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

Welcome listeners. I'm Ken Siegel. I'm the CEO of Value Capture, and I'm excited, as I always am, to introduce another episode of Habitual Excellence, where we have the privilege of talking to health system leaders who really inspire me and teach me. And I know all of the community out there by taking on the massive challenges of today from a perspective of principle of systems, thinking of the habitual excellence, principles to make not just to succeed in overcoming challenges, but also, you know, make great things happen.

Today I am excited because we get to talk about an issue that is on every health system's mind. How do we grow successfully? And how do we grow in a way that helps us be more of who we want to be? Not less, and to do that we have an amazing guest. He is Simon Curtis. Simon is the Chief Operating Officer for the Duke Health Integrated Practice at Duke Health, and he will tell you more about what that is. But you know he is leading more than 2,200 physicians, over 600 APPs, and I believe had 2.5 million visits last year across the multi-specialty practice, and has been as part of he will be the first to credit the other leaders and team members involved, but has been key to a challenging and exciting course that he's going to teach us about. So Simon, welcome.

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Simon Curtis:

Thank you, Ken. I'm excited to be here and to talk more about all these great topics.

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

All right. Great. So again, the theme will resonate with everybody out there. Everybody's trying to grow. It's a key to everybody's business model. They're trying to grow through ambulatory. The physician practices are key to all of this. But you at Duke, listeners, you know, may not know you confronted a sort of two challenges, the need to grow, the need to meet access, but also the job of integrating a faculty practice. So will you talk a little bit about what you are facing in 2022?

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Simon Curtis:

Yeah, absolutely. So, you know, backing up a little bit. I've been at Duke for going on 15 years now. In the hospital, the main Duke Hospital, and in the Physician Group, which was previously a standalone for-profit physician organization that was connected to the health system in a variety of ways. But you know, through contracts, medical directorships, and those kind of things. But was not an integrated practice in the sense that everyone would know.

And in 2022 post-COVID, the faculty voted at the time. The physicians who are members of the PC voted to integrate into the health system, and the reasons for that were complicated, and many, but a big part of the reason for making the change in the eyes of the faculty was to enable and to prepare us for being able to become a true system, and to deliver on the promises of systemness. That is not to say that there wasn't fear and anxiety, and all of those emotions as part of the transition. Not an easy process and not an easy process.

Right on, and the dynamics of change and the familiar sort of emotion around it. And then, on top of that, we were facing in our sort of traditional care models the most challenging access situation that we have had. Our demand was up 10 to 15% year over year over year post-COVID, and we were just struggling, being it to keep up and not have our clinicians, our team members, our clinics feel overwhelmed. You know the feeling of I work as hard as I can as many hours as I can, and I don't seem to be able to ever get ahead. So trying to balance the individual in a system that just isn't meeting the needs of the patient with the change to get into a new structure, a new system that would better enable us to meet the needs of our patient was a challenge that we, I will say, are probably hopefully in the middle of we may actually be closer to 30 to 40 through but we're beginning to see that the directionally that we're making the kind of progress we were hoping we were gonna make in terms of growing to meet the needs of our communities and being able to right size the capacity to meet the demand of patients that are coming through and doing it in a thoughtful way, so that individual clinicians don't have to continue just working harder, working harder, working harder. It's how do we rethink some of the systems so that we, as an integrated practice, are doing what we need to do for our patients.

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

Yeah. So, Simon, tell talk a little bit more about that, right? Because you've kind of pulled it off, and you have momentum. But how, right? So you had these two challenges. You had to do all the integration stuff you had to do. Comp, you know, new comp models. You had to do systems, integration and all that stuff. And you had this increased patient need to meet, which is a good thing. How did you make these two challenges sort of reinforcing positives like, how did you use purpose? How did you use key goals? Talk a little bit about through the leadership framework that you ended up using to take a situation that could be extra challenging and made and came up with alignment.

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Simon Curtis:

Yeah. Well, I think, you know, Duke, we always strive for excellence and the purpose of delivering our care and the quality of care that is available here to more people and more communities across the state. That purpose resonates, I will say, though, in the midst of the change and the integration and all of the stress and the pressure around access and getting patients. And it's hard or it's easy, you know, to

lose that purpose. So this is something that has been a challenge, a continuous challenge to come back to purpose and come back to the why taking time for that to be discussed, debated, understood, validated all those sort of things. So I would say, that's a big part of it. And I think as we've gotten into the integrated practice model, we've been able to accomplish some of the promises of the integration which you know it's how do we have a purpose? And how do we have a vision? But it's also getting some of those key wins so that people can lean in and feel like, Hey, everything is not perfect, and I'll be the first to tell you there is a lot of work for us to do on the practice side system side. But we've made a lot of progress, and we've accomplished a lot in an 18-month period. And so I think, having the purpose, and then a vision to where we need to go knowing things felt every day aren't perfect. But as we've been able to achieve some of the key milestones around some of the foundational things. You mentioned comp plans and other things, but bigger strategic things around negotiations with partners, and being able to find new and innovative and different ways to extend the great care we deliver to more communities. I think it's beginning to feel like we're delivering on slowly, delivering on some of what people hope the practice could deliver on.

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

And you've also talked about how a lot of that purpose was like, literally rooted in access in very concrete ways for patients. Right? So maybe name a key metric that you were able to return to. And you know and have people's minds on, because, you know, it's great to talk about the philosophy and everything but it. It's gotta be measurable. You're a very measure driven leader and helping people. So you know, just be a little concrete for the listeners about. What were some of your, you know, true North goals there. As you got into this.

