INAUGURAL ADDRESS – DR. MARK MONAHAN
Tuesday, January 9, 2018

Thank you! I am excited and enthusiastic about the privilege to serve as your President for the next two years and to be an integral part of this fantastic organization as it nears its bicentennial in 2020.

I want to thank my wonderful wife Lora and my two sons Matthew and Michael for their support and understanding when I missed time with them in order to help the Academy.

I'd also like to thank all of our wonderful leaders who joined us this evening for their kind words of support.

The Richmond Academy of Medicine is not only the strongest local medical society in the State, but one of the strongest in the nation. Much of that success is due to the behind-the-scenes work of our dedicated staff. As members of the Academy we are so fortunate to have such an amazing team of hard-working and talented individuals who make all we do and accomplish seem so effortless. As every past president has told me, the staff are phenomenal and help us all look good. Please join me in thanking our Executive Director, Jim Beckner, and the wonderful RAM staff.

I recently read a book by Richard Branson of Virgin Records and Airways fame where he provides some useful advice on public speaking. "Keeping it short goes a long way," Branson says, so in that spirit I hope you'll find this talk goes a "long way" and lands relatively soon! I'd like to start by telling you a bit about myself and how I got here.

My hometown is Jacksonville, Florida, and while there were no doctors in my family, I was always fascinated by my pediatrician who lived around the corner, Dr. Edmund Weise.

When I helped my parents move into assisted living, I was touched to find my mother had saved two notes from the good doctor around the corner. One said I was "a nice boy" but urged me to STOP biting my nails. Well I still bite my nails but thank goodness for ICD 10 because now I know I'm an F98.8!

In thinking about this address, I've spent some time reviewing some of the recent inaugural addresses and noticed a recurring theme among our talented leaders: Whether it was our Immediate Past President Harry Bear, or his predecessor Peter Zedler and so on, each president in recent years has discussed the unprecedented challenges and uncertainties facing our profession. This got me to thinking. Charles Darwin said "It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."

So now, in January, 2018, I am happy to report to you that I sincerely believe that our ability to adapt, change and be innovative is one of the underlying, innate traits of the Richmond medical community. To use modern parlance, it's in our professional DNA!

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We are fortunate to be in a city where quality medical care has always been important. For those of you who are history buffs – and I know that's most of you! – I invite you to spend a few moments reflecting on the fact that our Academy dates back almost 200 years to 1820.

Yes, we are only TWO years away from celebrating our bicentennial, and tonight I'd like to give you a taste of the rich menu that we're now putting together for this once-in-a-lifetime moment for all of us!

When RAM began, Richmond was Virginia's capital city with a population of – any guesses? (pause for effect -- …. 12,000 people). And for those of you who are active in the Medical Society of Virginia, it might interest you to know that our first name was, in fact, The Medical Society of Virginia.

This lasted for roughly 30 years until 1850 when the two organizations separated, albeit with a LARGE local contingent remaining in MSV. That tradition continues today as RAM has over 2,500 members, and is STILL the largest single component of MSV!

In 1838 The Medical Department of Hampden-Sydney College opened its doors, and at the time was the 18th oldest medical school in the country. This institution evolved into the VCU School of Medicine. Interestingly, Students paid $20 to the professors for each of the six courses.

I think it's a little more than that now. Which is why YOU, the Academy members, have recognized the astronomical costs of medical school these days, and in response established the RAM Scholarship to help a talented VCU medical student complete his or her education. Our commitment starts with the financial aid but goes well beyond it, as our first recipient, Jessica Li, recently wrote Dr. Bear: "I truly appreciate all of the interest that RAM puts into enriching the experiences of its student members. The mentoring that I have received this past year through RAM are unique to the Academy."

Wow! Now if THAT doesn't speak to our bright future – and to the generosity of you, the present members in the room – than I don't know what does!

The Richmond Academy of Medicine Endowed Scholarship is just another in a long line of acts of <u>generosity</u> and <u>genius</u> that marks Academy physicians.

Yet still, not a day goes by without news stories criticizing our profession and the healthcare delivery system in this country. Well, I firmly believe Richmond is a great place for medicine, and I have some data to back me up.

Nearly a decade ago, some of the Dartmouth Atlas Data was reported and a familiar name to many of you – Dr. Atul Gawande – whose father is a urologist, wrote about 10 communities that deliver high quality, low cost medicine. Richmond was on that list.

Dr. Gawande postulated why the 10 communities did well and found several common attributes that I believe many of you will think of as nothing more than the normal way we do things here in Central Virginia. First he found that there is a "culture of Collaboration" that exists in these successful medical communities and that despite natural competition these communities strive to keep the patient's needs first.

