

# HEALTHCARE CONSULTANTS FORUM NEWSLETTER



American College of Healthcare Executives  
**Healthcare Consultants Forum**  
**Online Newsletter—Q4 2020**

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## MEMBER PROFILE



**Leticia Ramirez, FACHE**  
Principal  
Strategy Resource Group  
Dallas

**Q: Briefly describe your current role and professional responsibilities.**

**A:** I serve in an advisory and consultancy role to the C-suite team of hospitals, health systems, healthcare organizations and nonprofits that service healthcare organizations around strategy, marketing and communications initiatives, as well as goals and tactics to advance an organization's strategic direction. When organizations are experiencing a transition on their leadership teams, I provide interim support, organizational assessments and redesign recommendations for marketing, communications and public relations departments. For clients that have a strong leadership team, I offer additional bench strength for particular strategic initiatives that require extra time, energy or focus. In addition to consultancy services, I am a certified executive leadership coach who can provide coaching and leadership advisory services for senior or middle-management leaders who are new to their organization or role. I help these leaders advance transformational change within their organization or department.

**Q: How has the COVID-19 pandemic impacted the healthcare organizations you serve and your business in general?**

**A:** The COVID-19 pandemic has dramatically impacted all healthcare organizations. The pandemic forced all organizations to shift strategic priorities to more urgent and critical COVID-19 readiness and recovery work. For example, my role immediately shifted from strategic marketer to a public

information and communications officer role. Clients paused strategic priorities to shift to the FEMA incident command-style structure needed to prepare for the pandemic.

With one major client, the demand for internal and external communications greatly increased in January and February. At that point, patient and employee communication became the new priority. Our media strategy quickly shifted from service line growth to public education around testing, location of service sites and safety precautions to prevent COVID-19 spread. In April, we began our recovery marketing and communications focus externally. As the country began seeing local and national surges in COVID-19 cases, we shifted to ramping down elective services, while also maintaining services for patients with time-sensitive and urgent medical needs. External communications resumed an increased focus on public education around safety precautions—including masking, physical distancing, and limiting exposure in the community and gatherings—and our media team focused on preparing medical experts to serve as spokespeople by giving them briefings and media training.

Regarding the impact on my business, I paused growing my firm to focus on helping clients address rapidly changing priorities on a full-time basis. I made this decision to benefit my clients, community and patients, and continue my own professional growth during this highly transformational and unprecedented time in our industry's history.

**Q: What can consultants do to remain relevant and demonstrate their value to current or potential clients during these turbulent times?**

**A:** Consultants are still in high demand if they can remain flexible and adaptable to evolving client needs. As organizations learn more about COVID-19 and the vaccine for the virus becomes available, there will be new organizational needs to address. By spring 2021, we hope to have community spread significantly reduced, and organizations can begin to look at recovery efforts with more certainty. Well-paced recovery plans for organizations will be an essential focus in the future. That said, consultants who can bring innovative, cost-effective ways to reach the public will be in high demand. Consultants who are well-versed in the use of digital technologies to reach and influence the public will do well. To remain relevant, it is important to stay focused on the customer. Additionally, the toll the pandemic has taken on healthcare workers cannot be overstated. Resiliency, colleague care programs and behavioral health (for both patients and healthcare workers) will continue to be an important focus for organizations in the future.

**Q: What role has ACHE played in your professional development?**

**A:** I have been a member of ACHE since 2002. Over the last 18 years, I've grown into the professional I am today. As an ambitious and eager early careerist, I took advantage of the many early learning programs and career coaching services offered by ACHE. I consulted with career coaches, and regularly networked with colleagues and leaders to expand my professional network. This benefited the organizations I worked for, and enhanced my professional development as well.

With the education and coaching support provided through ACHE, I grew from manager to senior leadership roles and, ultimately, developed the confidence to launch my own advisory and consulting firm. I have attended regional events and ACHE Congress on Healthcare Leadership many times to earn educational credits, enhance my knowledge and competencies, and network with teachers, leaders, partners, vendors, suppliers and colleagues to share best practices. Being a part of the ACHE community and family has been foundational and pivotal to my professional development. I would not be the well-rounded and networked executive I am today without the support of ACHE as my core professional development organization.

