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Jeremy Blanchard, MD Podcast – Episode 101

Ken Segel, Value Capture

Welcome, guests, to the Habitual Excellence Podcast. I'm Ken Siegel, the moderator and one of the principals of Value Capture.

You know, we're really privileged on this podcast, because we get to talk to healthcare leaders who, in the seat, have used values to create tremendous value for others.

And today is no exception.

We're gonna talk with Jeremy Blanchard. Dr. Blanchard is the System Chief Medical Officer for Northern Mississippi Healthcare Services. And he is absolutely key to an organization that, with real excellence, has taken value-based care from an abstract concept to a deep and true engine of good for the communities they serve, as well as every member of the health system.

And at a time when value-based care can be pretty abstract to a lot of people, it's very real for Jeremy and Northern Mississippi. So, Jeremy, thank you for being with us.

Jeremy Blanchard, MD

Sure. Thank you for having me.

Ken Segel, Value Capture

Jeremy, I sort of bragged on you a little bit, but will you sort of introduce yourself and share a little bit more of your journey as a physician and a leader, and what's brought you to this moment in your career and this work?

Jeremy Blanchard, MD

Sure.

So, by training I'm internal medicine trained and then an intensivist. I did not do pulmonary critical care, I did straight critical care, because I trained in the military, and I just wasn't a big fan of getting stationed in a small little place where I couldn't practice critical care.

Because of that, I trained at Walter Reed in critical care and then attended Johns Hopkins Neurocritical Care. I dabbled in research and started a neuro trauma lab with a colleague of mine.

But I was raised by a single mom, sort of that American dream kind of story, and my mom got sick, so I got out of the military and I started an ICU from scratch in Richland, Washington, which is in the southeastern part of Washington.

Our hospital was somewhere between 250 to 350 beds, and we had 13 critical access hospitals that transferred to us in a 20-bed ICU.

We ended up in that time using a system called Project Impact, which then morphed into, was bought by Apache, and then made Apache Outcomes. And we were number one or number two in the nation for three years in a row, one year with 60 ICU nurses with no nurse turnover.

And that was really a dyad model — myself and a nurse manager that had been in oncology originally. But we developed this culture where people were treated with dignity and respect.

The mission statement was:

Every patient will receive compassionate, dignified care using evidence-based medicine in a team-empowered environment.

And that's really where I began to cut my teeth on innovation.

We had wellness bundles in 2010 that included wellness bundles for patients but also wellness bundles for staff. And a lot of that led to more efficient approaches to care, higher quality of care, as well as cost-effective care. It also allowed me to get resources because of my ability to articulate that in ways I hadn't had before.

I saw a president of a hospital make a decision that I thought was egregious.

So I went and got a master's in business and became a CMO — because if you can't follow, you gotta lead.

And so I really felt the patient's voice and the caregiver's voice needed to be at the table.

Now that was a little bit of a fallacy for me, because I thought I could represent the caregiver. I thought I could represent the patient. But what I've learned over time is that's not the best model.

The best model is to empower the voice of the patient and to empower the voice of the healthcare provider.

That allows me to cover anything from an advanced practice professional to a cardiac surgeon.

So what I try to do is help them bring their voices forward in a professional, efficient, and frankly impactful way.

And that sort of guided me through my journey.

I've done a bunch of different kinds of stuff, because the master's I did was in entrepreneurialism. So I brought an end-of-life company to market. I've been part of a little bit seasoned startup in cultural transformation. I've been part of a pro football startup league as well. And then other CMO gigs along the way.

And in that journey, I think part of what you and I have talked about, Ken, that's pivotal to my view on value-based care is relationships.

Ken Segel, Value Capture

Yep.

Jeremy Blanchard, MD

So all of what I've done has been how do I prioritize the other part of the relationship feeling valued.

Whether it's an individual, a group, an institution, a business, a community, a state, or a nation.

So all of my activities are aimed at developing my core value statement, which is to bring voices to the voiceless and then to hold them accountable — and myself as well — to achieve a quality of life that they find joyful.

And so everything I've done, including what I do right now, is aimed at that.

