for fear of retaliation, which is the same thing you hear from our patients. And if they did speak up, nothing happened. The hotline we are creating will alert multiple people, because we heard that when just one person was alerted, the issue could get swept under the rug. The hotline will be multi-pronged, with multiple people alerted, and issues will be handled or at least addressed immediately.

We are also auditing our electronic health record to make sure it doesn't ask questions in different ways in different places. For example, at one point a patient may be asked, "Do you smoke?" And then another person may ask, "How many cigarettes do you smoke each day?" These are things that make patients wonder whether anyone is listening to them, and it erodes trust in the system.

> "It's not magic. I think it is partnering with people, showing up, being consistent, and listening as much as anything."

Randy Oostra: I think many of us believe that people are going to be more cautious after COVID and less trusting of politicians and others in positions of authority. Health care has to think a lot about how we rebuild trust with patients, particularly those in communities that were especially hard hit by COVID, and also about the environments we create with our employees. Health care is fortunate in that it probably has a higher trust level than many of our institutions, but we need to think about how to keep issues like concerns over vaccines from spilling over into the rest of health care.

We often don't listen very well. We have a strong barber shop outreach program that one of our nurses started several years ago. She said it took her over a year before they thought she had any credibility. But she kept going back to these barber shops for a year. Now there are eight of them that call themselves ProMedica barbers, and they are really health hubs for the communities they serve. It's not magic. I think it is partnering with people, showing up, being consistent, and listening as much as anything. What you will find out is that people have heard a lot of things in the past, a lot of promises, that nobody ever followed up on. I think we need to go back to the basics.

Margaret Lozovatsky: Unfortunately, it has become harder for health systems and physicians and everyone else in clinical settings. We have to admit that no one has done a fantastic job in outreach to all our patient communities, working with religious institutions, working with schools, working with all of the different communities to meet patients where they are. As we think about how that continues to be a challenge, the word that I think about is empathy. Many times, that is not translated to the patient. I think the only way that we're going to work towards rebuilding trust is in trying to understand, for every patient that we see, what has created a lack of trust, then patiently answering

questions and building a rapport with each individual that comes into our system. It is not going to be an easy road. I think that this 18-month period has escalated what has existed for many years, and now we have a lot of work to do to get back to a place where hopefully we can provide the best care for our patients.

When we look back 15 or 20 years from now, what do you think we will see as the most significant impacts the pandemic had on health care?

Margaret Lozovatsky: Probably the biggest thing that we learned is how nimble we can be. Before the pandemic, we talked so much about how long it takes to make changes in health care, or how a project to implement a new technology could take years. What we saw is that we can do things within days. It was just amazing how quickly we were able to pivot to meet our patients where they needed to be.

We also learned that we need to be more mindful of patient needs as we think about making changes. As technologies move forward in all other aspects of our life, we need to continue to learn how we can introduce those technologies into the clinical space in a way that's going to be most useful to meet our patients' needs and expectations, but also to really impact their outcomes and quality of care. I think that after this pandemic, what we will see is that a lot of our processes are going to be much more robust than they have been in the past. And we will understand that we can continue to evolve them to improve them even more.

Randy Oostra: What are we going to do about the workforce? How do you capture what happened to our people? When you think through all the issues in working from home, and what it does to people—three million women leaving the workforce, for example—that's a big deal. And you fear what has been lost in terms of mentoring and other opportunities. Also, whether you look at social determinants or personal determinants of health, or having a life purpose, or mental health, what does that mean for our workforce? And then, of course, everything that has happened in diversity, equity, and inclusion, what is that going to mean over the long term?

There is also the impact on communities, looking again at issues of social and personal determinants, mental health, and public health, and what we have seen is the lack of investment in public health. Health systems need to rethink our role as an anchor institution in our communities. Why don't we do more public health? I think for a lot of our communities, morphing into public health —especially in small communities—could be a great way to think about how we transition health care in our country. I would argue that health care should own social determinants of health.

I think we have seen a big leap in technologies and consumer preferences. We have found out, through experiments with telehealth and hospital at home that we can take care of a lot more people at home than we do now.

> "Health systems need to rethink our role as an anchor institution in our communities...I think for a lot of our communities, morphing into public health — especially in small communities— could be a great way to think about how we transition health care. "

Self-care is a big thing now as well. These changes will all have an impact on consumer strategy and we will need to figure out how consumers have changed, which of these changes are permanent, and how we are going to do things differently.