**Editor's Note:** Are you interested in being featured as our Member Profile subject in an upcoming issue of the Healthcare Consultants Forum Newsletter? If so, email Shannon Barnet, content marketing strategist, ACHE, at [sbarnet@ache.org](mailto:sbarnet@ache.org).

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## FEATURED ARTICLE

### Time to Refocus on Population Health Strategies

By John N. Kastanis, LFACHE

As we continue to navigate the unknowns of the current pandemic, it appears we may be quite a way off from living in a true post-COVID-19 era. That said, improved health outcomes can still be realized through effective population health strategies, provided adequate financial resources are available. Moving forward from this pandemic will require the knowledge and resources needed to deal with new types of SARS viruses, including effective new treatments and vaccines, but progress in healthcare is still possible in the meantime. Consultants are well-positioned to help healthcare organizations usher in such progress.

### Lessons Learned From COVID-19

Healthcare providers have already gained so many lessons and observations from the COVID-19 pandemic. One glaring reality to come out of this shared experience is that the U.S. healthcare system's finances are too heavily focused on elective surgeries, urgent and emergent care, and not on public health. In fact, according to a *Health Affairs* article from August, "Before the pandemic, it is estimated the average hospital received about 30 percent of inpatient revenue from elective procedures, and many received 50 percent or more from outpatient services."

The COVID-19 pandemic will likely sink financial margins further, pushing half of U.S. hospitals into the red through the second half of 2020, according to a [recent report](#) from Kaufman Hall & Associates. In fact, it's possible many healthcare organization's strategies will be upended, particularly for population health, which will have a waterfall effect throughout the communities they serve. That is why there couldn't be a more critical time for population health programs to prevail.

### Focusing on Population Health Now for the Future

Population health programs encompass all the determinants of health in communities, including social, behavioral and environmental factors. Many providers have observed individuals with underlying conditions, especially those from lower-income neighborhoods and communities in which minorities are the main demographic, are more likely to face adverse effects of COVID-19 and be at higher risk for serious outcomes.

In fact, at the height of the pandemic in New York City, it was reported by the Department of Health that 86% of reported COVID-19 patients who died had at least one comorbidity as a contributing factor. This suggests, at the very least, those who are able to access primary and/or preventative care to manage certain adverse health conditions are better able to rebound from the disease and experience better outcomes.

However, an effective population health strategy offers much more when it comes to improving the overall health status and lowering the costs of care for a defined group or geographic area. This is

especially true when social determinants, such as adequate nutrition, proper housing, transportation, education and institutional racism are addressed in partnership with other community-based organizations working toward a common goal.

True population health programs have four fundamental building blocks, according to Jon Burroughs, MD, FACHE, in his book [\*Essential Operational Components for High Performing Healthcare Enterprises\*](#). These fundamental components include:

- Health providers aligned with at-risk contracts.
- Integrated health networks.
- Health information exchanges and enterprise data warehouses.
- Infrastructure that includes palliative care, disease management, post-acute care, retail medicine and e-health.

It takes all these components working together in a coordinated and strategic manner to truly make fundamental and lasting impacts on the populations these programs serve. Needless to say, all four components require resources and fortitude for financially struggling hospitals and health systems to begin embracing value-based care, instead of volume-based care. Risk contracting, the cost of IHNs, HIEs and population health infrastructure will be daunting. As consultants, we can advance population health by helping healthcare leaders establish lifestyle programs (e.g., smoking cessation, nutrition and weight management, etc.); improve care coordination after hospital discharge, medication adherence and pharmacy services; and expand telehealth services. When it comes to initializing new programs, David Nash, MD, dean of Jefferson College of Population Health at Thomas Jefferson university in Philadelphia, suggests launching population health management efforts with a provider's employee population by starting patient registries and partnering with retail clinics and managed care plans.

At the present time, most hospitals are calling out for new financial support due to COVID-19-related cost overruns and significant revenue shortfalls with the onset of the pandemic. To get effective population health programs back on track amid the current financial landscape will be even more challenging, and therefore, new incentives should be considered by the U.S. Centers for Medicare and Medicaid Services and state-based Departments of Health to provide additional support.