And I think we're planning on talking about value-based care and how that plays out. But you could ask me anything along my professional career and I could relate it to that.

Ken Segel, Value Capture

We find that top-performing leaders who create legacies that really last all have a very common core that everything else stands from.

So that resonates with me.

And your words about dignity and respect are often at the core of it. So thanks very much, Jeremy.

Before we dive into value-based care in a deeper way and its connection to your personal mission, tell us a little bit more about North Mississippi Health Services — what it is — and then we'll get going.

Jeremy Blanchard, MD

So North Mississippi Health Services is an eight-hospital system covering 24 counties in Northeast Mississippi and northwest Alabama.

We have about 90 clinics, although when I came here six years ago it was 43, so that's probably changing on a daily basis.

We also have four skilled nursing facilities.

We have about 1,300 medical staff, a little over 7,000 employees, and about $1.5 billion in revenue.

We have days cash on hand like $3.50.

And we have two Malcolm Baldrige awards — one in 2006 at the flagship here in Tupelo, North Mississippi Medical Center Tupelo, and one in 2012 which was a system Baldrige.

I'm careful to point out though — that's not who we are, that's who we've been.

Baldrige is not a destination, it's just a marker of a journey, and we continue to evolve. We're pretty nimble.

But we're lucky that Mississippi flies under a lot of radars.

And we are just so committed to our secret sauce:

Each person matters.

And the way that you help a person know if they mattered is by listening.

So we listen well.

Ken Segel, Value Capture

It's incredible.

And as is your determination and your progress toward bringing Mississippi to the top health status in the country through your service areas.

So we'll get to that.

Let's go back now to value-based care.

For many it's become sort of jargon in healthcare, but not for you all.

You already shared that it connects directly to your personal mission statement — which is all about the other person feeling valued and building relationships.

But these are not just words to you. These are a way of building systems.

So can you talk in a little more detail about how value-based care and implementing it ties to that sense of relationship and others feeling valued and heard in a very practical way for you?

Jeremy Blanchard, MD

Yeah. If it'd be okay, I just want to give a little foundational part to that.

Ken Segel, Value Capture

Of course.

Jeremy Blanchard, MD

So I remember in 2012 I was a CMO in Bellingham, Washington.

I remember seeing a caricature of a person with a foot on a dock and a foot on a canoe.

The dock was fee-for-service and the canoe was value-based care.

And they were in the middle of going into the splits.

I think one of the oxymorons of this conversation is when we say “getting to value-based care.”

I actually don't think it's a destination.

It's actually a journey.

And the reality of it is people do not live in episodes.

People live in continuums.

Why do we deliver healthcare in episodes when people live in continuums?

And what value-based care is for us and for me is really about how do we honor each individual and each community in being able to live a quality of life they deem impactful.

To do that we have to start by listening.

We've built in a lot of different things, but just doing the skeleton of it:

You need a workforce to deliver value-based care.

You need to be able to monitor the quality of care that you give.

And you need to have the voice of whoever's receiving that care, whoever's delivering that care, and whoever's paying for that care all in the same conversation.

And understanding their needs as you develop this system to deliver a continuum of care.

If you're really going to do it well, it has to extend beyond the ones from whom you get revenue.

So in my mind it's about how do we change a regional area, not necessarily how do we just change our network.

And it's from developing partnerships that also feel relationships are valued.

Each one of those is a conversation opportunity we can have here.

If you were going to say in a nutshell:

Developing the workforce is relationships with people who deliver care.

So we have four or five relationships with nursing schools.

We have a relationship with an institution that gives us PA students.

We have a relationship with an institution that provides many different things. I teach leadership in the business school at Ole Miss.

We also have embedded a PhD in a type of research called community-based participatory research — again looking at creating that conversation.

We also look at how we develop people who come from outside our region and move to our region to deliver healthcare.

How do we acclimate them?

Sometimes language begins that process.

So we actually have a linguistics relationship with Ole Miss to do that.

Ken Segel, Value Capture

And then we have developed, my colleagues have developed clinics within the workplace.

Jeremy Blanchard, MD

So, at Toyota, we have a clinic that we work with.

