Guidehouse

Healthcare Executive Interview Series

Trends in Academic Medicine *With Former Academic Health System CEO Dan DeBehnke, MD, Managing Director, Guidehouse*

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Q: Tell us about your career in academic medicine, from your early days to your time as CEO of Nebraska Medicine.

I began my academic medicine career as a clinical researcher, practicing emergency medicine in a Level 1 trauma center and leading a large animal research laboratory focused on cardiopulmonary arrest and resuscitation. I achieved early success in grant funding, including being awarded National American Heart Association and National Institutes of Health Small Business Innovation Research grants.

Mid-career, I took on administrative roles in emergency medicine and progressed through the health system and medical school administrative ranks. I served as associate chief medical officer in the hospital and faculty practice plan, as well as health system chief clinical integration officer, where I helped lead the development of a statewide clinically integrated network.

I then served as CEO of Medical College Physicians, a 1,500-member faculty practice plan, before transitioning to CEO of Nebraska Medicine, a $1.5 billion academic health system.

Q: What drew you to a career in academic medicine?

I've always been intellectually curious, so academic medicine was a natural fit. Academics is founded on collaborative thinking and shared decision-making, along with a laser focus on using data to support or refute hypotheses and assist in decision-making. There is also a strong foundation in academic tradition. All those aspects were very appealing to me and fit my personality.

Q: What would you say is your greatest accomplishment as an AHS leader?

I'd have to say that one of my greatest career accomplishments was taking the helm of Nebraska Medicine. While there, I led the development of a five-year strategic plan and initiated the journey to high reliability that helped transform patient safety and quality along with operational and financial performance. I'm a firm believer that the patient should be at the top of the healthcare organizational chart, so leading the charge around patient-centered care was very fulfilling for me.

Q: What are some of the challenges AHSs are facing, especially with the rise of consumerism and the move to value-based reimbursement?

From a market perspective, not only are AHSs struggling to maneuver the obstacles that all health systems are facing, they also need to overcome challenges unique to the AHS operating model.

Like all health systems, there's the increasing complexity of revenue forecasting and the fact that revenues are down for many systems, even though volumes aren't. So, executives need to rebalance and actively manage their revenue portfolios to avoid additional revenue decreases. Doing so means knowing their data as well as payers and developing a customized revenue portfolio strategy for their future.

Challenges unique to AHSs include continued erosion of premium pricing impacting top-line revenue and pressures on academic funding requiring increased investment from clinical funds. There's also cost and quality disparity between AHSs and non-AHSs, which is influencing consumers' choices for care.

Ironically, in terms of internal cultural challenges, what drove me to a career in academic medicine also poses challenges for AHSs. For example, the foundation of academic tradition often results in reluctance to change and an inability to admit when help is needed. While collaborative thinking and shared decision-making are necessary, the outcome can be decision-making inertia and a lack of nimbleness. Likewise with data-driven decision-making, which can lead to "analysis paralysis" and inability to execute with less-than-perfect data.

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You've been the "consumer" of healthcare consulting expertise. Are there mistakes you have made whilel working with consultants that other executives can learn from?

I'd say that when I have engaged a partner for assistance and things haven't gone as planned, the issues have fallen within a couple of thematic areas.

First, the partner didn't "know" my organization or understand the issues that made progress in an AHS more nuanced. Some lacked an understanding of the local market, along with the structure and culture of the organization, which is essential in helping drive needed change.

In other cases, the proposed engagement didn't address the real issues at hand and the partner knew it but didn't push back. I've found the best partners ask tough questions and push back in a respectful manner. Or, the partnership was built to only address one component of the puzzle or approached the problem in a unidirectional manner. For example, the engagement was approached as a pure strategy, an operational, or a funds flow problem, without understanding the important intersection of these components.

There also were times I was left with a great assessment and plan but without the ability to implement. Implementation is the hardest part of any solution and understanding what is necessary to execute is imperative. A partner who is willing to "roll up their sleeves" and work side-by-side with the front-line staff in implementation is a partner for life.

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Q: You used to participate in multiday expedition racing, essentially a scaled-back version of the "Survivor" TV series. Are there any parallels from that experience to the challenges facing AHSs?

In expedition racing, you use a map and compass to determine the route your team will take to complete the course. While I wasn't always on the fastest team, we were competitive because we were very accurate in our navigation. We used to say, "It doesn't matter how fast we are going if we are going in the wrong direction."

I learned from my time at Nebraska Medicine that the same can be said from a health system strategy standpoint. It's great to be fast and nimble in your decision-making, but you better have the right strategy in place to ensure you're heading in the right direction.

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A board-certified emergency medicine physician, Dr. DeBehnke oversees Guidehouse's academic health system (AHS) services. He most recently served as CEO of the Nebraska Medicine health system and CEO of Medical College Physicians, a faculty practice plan affiliated with Froedtert Health and the Medical College of Wisconsin (MCW). He also served as senior associate dean for clinical affairs and chief clinical integration officer at MCW, where he holds the rank of professor of Emergency Medicine.

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