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**Ken Segel (Value Capture):**

Welcome, listeners, to what I think will be an exciting, insightful episode of *Habitual Excellence*. I'm joined today by Dr. Robert Mandel, President of Clinical Excellence and Chief Medical Officer at Carilion Health.

Robert and I have known each other and worked in the realm of habitual excellence and value creation at different points over the past two decades. He's a leader who has embraced these principles from the beginning—and continues to generate meaningful impact wherever he goes.

Robert, welcome to *Habitual Excellence*.

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**Dr. Robert Mandel:**

Thanks so much, Ken. It's really a pleasure to be here. Hard to believe it's been two decades—I'll try not to think too much about that—but I'm excited to be with you.

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**Ken Segel:**

It has been quite a journey! And for any new listeners who might not know me—I'm Ken Segel, Chief Relationship Officer and one of the founders of Value Capture.

Robert, today we're going to talk about the opportunity you see at Carilion Health to create meaningful impact for tens of millions of people by applying these principles. Your new position is a reflection of that vision.

But let's start at the beginning. Could you introduce yourself and share a bit about your background—how you started your career and what ultimately brought you to this role as the chief clinical leader at such a significant organization?

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**Dr. Robert Mandel:**

Yeah, I'm happy to do that. As you mentioned, my current title is President of Clinical Excellence and Chief Medical Officer at Carilion Health. But I actually started out practicing medicine as an ophthalmologist.

I always felt I had the opportunity to make a broader impact, so after about seven years in clinical practice, I decided to transition into a different part of healthcare—one where I could influence care at a larger scale. I began working in a hospital system that included a number of physician practices.

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**Dr. Robert Mandel:**

As I made that transition, I also earned an MBA to help me better understand the business side of healthcare and to communicate more effectively in that environment. I worked at that health system for about six years, and then spent the next thirteen years at two different not-for-profit Blue Cross Blue Shield plans.

There, I focused on how health plans can drive improvement in healthcare system performance, aiming to ensure that members—or patients—receive the best care possible.

After those years at the health plans, I spent around six years at a couple of startups, each working to solve the same core challenge: how to improve healthcare for patients in new and meaningful ways.

Following that, I joined AIM Specialty Health as Chief Medical Officer. AIM eventually evolved into what is now Carillon Specialty Care Services and other components.

At its core, the organization aims to ensure that patients receive safe, evidence-based care that's appropriate and leads to better outcomes. And when we do that well, we also improve affordability by reducing unnecessary or inappropriate care—something that unfortunately still happens far too often in the healthcare system.

So, that's how I ended up here. AIM was acquired by Anthem in 2007, and through a lot of evolution, Anthem became Elevance Health. They formed a healthcare services company now called Carillon.

What was once AIM is now part of Carillon Health, which has four verticals: behavioral health, specialty care services, care in the home, and clinical care services.

My current role in Clinical Excellence sits underneath all of those verticals. It serves as the foundation, ensuring that every program and service we deliver is grounded in strong clinical evidence and practice.

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**Ken Segel (Value Capture):**

And this is a new position for the company, right? When we talked before, you explained that this isn't just about putting a nice label on a box—it's a fundamental strategic move. It reflects a belief that clinical expertise should be at the center of how an increasingly integrated healthcare system operates.

Could you talk about the opportunity Carillon sees in this, and how you plan to bring that vision to life?

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**Dr. Robert Mandel:**

Sure. We believe that one of our greatest opportunities to differentiate is through the depth and breadth of our clinical expertise—and how we deploy it. That means supporting providers in delivering care and engaging patients—or members—in meaningful ways. And just to clarify, I may use “patient” and “member” interchangeably depending on the context.

We recognize that a patient’s active participation in their care is critical to achieving the best outcomes. But 95% of what a patient does happens outside of the direct provider interaction.

So, our question is: how can we support that 95% of time? How do we help providers extend their influence and support during those moments when patients are essentially managing their care on their own?