And then, from that, we have developed influence on the third-party payers to be able to have a voice, but also to be able to fight back on that voice, and to develop professional resources to have the right kind of conversation at the right level.

So, and then part of it is being able to manage your money as well.

You know, Intermountain Health, many years ago, had a challenge arise when they subcontracted out their billing, and the billing statements came back and were difficult to interpret and frustrating, and it affected the way that they looked within their community. And so they took on billing, and that was part of that relationship, because again, people live in a continuum, not in episodes.

And so, we've done that with our medical staff as well.

When I came here 6 years ago, we had 24 residents. Now we have, and 60–70% of all of our family medicine residents, which was the residency we had at the time, stay within Mississippi and Alabama.

Now we have 96 residents and 4 cardiology fellows, because we have an internal medicine program. We just submitted for a pulmonary critical care program, and then we're entertaining multiple other programs, not to become an academic center, but rather a rural teaching center.

We're the largest rural hospital in North America, so to give you an example, we have a census around 400 in a town of 35,000.

Ken Segel, Value Capture

Wow.

Jeremy Blanchard, MD

And so we do a hub-and-spoke kind of care, but all of those things are things other people can replicate.

But what is very unique about us is we use mindful listening, and we don't always know what that means, and not everybody does, but we teach to listen to understand, not to reply without judgment.

And because we teach to listen well, we begin to hear other people's voices, and they can hear us, and they feel valued.

And we are really trying and learning and committed to the communities we work with feeling valued, and beginning to educate them to be part of our health system.

We have over 4,000 patients as part of our advisory committee for patient experience, that we're using, for example.

Ken Segel, Value Capture

Wow.

Jeremy Blanchard, MD

But we don't have it all, you know… we have a lot of failure along the way, too, but we're trying to use these different modalities of relationships in a highly reliable way to develop rebar and foundation to build these relationships that can deliver a continuum of care.

Ken Segel, Value Capture

You know, Jeremy, we first met each other through a group of healthcare leaders trying to make healthcare better called MedVail, and it's a great place, and I treasure the relationships.

And, you know, over our conversations then, and thinking about this podcast, a couple things strike me.

One is your serious but optimistic tone, and I think you used the word innovation.

And, you know, at a time when everybody else is feeling sort of crushed and sort of moving backward, what I hear is growth and strengthening relationships and new opportunities being created.

And I know that extends for you, too, to how you've rethought the medical leadership model, and what you're training for, etc.

So, am I right that you sort of have an abundance approach, and talk a little bit more about what you've done with doctors and other things within that innovation mode.

Jeremy, we've lost you here for a sec.

Jeremy Blanchard, MD

Yeah, the Welcome to Mississippi, lightning hit, and it knocked out our power, and we just went to generators.

Ken Segel, Value Capture

Alright, well, we can edit this out.

Here you are. Awesome.

Well, it knocked out your system, that's great. All right, well, we can edit that out, but you heard where I was going.

Abundance and innovation really strikes me when I talk to you, and is that right? And I know it extends to your medical leadership training model, too. Could you talk about that and some other examples?

Jeremy Blanchard, MD

Sure.

So, one of the words you mentioned that is an interesting word for me is legacy.

So you mentioned that very early on, and actually, I don't run from the word legacy, but I don't run towards it.

I'm not interested in people remembering me, but I guess if you were going to say, well, what is your legacy? It would be the relationships that I empowered through developed systems and processes that supported them being empowered.

So, when you talk about the leadership model, for example, when I came here, we had a leadership institute called the Physician's Leadership Institute, and it was really great.

And they had started to develop relationships with private practice and the administration of the hospital system, so that we could work together, and we have an accountable care organization that is developed out of that. A lot of positives, but now, healthcare as a business model, if private equity's in your neighborhood, it's there.

So we actually have developed a business model response to that, that we compete with private equity, so we haven't seen new private equity, knock on wood, in a bit.

And so we don't really need the physicians left in private practices to develop this skill set.

And then, because we're not a huge system, I mean, we're only 1.5 billion. I know that sounds big, but it's not as big as a 5 billion one, for example.