> "One of my colleagues said that his biggest "aha" moment was in talking to black and brown colleagues. He said he never realized how bad it was. And my biggest "aha" moment was, I did not realize that you didn't know. "

DeAnna Minus-Vincent: I think that 15 years from now, we will have closed the gap on disparities and find that our workforce has taken a giant leap forward, and that there are fewer gaps in pay. When we were having difficult conversations in our system, we were asked about our "aha" moment. One of my colleagues said that his biggest "aha" moment was in talking to black and brown colleagues. He said he never realized how bad it was. And my biggest "aha" moment was, I did not realize that you didn't know. You may not have known that every day, when I get on the elevator, somebody holds their pocketbook, or I might get treated badly at the grocery store. But you surely knew that there was disparate pay. And I also think that as we close the pay gap, we will see movement in patient outcomes and find that our frontline employees feel heard.

CONSIDERATIONS FOR STRATEGIC PLANNERS

Ryan Gish: The COVID-19 pandemic has been both a disruptor of operations for hospitals and health systems and an accelerant of trends that were emerging prior to the pandemic in areas such as digital health and home-based care. The disparate impacts the pandemic has had on communities of color, combined with a new focus on social justice triggered by the events of the past 18 months, also has given new urgency to the need to address inequities in the health care system and take on the social determinants of health that affect so many patient outcomes.

As hospital and health system leaders guide their organizations toward stabilization in a society reshaped by the pandemic, we offer some key considerations from our panelists' discussion.

LISTEN TO PATIENTS. Patient expectations of the health care system have changed, and their trust in institutions in general has been eroded. Hospitals and health systems must adapt to new patient needs and work to rebuild patients' trust. Listening is the first and perhaps most important step in this process.

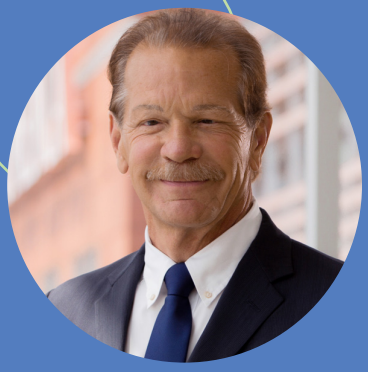
SEEK NEW PARTNERSHIPS. The pandemic has demonstrated the importance of community partners—schools, religious organizations, government agencies, other provider organizations—in reaching patient populations and helping patients receive services essential to their health. With resources at many hospitals and health systems constrained by the pandemic's impact, these partnerships will be more important than ever to ensure that patients' needs are fully met.

UNLEASH INNOVATION. Hospitals and health systems have a newfound sense of their agility in addressing crises. Leaders should harness this energy to unleash innovation within their organizations that can help tackle the many issues the pandemic has exposed.

STAY FLEXIBLE. We will be living with changes to the workforce, staff burnout, and unanticipated disruptions to personal and professional lives for some time. Flexibility in addressing these challenges will help promote a strong and productive workforce.

SIMPLIFY PROCESSES. Find out where pain points exist for patients, employees, and others who interact with your organization and focus on how to make things simpler and easier to accomplish.

PANELIST BIOGRAPHIES



Randy Oostra, DM, FACHE
President and CEO, ProMedica

RANDY OOSTRA, DM, FACHE, is President and CEO of ProMedica, a not-for-profit, mission-based, integrated health and well-being organization headquartered in Toledo, Ohio. The $7 billion organization serves communities in 28 states. It offers acute and ambulatory care, an insurance company with a dental plan, and post-acute and academic business lines. The organization has more than 49,000 employees, 13 hospitals, 2,600 physicians and advanced practice providers with privileges, 1,000+ health care providers employed by ProMedica Physicians, a health plan, and more than 330 assisted living facilities, skilled nursing and rehabilitation centers, memory care communities, outpatient rehabilitation clinics, and hospice and home health care agencies.

Mr. Oostra has 40 years of health care and management expertise, with 22 of those years spent at ProMedica. He is regarded as one of the nation's top leaders in health care and has earned a spot on several prestigious listings, which include Modern Healthcare's 100 Most Influential People for four consecutive years, and was recognized in 2020 as the 21st Most Influential person in the health care industry; and as Becker's Hospital Review 100 Great Leaders to Know in Healthcare for 2019.

DeAnna Minus-Vincent
Executive Vice President and Chief Social Justice & Accountability Officer, RWJBarnabas Health

DEANNA MINUS-VINCENT is Executive Vice President and Chief Social Justice & Accountability Officer for RWJBarnabas Health in West Orange, N.J. She is dedicated to creating change from the ground up, improving health outcomes in a meaningful and lasting way. In her role, Ms. Minus-Vincent is leading the system's "Ending Racism, Together." She will be responsible for developing, instituting, and monitoring an anti-racist strategy to ensure all RWJBarnabas Health patients and employees are afforded an equitable environment that is free from discriminatory practices. In addition to promoting equity within the walls of the hospital, Ms. Minus-Vincent will work with internal and external stakeholders to promote anti-racist policies, design programs, and invest in the communities that it serves to promote equitable health, social, and economic outcomes.