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**Ken Segel - Value Capture (he/him/his):**

Yeah, no, it totally does. And what I hear, and what I want to sort of tease or invite you to talk a lot about is, I think, we all know, for the last many decades there have been tensions across the healthcare world between payers and providers, between patients and payers, between patients and providers, you know, I mean, it's really—there are challenges. So what I hear is, you see an opportunity to actually make it better by pulling people together around their interests and making it easier for everybody to get what they really want out of it.

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**Dr. Robert Mandel:**

Yeah, I think so. And part of it is, you know, what people want, I think, is the best care they can get. I think part of the challenge is defining that and having people with different interpretations of what that is. And so, by really creating a strong foundation in evidence-based—the evidence basis for care—we try to sort of take away that confusion. And, you know, we have strong information and data that backs up our approach, and it's based on exhaustive review of the literature. So the conversations we have with providers about what we think is appropriate, in general, are reasonably cordial, and we tend to come to an agreement.

Now, we have guidelines—and they're called guidelines because that's what they are. We want to make sure every patient is considered individually. So we have a lot of conversations with physicians if it doesn't appear that they're following the guideline, to understand what might be unique about that patient that would make the guideline **not**

quite as applicable. In that way, I think we view ourselves as really trying to support providers. I'm not sure they're there yet in terms of thinking that's what we're trying to do, but hopefully, over time, that's where we'd like to get to.

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**Ken Segel - Value Capture (he/him/his):**

Right, and thanks for refining that sense of appropriateness, and what that really means, because that is at the rub of everything. But I hear you saying the scientific method and evidence-based care can be a way toward greater commonality and understanding—a conversation that allows us to get down eventually to patient-by-patient care, but against an evidence base and all of that. And did I hear some effort across the company to—when we're talking about that care, evidence-based care, or appropriate care—to make it less friction for the different players? Is that part of it as well?

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**Dr. Robert Mandel:**

Yes. And then, as we evolve, we're trying to think about how we make the verification or validation that what's being proposed, or what the patient is likely going to have, is appropriate, safe, and that it makes sense—to make that whole sort of validation seamless and almost invisible.

Most of the care that's delivered is appropriate. So, 80% of the things that are done are appropriate. We'd like to minimize the hassle involved in that. It's the 20% where we want to have the conversation and understand. And I think one of the things we bring to the table, both as Carelon and as being a part of Elevance, is we have data on 101 million.

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**Ken Segel - Value Capture (he/him/his):**

Makes sense.

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**Dr. Robert Mandel:**

Now we don't know the patient that's in front of the physician at that moment as well as they do.

But we do have an experience of what's happened to 100 million patients. And so hopefully, together—with that data from 100 million, and the individual patient in front of the physician—we can come to the best decision possible.

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**Ken Segel - Value Capture (he/him/his):**

Well, you've really opened up something that's really exciting, right? Which is what we can learn from these vast numbers of people—of our countrymen and others—that are part of the experience database.

I'm sure it's exciting to think about that, and enriching a conversation by helping everybody see deeper. So can you talk a little bit more about the company's hopes for tapping into that vast knowledge, but also making a difference for the substantial portion of the American public that you now touch in one way or another today?

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**Dr. Robert Mandel:**

Yeah. So I think, obviously, we are getting better and better as an industry in taking advantage of all of the data we have.

You know, the advent of electronic health records and the beginning of the ability to share the data in those records across various stakeholders is making a big difference and will only continue to accelerate.

I want to be careful to say that we view every patient as an individual. We're not trying to use data to say, "This is what should happen to this patient." But we do think it provides a lot of information that helps us and their physician or care provider make better, more informed decisions about the care they should have—or what's going to benefit them the most.

We're really excited about being able to bring that out and, again, partner with care providers to help them deliver the best possible care—which is what they want to do, what we want to do, and what their patients want. At the end of the day, we all want the same thing.

It gets really complicated because of the financial incentives and the various interest groups and things like that. But if we can focus in on how do we get the best outcomes for patients, and all align on that, and then try to make the other stuff that helps us do that work, I think we can really make significant improvements.

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**Ken Segel - Value Capture (he/him/his):**

Right. If we can agree that we're going to continue to have differences of opinion about the money at different levels—or try to get it aligned—but we can really partner fully together on getting the right thing done for the patient. It's exciting.