Ken Segel, Value Capture

Our guests know, yep.

Jeremy Blanchard, MD

Yep. And because of that, we don't have a lot of physician executive roles, and I really felt, well, okay, if the goal is not to develop the relationship in a unique way where people understand the same verbiage, if it's not about developing physician executives, is there a better way to develop leaders?

And in the midst of this, running in parallel had been my commitment to energize our medical staff involvement.

And we've done that in many different ways, but over the last 6 years, we've actually increased our number of formal medical staff positions by 42.

So, that has come through professional citizenship committees, it has come through developing a peer review at every single hospital, even the ones with 6 medical staff, and training them.

It's come through developing ad hoc committees that looked at different kinds of things, and then we send each one of these medical staff to a Horty Springer conference that we actually bring the speaker to, to give them the same verbiage, the same knowledge.

And then we've created a system in the background that's very consistently used to have an educational approach to peer review, an educational approach to disruptive behavior. Obviously, we deal with egregious stuff in a different way, but for the most part, that doesn't happen very often.

Then we've provided opportunities to learn how to do Crucial Conversations, or for me to develop dyad physician leaders using personality assessment that all three of us take, openly talk about. We use a book to guide it called *Why CEOs Fail*. It's a Hogan assessment.

And then we also have done some subcontracting, so if they really want to grow, I send them to the American Association of Physician Leadership.

And then through the community, and then we built it into our GME program, or Graduate Medical Education program, too.

So that research arm I talked about, community-based participatory research, actually creates a template for residents to be supported to go out to communities to solve health problems that are left with a resource in the communities to sustain it.

And then we've also done it in our philanthropic arm.

This was before I came here, but we have a hope fund that only physicians and advanced practice providers can donate to, and the board decides where we use it for patients, like NICU cameras so grandparents can see their grandkids, a lift in the Whirlpool in the Wellness Center to help with paraplegics, etc.

So those all come from our physicians' recommendations.

So again, all of these have developed relationships where our physician leaders are now invested in our medical staff leadership rather than in our executive leadership, and because of that, it allows us to move forward with alignment as an organization.

And so that's an example of the physician side of it.

Ken Segel, Value Capture

I love it, changing the thought process from leaders sort of chasing the top to we need all of our physician leaders to be leaders in the best sense of the word, and what does that mean, and the relational basis of it, and the community anchor to it, multiple levels of community.

And I think we can feel the sustainability emerging from that as well, and as well as the satisfaction, right?

Jeremy Blanchard, MD

Yeah, it's interesting. That concept is really turning over accountability, impact, and opportunity to the people doing the work.

Ken Segel, Value Capture

Yes.

Jeremy Blanchard, MD

So, for example, a greater example, I think, of this where we've done that is, when I came here, quality was owned by our quality department.

Now, quality is owned by the nurses at the bedside, and the nursing leadership and our quality department are consultants, subject matter experts.

We've done that with safety as well.

So, it really lives in the people doing the work.

And COVID was, even though it was tragic, it was an accelerant for us, because it really showed every single person mattered.

So now, when we say everybody matters, it's not lip service, it really means it.

So that has been a really cool transition, and we're trying now to do that with patient experience. That's our next opportunity in that realm.

Ken Segel, Value Capture

Dr. Blanchard, long-time audience members or people that we've worked with sort of know why I'm smiling, because this is what we preach, right?

Quality is not going to be produced by the quality department. It's a characteristic of the people doing the work, operation, supported by these great experts.

But so much of healthcare gets that balance wrong, and we don't get the results that we should as a result.

And the way you're doing it, we know really feeds that flywheel, right, of satisfaction and success and respect.

So, terrific. So great to know that you're doing that in all those respects.

Jeremy, talk a little bit about, we're talking about the innovation and centering it in very powerful ways that everybody can relate to, but it is a cloudy future out there.

How does this sort of way of thinking about systems built on connection help you approach the future, and what are the sort of systems and tools that you use explicitly to look out there when things are a little bit foggy?

Jeremy Blanchard, MD

Well, not to be too metaphorical, but every cloudy day is a promise of rain, which is necessary for you to grow your crops.