I can speak to this from personal experience: Back in 1999, when I interviewed with Virginia Urology, Dr. Kinloch Nelson explained that two urology groups had recently merged. The mission of the practice was to provide excellent urologic care to ALL the people of central Virginia. The business model was that if you provided excellent care *for everyone,* (put the patient first) the practice would be financially successful. Even before that, Dr. Nelson had the vision to see that urology services could be best provided in an outpatient setting. He helped develop one of the first ambulatory surgery centers in the state that provides high quality, low cost services. Flash forward nearly 20 years: Our practice is still here, we are proud of the work we do, and I hope we thrive for years to come. And I know that many of you have similar stories you could tell.

This same culture of collaboration has also allowed local physicians, health systems and area free clinics to create our own specialty health care program, Access Now. This vital agency now serves thousands of low income, uninsured every year with free high quality care.

Another attribute of successful medical communities that Atul Gawande noted is that they foster physician engagement and physician leadership. In medical school I saw that in the staff at the Medical College of Virginia, now the VCU School of Medicine.

I participated in a summer program organized by Dr. Svirsky in oral pathology where we traveled to southwestern Virginia to screen for head, neck and oral cancers. He did it because it was the right thing to do and he wanted to teach that to his students, residents, and fellows by his example.

Around that time Dr. Walter Lawrence (who walked me up tonight) was leading the charge to ban smoking in public buildings. This was an amazing, and courageous thing to see in Richmond, Virginia, arguably the epicenter of the nation's tobacco industry.

Dr. Lawrence also fought to raise cigarette taxes back then and continues to do so now knowing that it will reduce cigarette use – the no. 1 cause of heart and lung disease and other forms of cancer such as the ones I treat as a urologist: bladder and kidney cancer. The smoking rate among Virginia's youth has dropped significantly since 2001 – about 5 percent more here than the national average for high school students. Dr. Bill Hazel says this didn't happen by accident, and includes the smoking ban in public buildings as one of the main reasons. Way to go Walter! Thanks, Bill.

Such demonstrable efforts and impact are some reasons why I believe that the characteristics needed to provide outstanding cost effective care are innate to the Richmond physicians.

Atul Gawande also points out that these communities fought to fend off threats to their successes. They do not want outside pressures to disrupt the relationships that doctors have forged with hospitals and with each other.

I believe RAM through our partnership with the three hospital systems, our robust and engaged physician membership, and excellent staff give us a unified voice to promote what we feel is best for our patients.

Many of us get involved with the legislative efforts for this very reason.

On the national level, Seema Verma, the administrator of CMS, seemed to confirm that when she wrote in a Wall Street Journal op-ed last year: "Providers need the freedom to design and offer new approaches to delivering care."

Finally, Atul Gawande ends by observing that medical communities like Richmond, Virginia "are learning how we can save both patients and costs. And in doing this, they are helping save our country. They are our hope."

Now that data from the Dartmouth Atlas of Health Care is a few years old . . . . . So where are we now? I hope you'll forgive me for using a sports metaphor, including one from a sport – hockey – that's not exactly a Richmond staple! And certainly not one a Floridian is familiar with! In his autobiography, hockey great Wayne Gretzky describes how at practices his dad would drill him on the fundamentals of smart hockey: (Gretzky was small and not as strong as most players)

Him: "Where's the last place a guy looks before he passes it?"

Me: "The guy he's passing to."

Him: "Which means..."

Me: "Get over there and intercept it."

Him: "Where do you skate?"

Me: "To where the puck is going, not where it's been."

So how do WE go where our profession is GOING and not where it has been?

Since the Dartmouth Data was reported, the docs in Richmond continue to stay ahead of the curve. I'll give you several examples through 4 different approaches to meet the Triple Aim.

First, Bon Secours identifies Palliative Care as central to its mission and quality improvement efforts. "Palliative Medicine has evolved significantly since 2011," says chief Medical Officer, Dr. John McCurley. "It is truly connected to who we are as an organization and is essential to the Mission of Bon Secours to care for the poor and dying." As I mentioned, the Dartmouth Atlas notes patients with chronic illness in their last two years of life account for about 32% of total Medicare spending, much of it going toward physician and hospital fees associated with repeated hospitalizations.

Bon Secours Palliative Medicine has now evolved to a comprehensive service that delivers care "without walls"; offering visits in inpatient, office as well as in home settings. It serves over 3000 new patients annually in the 4 Bon Secours Hospitals. The program continues to evolve into an integrated service delivery model for serious illness care called "COPE" (Coordination of Palliative Excellence). COPE now encompasses hospice, Home Health Skilled Nursing Care, home based primary care, and Noah's Children, a pediatric hospice program started by RAM member, Dr. Bob Archuleta, 20 years ago. Dr. Archuleta was recently named Richmond Times Dispatch Person of the Year for his founding role.

In addition to leadership in palliative Medicine, Bon Secours also participates in the Medicare Shared Savings Program and has produced care costs 7 to 8% below the MSSP ACO average while sustaining its quality care measures above the national average.