Well, Robert, you made a pretty hopeful assertion, which is that we've gotten better across the industry at learning from all the vast data that we're getting, and then applying it into the

care of individuals. That was a great caveat about viewing the individual as an individual—thank you.

Can you back that up, though, with some examples? I mean, again, you've been leading this work, and you were very modest as you introduced yourself, but you have been at the forefront of some of the breakthroughs—of creating better outcomes for patients and better value in the healthcare system.

So when you say we've gotten better, can you talk a little bit more concretely about some of the things you've seen that the audience would say, “Yeah, wow, that's good.”

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**Dr. Robert Mandel:**

So, one of the things we're using this vast amount of data for is to create predictive analytics that help us identify members—or patients—early, either predicting a risk (like they have a high likelihood of ending up in the hospital in the next year, or in an emergency room, or whatever), and then being able to reach out to that patient or member, understand what's creating the risk, and help mitigate those.

Hospitals are great when you need hospital care—but if you can avoid the hospital, you're better off. So really helping people avoid hospitalizations where we can is important.

That data helps us drive really sophisticated predictive analytics. The more data we have, generally the more accurate the predictive analytic is.

So that's one of the things we're using it for.

We also use it for identifying people for different care management programs—how can we support somebody with diabetes? Who are the people who most need the support? And then also, who are the people who are most willing to be supported—so that we make sure we're focusing our resources where it's really going to make a difference.

If that makes sense.

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**Ken Segel - Value Capture (he/him/his):**

And it sounds like you've been encouraged by the increasing accuracy and ability that you've seen. Are you being encouraged by some of the results you're seeing—of applying that insight to reach the right people at the right time? Because, you know, we can reach them, but then we have to actually cause the change to happen.

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**Dr. Robert Mandel:**

Right. So we do see a number of our programs where we are interacting or reaching out to what we've identified as the right people. And we see reductions in emergency room visits. We see reductions in hospitalizations.

One of the programs that's most fully developed right now is our oncology medical home, where we have both a member engagement navigation component and a provider enablement component—supporting the providers and supporting the relationship between the provider and the patient. And we've seen in that program, where we've brought all those together, a significant reduction in emergency room visits and hospitalizations, either related to untoward reactions from a drug, or the patient just not having someone to reach out to, or not being able to get connected to their provider when they need to talk through a problem—rather than going to the emergency room.

So, the predictive analytics help us identify those members who are at risk, so that we can reach out in advance. And we are seeing an impact from that.

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**Ken Segel - Value Capture (he/him/his):**

That's great, and that's got to be some of the stuff that gives you energy to keep going, as you try to do difficult things across many different partners and payer organizations.

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**Dr. Robert Mandel:**

Yeah, and Carelon Health is really focused on patients with either complex acute conditions or complex chronic conditions, both of which I think our health system struggles to serve well—because of the fragmentation, silos, and a variety of other things. So we're trying to stitch the system together to support an end-to-end patient journey.

Again, trying to support providers—not trying to do this as the health plan or as a healthcare services company supporting health plans—but as a way of supporting providers and making sure their patients are getting the best care and outcomes. So it's really exciting to see that kind of approach for these kinds of chronic or complex conditions, where, in my experience, we just don't do as well as we could—and really improve that.

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**Ken Segel - Value Capture (he/him/his):**

That's great. Quick follow-up on the substance, and then I want to ask you one more at the principle level that we share.

So, a Secretary of Health at a state level—who's also a physician—made an interesting point recently. He said that part of why he believes, based on evidence, our health system struggles to provide better care for people with complex conditions is because we try to make the health system itself do a lot of the lifting.

That in other societies, there's a heavier investment in social services—so some of the money is transferred from direct clinical services to those things that people need to get to appointments, be cared for effectively in their homes, etc.

Do you see hope for this kind of thinking to go beyond even what people might imagine? It's still primarily between healthcare providers and members, but—does that insight strike you as true, or relevant?

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**Dr. Robert Mandel:**

Yeah. Well, I have limited experience, but it does strike me as true.