So, we continually are looking for opportunity.

A great example would be 5 years ago, maybe 4 or 5, we decided to redesign. We actually had a coined term that was the Great Redesign, and GREAT is an acronym.

When I met with my chief quality officer, I said instead of, because some people were seeing this as a reduction in workforce, I actually saw it as a reorganization of priorities.

Ken Segel, Value Capture

Yeah.

Jeremy Blanchard, MD

So we took our strategic plan and reorganized it into our manpower approach.

So that tool really was very amenable to an entrepreneurial operating system called *Traction*.

Ken Segel, Value Capture

Yep.

Jeremy Blanchard, MD

Traction is a book written by Gino Wickman, and it's an entrepreneurial operating system, but there is this other nugget of gold called intrapreneurialism.

Ken Segel, Value Capture

Yeah.

Jeremy Blanchard, MD

And being that I have an entrepreneurial master's, we use intrapreneurialism, so we look for patterns in other disciplines, other fields, other businesses, and apply them.

And by doing traction, each person on our team has a set of priorities that they can then say, okay, although this is important, it isn't my priority.

And then it cut our meetings by 10%, it led to much more accelerated change in a positive way.

So that was one of the tools.

The other tools have been really looking for things that help us to be more efficient.

So, with every new employee, we ask them to identify a hassle factor, and then we remove it.

For example, we had a new nurse, and we were doing that shift back from documentation in COVID to returning to regular documentation.

And this nurse said, there's so much redundancy.

So our acute care nurses went through and looked for redundancy, and they were able to remove 34 minutes per nurse, per patient, per shift of documentation.

That allowed us to be at the bedside.

For docs, I'm sure a lot of your clients are using this, or your members, and that's Abridge.

So we actually looked for how do we make life better for the person providing it, and we've had great results with that.

The literature would say for every hour of clinical care delivered by a family medicine doc in an ambulatory setting, they have 1.5 hours of administrative work.

One of the opening statements, a testimonial, but it was sort of consistent across our pilot group, one doc said, you know, I saw 28 patients today, and I left at 5 o'clock. I haven't done that in 6 years. And all my notes were done.

Ken Segel, Value Capture

Yeah. Very doable.

Jeremy Blanchard, MD

So that was enough.

I think looking for, you know, think about it, if you really value relationships, what does that look like?

Today's my wife's birthday. She just got back from a trip. I had a birthday card that's on her bedside table, so when she opened her eyes, there was a birthday card.

I called her and said, hey, where can I take you to dinner? These are a couple options, I'm happy to do the reservation, everything, I just want to make sure it's where you really want to go.

That's what relationships, thoughtful relationships, even after 38 years of marriage, look like.

And I think if you think about it, that's how we have to look.

So, we do it again and again and again.

I just did a seminar for a not-for-profit in the community for free that deals with domestic violence to teach them how to listen, to understand, not reply without judgment.

It is a skill set that can apply everywhere, but we don't do naturally.

I mean, how many times are we in a conversation where we're waiting for the other person to take a breath?

Ken Segel, Value Capture

Right.

Jeremy Blanchard, MD

Well, when you listen to understand, not reply without judgment, you're not waiting for them to take a breath, you're trying to understand what they're trying to tell you.

And once they know you do, then they can listen to you.

And so that simple technique, when done at a community level, can even be more impactful, and then when done at a state level, can be really impactful.

So that is the other technique.

And then I think the last part is because we've helped people feel valued, now we get their input we wouldn't otherwise get.

So, like, our surveys for involvement of our teammates is very high return rate, usually in the high 70s, and we've continued to grow dramatically.

Compared to other businesses across the nation, not only healthcare, we're right at that top percentile, decile.

So, it is really a consistent approach.

That's why I think this organization is pretty unique for me because all of my colleagues are servant leaders.

I've been in places where they talk about servant leadership, but the three superpowers of servant leadership are accountability, vulnerability, and curiosity.

And it's always available to be that way.

And the innovation part that you alluded to, because of my entrepreneurial masters, my CEO lets me run.

