

## HIStalk Interviews Ken Graboys, Managing Director, The Chartis Group

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### Tell me about yourself and the company.

Every firm is, to some degree, at its outset a reflection of the values of the motivations of its founder. I started in the Peace Corps, opening feeding centers and health centers in the drought areas of Africa back in the mid-1980s. When I came back to the US after several years, I knew that in my life, healthcare was where I wanted to try to elevate the human experience. In our country alone, there were enough challenges to keep me busy for a while.

I began work with a gentleman named Ira Magaziner, who at the time had a small consulting firm. It was a public policy and industrial policy firm that did some work in healthcare. After a couple of years, he was brought into the Clinton White House to help with healthcare policy. He asked some of us if we wanted to go to Washington.



I really loved consulting because I thought it created the opportunity to make change happen in real time in a customized, localized way. And that if you do it the right way with forward-thinking clients, it has the chance to create solutions that would be a beacon that the rest of the industry could look towards and take their direction from. While I believe that public policy and regulatory influences can do a lot to drive healthcare towards a better place, I also think there's a place for real-time development and prototyping of solutions. It is something I enjoy immensely.

He went to Washington and I went to work for a company called APM and worked there for 10 years, ultimately leading a large part of that firm. When APM sold to CSC to go into the space of IT outsourcing, myself and another individual named Ethan Arnold decided that we would start Chartis under a dual proposition. One, that a consultancy could exist that could help advance healthcare, predicated on thought leadership and conducted in such a way that we work side by side with our clients. Kind of like a great doubles team in tennis, where we work with folks who are the best at what they do where we both love what we do and together we can elevate each other's game and make something wonderful happen.

The second proposition was that as a mission-driven firm built around improving healthcare, we could influence the industry and enrich the experience of those who are the recipients of healthcare, those who work in healthcare, and those that support it.

Those two sets of values were the cornerstones of the firm. We had no idea what we would be working on. We just knew that on our deathbeds we wanted to say we tried.

Thirteen years later, we've been very, very fortunate. We work in an industry filled with visionaries, filled with incredibly smart, thoughtful folks who are also about enrichment. There's been a resonance between what we try to do and our clientele. This made for a wonderful experience, and I think in many cases, real advances for healthcare and the communities that have been served.

Today we're about 130 people pre-Aspen. We have offices in Boston, New York, Chicago, and San Francisco. Our principal area of focus has been strategic planning, accountable care solutions and network development, and clinical transformation.

## **Which of the projects you're working on show the most promise in making healthcare and society better?**

I'd like to believe that every one of our projects has in its way contributed to advancing the state of healthcare. Some have been from large national systems, thinking through, what does it mean to be a national system? What does it mean to provide care in respective communities across the country? How can that model bring more benefits to bear?

In some cases, we work with large regional health systems and help them move in a material way from their being volume-based to value-based, being based around care of a population, care of a defined group, care of a community in ways where the business model, the clinical model, and the overarching health and wellness model are intimately combined.

We do a lot of work with rural hospitals, metropolitan, urban hospitals that are challenged. Their world may be 10 blocks, or in some cases, it could be a 60-mile radius, underserved populations that are rethinking how care is delivered and with whom access is improved and outcomes are enhanced.

Everything we try to do is built upon our mission and our clients' mission. Those are the things that endure. Those are the things that are material in their impact.

## **What led to the acquisition of Aspen Advisors and how do you see that organization fitting into your mission?**

Beginning about three years ago, it became very clear to us — and it should have, if you're a halfway decent strategist — that the role of information technology in the future of care delivery was evolving at a hyper rate. From a historic role as an enabler — the downstream to-do list for a health system or provider — to a business tool, to the future of care delivery. Information technology as defined in its broadest terms becomes the means of taking care of a community's health. Your capabilities around aggregating, re-imaging, and employing information and the means by which those data are relayed and transmitted and applied is going to become central to what it means to be a healthcare delivery provider and to be a patient or a consumer of those services.

The role has evolved very quickly. If we were to continue to be at the vanguard of the advisory services for our clients and making big things happen, we had to be able to provide our clients leading edge thinking on that front and do so in a way that's fundamentally integrated with their strategy, their clinical models, and their financial models.

We knew we would have to bring that to bear and began a process of saying, who would be the right organization to work with? Is there another organization out there that is similarly mission-driven whose values and culture are around enrichment and around impact, and around the collective. Is there another organization out there? This is really hard to do, bringing two organizations together like this. We also need one that's intellectually compatible and thinks about the world the way that we do and wants to do the same things and is seen by clients the same way that we hope we are.

We felt incredibly fortunate to have crossed paths with Aspen at a couple of different clients. Dan Herman and I spent time together. Our world views, our organizational aspirations, and our missions were aligned. After about eight or nine months, it entered our minds that we can maybe do something really special in the industry. Life's too short not to try.

## **What technologies or what use of technologies do you see as most promising and what will you work on with the talents that Aspen brings to the table?**

Aspen brings the magic of thought leadership to bear that we think marry it well to where the industry is headed. Chartis, historically and now with a combined organization, hopes to provide some relative contribution.

At the broadest strategic level, we have clients that are asking the question, as we think about our next five- to seven-year strategic plan, it's not enough to think about traditional growth. I had one CEO of a \$10 billion-plus system ask me, how do I get our care delivery platform in the palm of one-third of this city's population? That's where I believe healthcare's going and I believe that's going to be the first visit in the future. We may not be able to provide every element of care along the way, but we want to be that guide, we want to be that starting point, we want to be that to the patient.

That's emblematic of the belief that the relationship between the patient, the consumer, and his or her health data and his or her health management and the means by which that occurs through technological tools and capabilities are going to fundamentally change. The nature of that relationship will change, the relationship between the provider and the consumer and provider and physician and the underlying business model. Helping our clients think about that has become an increasingly important question and Aspen has great strategic thinking about that.