In the meantime, healthcare organizations can no longer delay focusing on providing more equitable access of healthcare services to those with the greatest needs and the overall health of patient populations being served, and all at a reasonable cost. Consultants can help guide healthcare organizations during these periods of transition from volume- to value-based care. Ultimately, if we can continue to make population health programs a priority for our communities, the return on these investments will be incalculable.

*John N. Kastanis, LFACHE, serves as principal consultant for JNK Consultants. He is a healthcare executive with more than 40 years of experience in leading urban-based teaching hospitals ([johnkastanis@optonline.net](mailto:johnkastanis@optonline.net)).*

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## NEWS & RESOURCES

***NOTE: ACHE understands the COVID-19 pandemic has impacted healthcare professionals across the globe. We want to be sure our leaders can continue to advance to Fellow status and pursue***

*professional development opportunities. To help healthcare leaders continue to grow and learn, we are offering a 25% discount on the registration fees for all paid live webinars, webinar recordings and online seminars now through Dec. 31, 2020. [Learn more here.](#)*

### **Register Now: 2021 Congress on Healthcare Leadership**

Registration is open for the 2021 [Congress on Healthcare Leadership](#), March 22–25. Join us for this reimagined virtual experience and **earn up to 12 ACHE Face-to-Face Education credits for an early bird fee of only \$449**. Register by Feb. 22 to receive the discounted early bird registration rate.

Our Congress agenda features keynote speakers including:

- **Anthony S. Fauci, MD**, director, National Institute of Allergy and Infectious Diseases, U.S. National Institutes of Health.
- **Atul Gawande, MD**, surgeon, Brigham and Young Women’s Hospital/writer, *The New Yorker*.
- **Keller Rinaudo**, co-founder/CEO, Zipline/robotics and healthcare innovator.
- **Amy Walter**, national editor, *The Cook Political Report*/host, “The Takeaway.”
- **Wes Moore**, CEO, Robin hood/*New York Times* best-selling author.

Sessions and speakers are being added to our Congress lineup every week, so visit [ache.org/Congress](#) often for updates.

### **Important Change to FACHE® Membership Tenure Requirement**

Becoming a Fellow of ACHE has long been the gold standard for leadership in our field. After much discussion and consideration, and with the support of the Membership Committee, the ACHE Board of Governors has decided to **change the membership tenure requirement for initial Fellow advancement from three years to one year, effective Jan. 1, 2021**. We hope this change will make attaining Fellow status possible for more Members who wish to reach this important leadership level.

The FACHE credential is one of the most recognized and respected symbols of a leader’s competency and commitment to healthcare management excellence, and this change in no way diminishes the hard work and ongoing commitment to the core values of ACHE that board certification represents. Candidates must still meet all of the other [eligibility requirements](#), including holding an executive-level healthcare management position and having a minimum of five years of healthcare management experience at the department head or director level. The experience requirement also ensures candidates demonstrate responsibility for departmental budgeting, planning and staffing, and accountability to senior management for departmental and team performance.

If you have any questions about the change to this eligibility requirement for initial advancement, or any questions regarding certification or recertification, please reach out to our Customer Service team at [contact@ache.org](mailto:contact@ache.org) or (312) 424-9400, Monday through Friday, 8 a.m. to 5 p.m., Central time.

### **Connect With Forum Members**

Looking to connect with your Forum colleagues? Visit [ache.org/MemberDirectory](#), and on the "CEO Circle/Forums" menu, select "Healthcare Consultants Forum" and look for the "HC" icon next to your colleague's name. For those listed in the directory already, be sure to check your information and make updates to contact information, areas of expertise and more as needed.

**Scott A. Mason, DPA, FACHE, Chairman**  
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## NETWORKING

Connect with your peers and expand your social network with ACHE.



### Share ACHE's Healthcare Consultants Forum

Encourage your fellow ACHE healthcare consultant colleagues to join the Healthcare Consultants Forum by sharing this [link](#) to the Forum area of [ache.org](http://ache.org), where they can apply immediately and conveniently.

*Please note any views or opinions presented in this online newsletter are solely those of the author and do not necessarily represent those of ACHE.*