So, we have done a ton of innovation, but others are doing it too, and we don't have an innovation center, we don't have any of those kind of resources that Cone Health has, or Penn has, or something like that.

But we have calculated risks, and because we engage in dialogue rather than monologue, I think we can have opportunities others couldn't, which allows us to better take care of our communities.

And that is what value-based care is.

It's relationships that support people wanting to be taken care of by you, and people wanting to take care of a community, and then being able to do that in a way that's systematic and organized.

And it's really beautiful when it works.

Ken Segel, Value Capture

Dr. Blanchard, as you spoke, trying to be present and listen carefully, one of the things that emerged for me was:

In the dialogue, when you're listening to understand, one of the powers of it is not just gaining the trust of the other person, because they feel heard.

But you yourself understand more.

You have grown.

You are more likely to understand the problem through human eyes, or the challenge, or what they need, and that can guide your own actions, or your own actions collectively in a much better way than showing up with the answer and just trying to win enough trust to get them to buy it.

Jeremy Blanchard, MD

Yeah. Right?

Ken Segel, Value Capture

So it's the binary nature of it.

Jeremy Blanchard, MD

Yeah, I agree with that.

I will say that the greatest fulfillment I get is when I'm facing outwards.

So, I always tell people, like, when I talk at our new employee orientation, or other places, what are the three most powerful words in the English language? They're, I love you.

But the next two are the ones that really move a culture, and that's thank you.

If you authentically say thank you, it's always facing outward.

And all the I words are really facing inward.

Even when you say, I love you, the other person doesn't have to accept that. It's really about me.

When I say, I understand, it's really about me.

And that begins to verge into what's the difference between sympathy and empathy, for example.

Sympathy is, I understand how you feel.

Empathy is, wow, that must be really tough to feel the way you feel.

And so, I think because we're really relationship-oriented, we're very focused on the other members of our relationship.

That doesn't mean we don't look at ourselves, but we're very focused on that.

And that allows us to show up differently than competition, for example, even.

And then, because we develop a highly reliable approach in the same vein, those two together are super powerful.

That's why we have Great Days Cash on Hand. That's why we continue to grow.

And you're right, we've watched other hospitals in our area decrease beds. We're opening up beds.

We've opened up all the units we can open, and now we're remodeling to open more.

And it's hard when a patient is transferred out of our area, and it's wonderful when they tell me how wonderful the care was we provide.

Ken Segel, Value Capture

Incredible, and you're citing different evidence of that.

Again, that flywheel, that virtuous flywheel of success coming from the right core behavior, again, repeated again, and made systematic.

Terrific.

Are there any other sort of success metrics that you want to talk about, rather than metric, but signs that it's really happening, that you're making the change you want for the communities that you serve?

What are some of those outcomes?

Jeremy Blanchard, MD

Yeah, I think one thing that's really important with this concept is your outcomes are only important if the people who are delivering think they're important.

Ken Segel, Value Capture

Right.

Jeremy Blanchard, MD

So, for example, ongoing professional provider evaluation, OPPE. I know everybody that's in an acute care setting has to do that.

And the question is, do the physicians feel it's valuable?

So we actually go to each of the departments and say, how do I know you're a great doc?

What do you want me to measure in your discipline to show you're a great doc in these three areas: citizenship, quality, and stewardship?

And then out of that, that's how we create our OPPEs, and then we make sure that they can be loaded, not manually, but in association with a vendor like Premier or something like that.

So, I think that's an example of how do we measure that quality.

For example, one of the challenges is everybody looks at length of stay, right?

I mean, it's a quality determiner, but it's a financial determiner, so it's very nice.

But who affects your length of stay dramatically?

It's your long-term care facilities.

And we don't own a lot of our long-term care facilities, so we've created a collaborative where their voice matters, where we support them, where we can negotiate, where we can help.

We've started having medical directorships that have helped support that. That would be another version of that.

Ken Segel, Value Capture

Yeah.

Jeremy Blanchard, MD

You know, or if you look at our third-party payers, we have the difficult conversations with them to say, why are you looking at this? How do you want us to change this? Is this real? Can we share data? Can we talk?