Second. MD Value Care, an ACO composed of private practice physicians in central Virginia was started in 2012. At that point there were only about 100 such organizations in the country. It now has over 500 physicians and almost 15,000 attributed lives in the MSSP in 2016.

Interesting facts:

MDVC had the lowest benchmark of all winning ACO's in 2016 in the United States (and was one of the lowest ever in the program). This means we're already the lowest benchmark in the country. This is something of a good news/bad news situation, though, since now they face the challenge of finding more ways to qualify for Medicare's Shared Savings.

Quality Score – 98.99% (The second highest of any ACO doing business in VA); Cost reduction Raw trend 6.4% lower than NFFS; Cost reduction of 3.3% less than expected cost.

Thank you to Dr. Cavalieri for providing this data.

Third. Virginia Care Partners was also started in 2012 (HCA and private physician partnership). Their leaders realized we (physicians) are being asked to demonstrate how we are providing high quality care, yet we typically don't have access to the same resources and technology used by hospitals and insurance companies to measure quality care.

In response to these challenges, a group of independent physicians, in partnership with HCA Virginia, came together in 2012 to establish the first physician-led, clinical integration network in Virginia.

"Medicine has really undergone a fundamental shift," said Dr. Gigi deBlois, then chief medical officer for Virginia Care Partners, adding that the era of no-costs-barred medical care is gone. "What we are working on is delivering not only great quality but also with an eye to cost," said Dr. deBlois, who I should note is also a former president of RAM!

VCP has now grown to 800 physicians and provides care to 200,000 patients while monitoring 150 quality metrics. This past year some of their contracts recorded decreasing costs of 5.5% while others demonstrated mild increases of 1-2%. Regionally and nationally, costs continued to climb for unmanaged contracts 6-8% demonstrating that our docs are bending the cost curve better than most. Good job!

Thank you to Gerard Filicko for sharing this data with us.

Finally, VCU has an innovative model to address the costs and quality of care provided to the indigent population. I spoke with Sheryl Garland who is the director of VCU's office of health innovation who reminded me that their Virginia Coordinated Care program has been in existence since 2000. It's goals for the indigent population are:

- **To provide a medical home with community PCP's**
- **To improve the health of the uninsured**
- **To enhance the patient experience**
- **To reduce the per capita cost of care delivered.**

In 2011, VCU Health's VCC established the Complex Care Clinic to treat patients with more than 6 chronic illnesses (wow 6). These patients also have financial, social, and other barriers that prevent access to care.

Within 1 year the clinic achieved:

- **44% reduction in admissions**
- **38% decrease in ED use**
- **49% reduction in total hospital costs**
- **$10,769 average cost saving per patient for total savings of $4 million**
    - **Admissions continue to drop 8-12% a year**
    - **Inpatient Costs have remained lower**

They found the combination of a stable medical home, education, community resourcing, and intense care management have been the key components for successfully coordinating care for the VCC population.

These are just a few of the many great ways we strive to take the best care of our patients. I am proud to be a part of the Richmond Medical Community. I am also proud to be your next President. I believe that the Academy will continue to provide a place and feeling of community for physicians. It provides a venue for leadership development.

As we look toward our 200th anniversary, the RAM Board of Directors will very soon make final approval of a new strategic plan. The top three priorities are:

1. **To focus on attracting and retaining our early career members, the future of our Academy by striving to make the Academy more valuable to them , more supportive of their work and by providing additional leadership opportunities for them.**

2. **To position the Academy as the Greater Richmond area's medical public policy voice within the state legislature, and**

3. **To evaluate and change as necessary our structure and practices so as to unite the House of Medicine in all its diversity including our health system partners, employed and independent physicians, nurse practitioners and physician assistants. This will include how best to welcome members from outlying areas who do not currently have a local society as well as making sure our governing bodies are reflective of the changing face of medicine.**

For nearly 200 years, the Richmond Academy of Medicine has been the home away from home for doctors and dreamers, healers and leaders, and thousands of gifted men and women who care passionately about advancing the cause of modern medicine. Now, as we approach the start of our THIRD century together, it's exciting to think about what our talented and committed members – yes, I'm talking about YOU! – will think of next!

As shown by our past, I am certain that we will continue to be one of the most visionary medical communities in the nation focusing on a culture of collaboration and a launch pad for continued physician leadership. But whatever direction medicine takes in the 21st Century, I'm also sure that Your Academy will be grounded in the core truths and lasting wisdom that has made a significant difference in my life – both personally and professionally. By the time we celebrate our Tri-Centennial in 2120, I'm quite certain that we'll still be guided by our common mission to serve as the patient's advocate, the physician's ally and the community's partner.

And as your new president, it is an honor and a privilege to work with each of you, guided by our common values & vision. THANK YOU!