There's a second set of questions around how we apply the business model to our population health capabilities and what's the underlying information technologies associated with that. But again, it's like a missing bridge for some of our clients, and to some degree the industry itself. It's another area where Aspen is incredibly helpful.

The third area is that for the organizations that have made major investments at this point in the EMR, how do we take it to the next step in terms of how an EMR can help us transform our care delivery platform and the alignment amongst our caregivers across the continuum and do so in a way where outcomes are much better and the underlying processes more efficient and safer? This has been an area where Aspen really shines.

For a lot of our clients, the CFO is concerned that as the economic model shifts and the clinical model shifts for the organization, can we make sure that our revenue cycle technology manage a divided reimbursement? This is again a center of excellence for Aspen.

Finally, I think where Aspen started and the core of its strength is that for a lot of organizations, you have this huge blueprint of things that have to be done. You have an information technology platform, department, and set of capabilities internally that is left with the incredible challenge of getting it all done. The best means of doing that and how to do that, the sequencing that's most effective at furthering that, can be a significant piece of work for an organization. It's an area where we can be helpful as well.

**You mentioned the health system that wanted to have their presence in palms everywhere. That made me think of the retail drug chains, which are way ahead of the average health system in putting out technology that not only captures more business for them, but also captures the engagement with their end user and provides them a lot of entry points along with their physical entry points – stores, retail clinics, that sort of thing. Are the technological capabilities of health systems up for that competitive challenge?**

I don't know that any particular segment is ideally situated to own that future component of the care delivery landscape. There's an obvious real advantage that the retail space and those that put capital behind it, be that Walmart or CVS.

If you spend time out in California and you see where the venture dollars and private equity dollars are going in terms of healthcare technologies and what they're trying to do for access, they want to be everywhere. Some have prognosticated—and I'm not saying this is an informed prediction by any stretch — that they can imagine a day where a vast majority of private care business will occur through WebMD and will be paid for through insurance.

I don't know that anyone knows where the data revolution will end and who will own what, except that the end state will be that the patient will have a different relationship with their own data and what they can do with it that where they are today. To that end, certain providers will have the opportunity to have a meaningful role in that, be that because they have enough scale or capability or because they've decided to participate in the commercialization of some of the required technologies outside their own house or because they've formed an appropriate consortium to do that. But I think we will see organizations emerge — and mixed partnerships we've seen in the past — where providers will do this, to play in that space in a meaningful way and not be downstream from it.

These are these the questions that we try to help our clients answer on a strategic basis. We're even better at it now that we have Aspen as a part of the thought leadership around the solutions.

**You experienced during your time in Africa the perception that public health projects are exported from countries with highly developed healthcare services delivery to those with less-developed healthcare services delivery. Do we understand in the US that we can't ignore public health?**

I don't know that anyone would suggest that public health can be ignored. I think there's a belief that it's essential. I think the strength of that belief is opposed by some economic realities of our superstructure that challenge the ability to place resources against the merits.

When you look at the dollars in Massachusetts, for example, that over the past decade have been spent to support interventional care delivery today for those who are underinsured or uninsured, they directly offset the dollars that have historically been spent on not only public health, but the socioeconomic programs that actually influence the health of the public, such as education, economic development and employment programs, housing programs. All the factors that contribute to the public health.

The challenge we have is that public health is well believed in, but the resources are increasingly drained from being applied against it. That burden, that unfounded mandate of shifting the economic superstructure towards health, falls upon the providers. They have to manage and capitalize and fund that cost of change. It's a real challenge.

Sociologists define problems as discrete problems and wicked problems. Discrete problems are those that have normal inputs and outputs. You just want to build a bridge across the Hudson. You know the inputs, the distance, the amount of traffic that will go over it, the weight requirements, etc. You can define a discrete output.

Dealing with the health disparities in this country and the underlying economics — that's a wicked problem.

The inputs are multi-variant and some of them are latent. The best we can all do together – providers, physicians, advisors, public health officials – is just work our best to advance the ball down the field as far as we can get it and just keep making it better.

**You are an altruistic person whose primary business is helping big health systems that are economically motivated to act in their own self interest. If you can help make them successful, is that enough to satisfy you that you're helping humanity in general?**

I have two thoughts if you'll let me share them both with you. The first is that we feel very fortunate because the clients we work with are similarly mission-driven as we are. It's about improving healthcare and it's about swinging for the fences. The folks we work with want to make meaningful change happen for their communities in big ways. We feel very privileged to work with those types of clients. I feel not only very, very good about the impact our clients are having that we play some small part in, but I feel very good about what it means from a mission and social perspective.

When I was in Africa back in 1986, I opened a feeding center in the Sahara on the Malawian border. Every day we would give out several metric tons of food, mostly raw grains that would come in these big burlap sacks. On the burlap sack, there would be a shield symbol representing USAID – US Agency for International Development. Coming in with the food supply shipments would be a report showing where the source dollars came from that provided that food. Often there would be workers in various factories and plants that were taking part in this African food initiative where they checked the box on their forms and gave a dollar a week to famine relief, back during “We Are the World.” It was a very big social issue.

I'd be there handing out these sacks. On one hand, it felt great to be a part of a solution. On the other hand, I realized the only reason I was there is because someone in Dearborn or Flint, Michigan had said, “I'll give a dollar.” You realize that we're all just links in a chain. We're threads of a fabric that together can do great things, but apart, not much.

I feel really good about the link in the chain that we are and what we can do, but I feel even better about the chain. We've worked with great folks over the last 15 years. There are a lot of good folks doing a lot of great things. We feel very fortunate to be a part of it.