And we do that with the state, we do it across, and we have a lot of room for that one to continue to grow. It's very challenging.

But we also have made the really tough decisions at times, and actually severed relationships.

Ken Segel, Value Capture

Right. Especially with some Medicare Advantage.

Jeremy Blanchard, MD

Just because it's not good for patients, and it's not good for us, and don't always appear to have a level playing ground.

So, I think, again, what is important to the audience that's important to you?

And then from that, develop quality metrics.

I think the one real problem can be not what is important, but what is interesting.

People want to collect data about what is interesting, but they don't know what they'll do with it.

So we have almost data governance in the way we approach those.

Ken Segel, Value Capture

I love it.

One of our early experiences was helping a leader of a big academic health system start to bring some of the same thinking you're talking about.

And he went to the community to say, what did they value?

And it turned out they really wanted to get back to work, get well and get back to work as quickly as possible.

So that became the measure they really shot for, return to work.

It was powerful. It caused a lot of different alignments to shift in a very positive way, so I really resonate with what you're talking about.

Are there some value-based care things or population health things that the communities have determined are important that you're proud to see where they were and where they're going?

Jeremy Blanchard, MD

Yeah, I think, you know, one thing that we've really worked hard on, and my colleagues have, is…

They really want to know their nurses, see them as human beings, and understand where they're from.

So, a year and a half ago, we really hit the travelers, not during COVID, but after COVID. We lost, you know, a huge number of nurses out of Mississippi with COVID.

So, a year ago, year and a half ago, we had 160 traveling nurses across our system. I think we have 6 left, and we should be zero here in a couple months.

And so, what we've done is we realized that relationship building is… when people feel heard, even in a community setting, then they become supportive.

So, they've been really supportive of us bringing in new nurses.

We even have a… we're, you know. Well, the current administration of the U.S. has changed immigration a little bit, but, you know, we have relationships with… to begin to bring in Bangladesh nurses. We have a few, but that's slowed down. I'm sure a lot of people have that, too.

So, you know, really building our relationships and building that community.

We're building housing for our residents and our traveling nurses that, you know, live… that migrated here, which, again, you know, we've learned from others.

So, a lot of what you hear is us looking to best practices.

It is very common for me to call Jeremy Coswell, who is the CMO, system CMO with Sanford, or St. Luke's out of Idaho.

Ken Segel, Value Capture

Adam.

Jeremy Blanchard, MD

You know, because I don't think anybody can do this alone.

So the relationships need to extend into your network, they need to extend into your third-party payers, they need to extend into your patients, and they need to extend into those you're working with and your teammates.

And so we're continually… I think part of our innovation is that we continue to innovate, but not for the sake of innovation, but for the sake of improving relationships, and therefore the outcomes that follow those relationships.

So how you do things is important.

And I think those conversations, listening to that, makes a big difference.

That listening can't be defensive.

And so, that is a really important part of that whole thing, no matter where we're at, or what we're doing.

And our communities, you know, all have community board members, and we've created cross-pollination of that, so all voices of the communities matter as well.

And so we act as a system much more than many systems do. Many systems, in my experience, act as co-ops.

Yeah. And we act, actually, as a system.

People's voice matters.

We make changes based on community hospitals, no matter how small you are, you know, to be better.

Ken Segel, Value Capture

Yeah, that's fantastic.

Jeremy, I could talk to you all day, but I'm going to ask you one final question, because it's another thing that struck me in the past.

As part of your relational focus, you are a leader, a chief medical officer, that not only is not bothered by conflict, you like it.

Can you talk about how your approach to conflict, what it is, and how you fit it into building stronger relationships?

Jeremy Blanchard, MD

Yeah, many years ago, I had a CEO who wrote a letter to the staff, and one part of it said she likes to mine for conflict.

And I like that term a lot, because you don't mine for waste. You mine for gold. You mine for gems.

And so, I see conflict, if it's addressed very early, as leading to generative conversation.

So, when I think about conflict, I'm not thinking about a fistfight.

people… two people with very differing opinions, and I want to… I have curiosity. That's one of the superpowers.