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**Ken Segel - Value Capture (he/him/his):**

For sure.

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**Dr. Robert Mandel:**

I have one recollection of a visit to Sweden, where we were talking with the county—or I think that's what they call them—county health system. And they were talking about the fact that, when they noticed a lot of people coming into the hospital with motor vehicle accidents from a particular traffic intersection...

The solution isn't to keep taking care of the patients in the emergency room. The solution is to change the traffic intersection.

And they have that kind of feedback loop there, because at the end of the day, the county is responsible for all of those costs.

It's a little more challenging here, because we don't have that system connected in that way.

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**Ken Segel - Value Capture (he/him/his):**

Integration. Yeah.

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**Dr. Robert Mandel:**

Yeah. But I do think, as health plans recognize the issues that drive total medical costs—and the fact that they're actually responsible for total medical costs—they are beginning to invest in other things.

Social determinants: How do you make sure the person's getting healthy food, can get to the store, can get their medications? The things that were not traditionally seen as health insurance responsibilities—they're thinking much more about those, because it really is improving overall affordability by helping patients manage their conditions more effectively.

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**Ken Segel - Value Capture (he/him/his):**

Yeah, yeah, no, that's great. It just—you know, as you start to apply your systems thinking, it's exciting to think about where it could go.

And a little bit of a shout-out or advertisement for our sister nonprofit, Pittsburgh Futures, which has actually started to do exactly some of this work in the city of Pittsburgh, with some great outcomes that are about connecting these systems in different ways, based on what the underlying drivers are—which is exciting.

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**Ken Segel - Value Capture (he/him/his):**

So Robert, systems thinking—you've always been a systems thinker, you're in a significant position. How are you using your systems thinking and your principle-based thinking about what it's all about, and how it has to fit together to lead in healthcare in this time?

You're in a really significant spot in a very large organization. How do you apply the principles as a leader? How do you find yourself applying them?

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**Dr. Robert Mandel:**

Well, so that's a really challenging question, because I don't know that I think about it like that every day.

But I would say that I have a couple of things that I feel are really important in leading any organization—but I could make the case maybe even more important in a clinical organization.

Three of them are about how we engage our associates. And at the end of the day, it's our associates on the front lines who are interacting with the providers and the members, and that experience is colored significantly by how they show up.

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**Dr. Robert Mandel:**

And so in supporting them to show up as best they can—or the best version of themselves—I have three things I want to accomplish. And, as you know, I borrowed these from Paul O’Neill, who generously shared them with me.

I’ll abbreviate them, but:

1. To make sure everyone is treated with respect.  
And there are a number of things that go into that, but it means everyone comes to work and feels they are treated and respected for the contribution they’re making.
2. We give them the tools and the knowledge to successfully do the work we’re asking them to do.  
And that the work adds meaning to their life. We’re giving them something meaningful to do. Part of that is incumbent upon leadership to help them tie what they’re doing on a day-to-day basis to the bigger impact we’re having as an organization.

Sometimes, if you’re handling IT tickets and your job is to correct systems that are helping nurses and physicians interact with providers, you might think, “Oh, all I do is stack up these IT tickets.”

But what you have to make sure they understand is that resolving those IT systems allows us to serve our clients more effectively, creates a better provider experience, and it’s a virtuous cycle.

So what they’re doing is really important—they shouldn’t think of it as just stacking tickets. It’s more than that.

3. Make sure they’re recognized for their contribution by someone whose opinion matters to them.  
So, making sure people acknowledge what they’re contributing to the organization.

Those are three things that I think are critical to making sure the people working at CCE Carelon Clinical Excellence can show up as the best version of themselves.

The two other things I think are really important—and this is particularly true, and I think aligns with some of the things you teach about in healthcare delivery systems:

One is **raising your hand**. If you see something, don’t assume someone else is going to identify the problem. You should raise your hand and let people know about the issue as

early as possible. Don't view that as a weakness—calling for help or raising your hand is not a weakness.

The second is **not staying in your swim lane**.

Feel free to make contributions wherever your experience and expertise allow, and don't feel confined by the specific swim lane you're in.