Throughout her tenure at the system, Ms. Minus-Vincent has demonstrated programmatic and policy prowess, as well as an affinity for scaling initiatives. She has worked with diverse stakeholders to implement strategies that improve health outcomes and promote health equity. She recently co-designed and launched the system's new social determinants of health integration initiative, Health Beyond the Hospital (HBH), which will allow physicians to identify social factors contributing to their patients' health and streamline connection to resources when needed. Ms. Minus-Vincent also oversees the system's housing and community development initiatives.

Before coming to RWJBarnabas Health, Ms. Minus-Vincent served as the Chief Engagement Officer at Benefits Data Trust, a national social change organization. Additionally, she has served as the Assistant Commissioner for the New Jersey Department of Community Affairs and Director of Planning and Development for the Central Jersey Family Health Consortium. She currently sits on the Board of the Corporation for Supportive Housing and the Housing and Community Development Network of New Jersey. She received a Master of Public Administration from Rutgers University; a Bachelor of Arts in sociology from Morgan State University; and is currently pursuing a Doctorate in Business Administration with a concentration in Strategic Leadership and Innovation from Concordia University, Chicago. Born and raised in Trenton, Ms. Minus-Vincent is a native New Jerseyan and lives in Lumberton with her husband, Daryl and daughter, Darynn.

Dr. Margaret Lozovatsky
Senior Vice President and Chief Health Informatics Officer, Novant Health Digital Products and Services

DR. MARGARET LOZOVATSKY is Senior Vice President and Chief Health Informatics Officer for Novant Health Digital Products and Services in Winston- Salem, N.C. Dr. Lozovatsky is experienced in both pediatric medicine and clinical technology and is passionate about harnessing clinical technology to improve both patient care and the patient experience.

After receiving her undergraduate degree in computer science from Marquette University and earning her medical degree from the University of Wisconsin, Dr. Lozovatsky began her career as a pediatric hospitalist at NorthShore University HealthSystem. There she also pursued a career in health care informatics, leading efforts to improve documentation and inpatient optimization. Dr. Lozovatsky later worked as a Medical Director of Information Systems at Cedars-Sinai in Los Angeles. In that role, she focused on improving physician efficiency, EMR optimization, and the development of tools to improve pediatric care. Dr. Lozovatsky then served in a variety of leadership roles at BJC Health Care and Washington University in St. Louis, including: Chief Medical Information Officer for Child Health, the Vice Chair of Clinical Informatics for the Department of Pediatrics, program co-director of the Clinical Informatics Fellowship, and an Associate Professor of Pediatrics in hospitalist medicine.

Dr. Lozovatsky's informatics experience includes implementation and optimization of technology at multiple health care institutions. As the CHIO at Novant Health, Dr. Lozovatsky will be focusing on the use of technology by clinicians with the goal of improving quality of care and the patient experience.

MODERATOR BIOGRAPHY

Ryan Gish
Managing Director, Kaufman Hall

RYAN GISH is a Managing Director of Kaufman Hall and a member of the firm's Strategic and Financial Planning practice. Mr. Gish works with executive leadership teams and boards of all types of hospitals and health systems nationwide. The strategic advisory focus is on helping organizations address the most pressing industry challenges through defining and implementing resilient strategies for the changing health care landscape. The result for clients is a platform for their ongoing strategic and financial success.

Mr. Gish has authored numerous articles published in health care professional journals, including hfm magazine, BoardRoom Press, and Trustee. Additionally, Mr. Gish was a contributing author for Health Care Strategy for Uncertain Times, published by AHA Press/Jossey Bass. Mr. Gish is a frequent presenter at national conferences of the American College of Healthcare Executives, The Governance Institute, Healthcare Financial Management Association, and SHSMD. Additionally, he has served as guest faculty at Harvard University, Washington University in St. Louis, and The University of Southern California. He recently completed a three-year term on the SHSMD Board of Directors.

Prior to joining Kaufman Hall, Mr. Gish worked for Jennings Ryan & Kolb and Baxter Healthcare Corporation. Mr. Gish has an MBA with honors from the John M. Olin School of Business at Washington University in St. Louis and a bachelor of science, cum laude, also from Washington University.