I want to… why do you think that? Tell me a little bit more, will you? Let's look at this. Let's see if we can learn from each other.

How could I maybe change?

Or, if we don't want to change, say, well, could we try this for 6 weeks, and we'll measure this, and then if it doesn't work, you might be right. Let's look at a different way.

And so, when you begin to look for conflict very early, and you're not uncomfortable with it, it turns out people feel more valued.

Because they had a different opinion to begin with, and now if their opinion is valued, they feel as if they are valued.

And I don't think you have to have trust. I think trust is talked about too often.

I think when you treat people with respect and demand to be treated with respect, and I don't mean that like yelling that, I mean by your behavior, then what happens is people trust you whether they like you or not.

Ken Segel, Value Capture

Right. And I think that that's…

Jeremy Blanchard, MD

That is super powerful, but I guess that'd be my response on the mining for conflict, but I do it all the time, and I really have…

It doesn't matter who you are, even my CEO, you know, I'll ask, sort of… not intrusive questions, but…

I don't understand. Could you help me understand so I could be a better support for this, or…

I don't know if I can get that done by this time. What would it look like if I did it a little bit later?

Or, I'm not sure I can do this without a resource.

How about the other people that fail? Why did they fail? And I'm not sure I can be successful? What would it look like if I was successful?

That kind of stuff.

Ken Segel, Value Capture

Great, great stuff.

Well, I think our audience is certainly getting a sense of your power as a leader, but as part of a group of leaders who are choosing to make value-based care real, and linking it so much to values and mission, and it's exciting to hear about, and it's exciting to hear about your path.

Jeremy, if people wanted to learn a little bit more about your work and that of North Mississippi, how would they do that? Where would they look?

Jeremy Blanchard, MD

Well, I think, you know, obviously we have a website that you can look anything up, but if people wanted to reach me for some reason, it's jeremy.blanchard at nmhs.net.

And I do want to clarify one thing.

You know, I use I because I feel I need to be accountable for what I say, but there is nothing I've ever done by myself.

Ken Segel, Value Capture

Right.

Jeremy Blanchard, MD

I mean, I have the most incredible team.

I think the other thing that I've said to you is I always want to be the dullest tack in the room. Because at whatever job I'm asking someone to do, because I want to have recruited, to hire, to attract, to develop, to empower the sharpest tacks.

Ken Segel, Value Capture

Yeah.

Jeremy Blanchard, MD

Have them feel empowered and valued, because if I do that, then our team's going to be incredible.

In fact, my compliment is, and this is a hard one for some people, but when my CEO says, can I talk to one of the people that report to me about X, Y, and Z, just being, you know, polite, I'm like, absolutely.

To me, that means I recruited somebody that my CEO sees as so valuable, and I'm not threatened by that.

Ken Segel, Value Capture

100%.

Jeremy Blanchard, MD

And it is amazing the impact that has on a person who feels like you value them.

Ken Segel, Value Capture

And it can have a much broader impact on the culture if that becomes the way, and it's not threatening, but, you know, the person who knows the most in the room is the boss, you know, and sort of, you know, and all of us can be.

So, love it, love it, love it.

Jeremy, it's been a treat, it always is. I know our listeners will be excited.

Listeners, if you haven't already subscribed to Habitual Excellence, please do on your podcast platform of choice, and remember to like this episode.

Dr. Blanchard, really look forward to continuing to learn from you and seeing what you and your colleagues at North Mississippi continue to do in a way that makes the values so many hold real for so many and the populations you serve.

Thanks for being with us.

Jeremy Blanchard, MD

Yeah, thank you, and you know, don't undervalue you asking a question I've never thought of.

I've searched for people who ask me questions I haven't thought of, because that's how I grow.

It's the questions I have never entertained that are the ones that are the most powerful.

Ken Segel, Value Capture

The questions work on you, right?

Even when you don't have the answer, they just work on you.

There's something… there's something amazing about a powerful… and they're often simple questions.

It's terrific.

All right, well…

Jeremy Blanchard, MD

Good day.

Ken Segel, Value Capture

Take care, thanks.

Jeremy Blanchard, MD

Thanks, bye.