The flip side of that is—if someone's jumping into your swim lane—don't be offended. View it as constructive; someone's there to help make what you're doing even better.

So those are sort of the five things I talk about all the time. You know, people say you should limit it to three, but I've gotten it down to five.

And I think I've been pretty good at getting people to internalize those.

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**Ken Segel - Value Capture (he/him/his):**

That's great. And how do you do that?

You talk about them—that's one way—all the time?

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**Dr. Robert Mandel:**

All the time. My leaders talk about them all the time. I have sessions where I do roundtables with associates from across the organization, and I start out talking about those three questions and get their input on where we're falling short—and what we could do to help more people answer “yes” to those questions.

So it's a framework that I use in a lot of my conversations. Not every one, but almost.

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**Ken Segel - Value Capture (he/him/his):**

Yeah, yeah. Right?

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**Ken Segel - Value Capture (he/him/his):**

Well, that's exciting. So—what are you excited about pushing forward in the next year?

And what's your advice to other leaders who are at this moment of tumult and uncertainty—certainly in provider systems, but also payer systems?

How do you approach this moment? You've got a lot of experience—what's exciting, what's daunting, and what's your advice?

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**Dr. Robert Mandel:**

Yeah, so I wish I had a crystal ball—but I don't. So I'll say that...

I think the challenge, from a fiscal perspective in the country in general, gives us pause about how we continue to afford to provide the best possible care to all of our citizens. And even more broadly, at Elevance, their aspiration is to improve the health of humanity. So—a really significant aspiration.

And so you think about, “How do I do that?”

Part of that is, again, our role in appropriateness: eliminating inappropriate care allows appropriate care for people who otherwise might not have gotten it. So it is about growing the pie, in some ways.

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**Dr. Robert Mandel:**

But I think we're going to face some significant challenges. And—in some ways, daunting, definitely—but also exciting, because sometimes out of that kind of adversity, you create innovative solutions. New partnerships are developed. New ways of collaborating emerge.

And so, I tend to be an optimist. My view is: the challenging time we're going to go through over the next couple of years is going to lead us to better solutions, better approaches, and an improved healthcare system overall.

So I'm excited about that. I think that's one of the reasons I'm excited about being at Elevance. They serve 40 to 45 million Americans. And then a lot of our other clients are other Blues plans.

So overall, we have 60 to 65 million people we serve at Caredon Health—which is probably more than a third of all insured individuals.

We have a big opportunity to make an impact. We can lead the way.

We have to be willing to take some risks and be out there, but I'm excited about doing exactly that.

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**Ken Segel - Value Capture (he/him/his):**

It's an incredible platform. And knowing that leaders who think like you and have the experience that you do are now being put in position to help lead some of that innovation through the tumult is, I know, encouraging to me.

And as other leaders get to know you through this podcast, I'm sure they'll feel the same.

Thank you for being with us, Robert.

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**Dr. Robert Mandel:**

Oh, my pleasure! I really enjoyed it. Thank you, Ken.

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**Ken Segel - Value Capture (he/him/his):**

Listeners, for more information about these ideas in general—and how they’ve been applied across payers, providers, and the rest of the American healthcare landscape—you can certainly go to our website: [www.valuecapturellc.com](http://www.valuecapturellc.com).

Look for Dr. Mandel’s work at Carelon and his colleagues at Elevance as well.

There are endless resources on the website. Robert, I don’t know if there’s anything you’d point them to about the new work that leaders might be especially interested in checking out?

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**Dr. Robert Mandel:**

Yeah, we do have—and maybe I can attach it at the end of the podcast—I may not know the link directly off the top of my head, but we do have a resource called *Improving Healthcare 3.0* (I think that’s the title). But I can definitely get that to you.

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**Ken Segel - Value Capture (he/him/his):**

Perfect. *Improving Healthcare 3.0*.

And we’ll put something in the show notes—if that’s not the exact title—so that people can easily find it. Terrific.

And remember to like and subscribe to this podcast if you haven’t already, wherever you do so.

We’ll see everyone next time.

Robert, thank you for being with us.

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**Dr. Robert Mandel:**

Yep, you’re welcome.