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Simon Curtis:

Absolutely well for us. It really, you know, I think it started going years years back, our CEO Craig Albanese has been resolute around people, access and growth. Right? Those are things that are gonna be critical to our operational success and always assuming quality, safety and quality. But quality, which is, you know, in today's world the trust and quality is not something to jump past, but has been a sort of core for Duke. And in people, of course, it's we talked about being able to meet people where they are, respond to people's emotions, support people through these changes recruit and retain the right clinicians and physicians, physician scientists, and then for access that really has been, I think, the galvanizing force in a lot of our discussions last year and a half. Everyone believes that Duke care is excellent and that we can transform patients' lives and deliver exceptional care when they're in our clinics and in our hospitals, and being seen by our care teams. And that's inspiring.

We measure that in a variety of ways. And we, as you said, are reviewing this all the time. And definitely, as part of our KPIs reported to our board, our health system, our clinical leaders, our chairs in this and the practice. So things like lead time, you know, median days for a new patient to access our care, days. The third available is a familiar one, available hours in a clinic. So more of a process metric. So going upstream? Are we actually increasing the hours available for patients to be seen? And then on the

demand side, we're looking at referrals and phone calls and all those sort of things that help us understand where the demand might be. But yeah, so I think that view of access has helped people say, how are we doing? How are we progressing? And where do we need to be pushing harder potentially.

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

And describe again, trying to make it as concrete as we can, for our listeners. Describe some of the progress you've made on that, you know, first appointment to be seen, say, for cancer patients and others, because you described it in a very concrete way.

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Simon Curtis:

Yeah. Yeah. So I think there's two parts of that. One is that our median lead time for the practice has begun to decrease, which it was only going up. Coming into 2022, we reversed it. So we're gonna decrease. We're down, probably, you know, 15. So we're getting down to like the teens for the whole practice. That's everything, from primary care to neurosurgery and everything in between.

We also have areas like cancer and heart, and many others that based on the type of patient who is seeking Duke for their care, a lot of times they're life-changing, altering kind of diagnoses. And we have created programs and processes that would enable patients to be seen today or tomorrow if that's what they feel they want. We also will offer, you know, depending on what kind of record collection and other logistics need to happen, an appointment, you know, three days, four days out, where all of the pre-work could be completed. So responding sort of in the immediate emotional moment, as well as responding to the true clinical care need, and making sure there's a clear step and path for people to get that kind of care. So effectively, we've gone from kind of measuring access to now having these real tangible programs to get patients in immediately for the kind of care when they think that's what's needed.

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

And you've rethought, you've used the teams to rethink the process so that that's possible, right, with the focus on quality, safety, and meeting the patient needs.

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Simon Curtis:

Yeah, absolutely. And I think, you know, like you said, going back to the principles, we've had a vision and a goal. This is built on years of work around access. So this is sort of getting to the top tip of the iceberg now around access. And it's all been driven by we know where we need to go. But real learned humility around how we're gonna get there. It is very different by group, by specialty, by patient segment, by, you know, name the difference and allowing and enabling and empowering the teams, meaning our incredibly talented clinical chiefs and chairs and clinical leaders to design the right approach and test and iterate and adjust is the only way we would have accomplished that outcome.

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

And for those that have got to see how Simon leads, and never puts himself in the forefront. Not surprised that, you know, you like all habitual excellence leaders, you know, sort of said, that's the only way we're going to be able to do this right. Too many smart people with too many things to do, and you gotta everybody's got to be part of it, right.

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Simon Curtis:

Absolutely. A lot of assumptions between what we think the problem is and what's actually happening in practice with a needs, our care.

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

So let me pick up on that. And again, you know, your fellow leaders are, you know, facing similar challenges and similar settings in many cases. And so you described in a way that all of this work going on in the newly integrated, integrated practice has actually really caused a new level of integration between ambulatory and inpatient around the touches and the function of these systems. And of course, that's on everybody's minds, too. So can you talk a little bit about that mutually positive journey? And I'm sure not always easy. But you know that interface is a key one for our listeners.

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Simon Curtis:

Absolutely. So I think the integration of the practice, which was a large practice like you said, you know, 2,000 plus physicians, hundreds of advanced practice providers, 120 inventory clinic locations into the system, it was changed for us, and it was changed for the system. How and how does the physician group work? How does the practice work? And I think that uncertainty or the questioning of how we've worked in the past has created tremendous opportunity for us as an organization to better work together.

Some examples are, you know, as we're planning services instead of thinking department to department or practice to hospital, to hospital. It's really, how do we build programs around patients and patient segments to use a sort of marketing term, but different patient segments. There's patient populations across the system. So what do we need from these three departments and this hospital and this clinic location, and maybe another partner outside of Duke, right, a vendor, a supplier so that when a patient is accessing us for something like, you know, breast cancer, or for a knee replacement, or for that, the system holistically supports that patient and that we're optimizing to the continuum versus optimizing to the individual situation, or where the patient is.

We're on that journey. So let me be clear. That's something we are working hard to achieve. But are again seeing early promise that that will be possible. And our growth and operations.

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

Yeah. So which is exciting, right? And you know, it's always about the future. And you know what you're doing now is creating the potential for an even better future for more people to be cared for by Duke. And it's also creating a better future for the clinicians and people who work at Duke. Right? So let's talk a little bit. You know, you're results-oriented with a commitment to the right processes to get there, just like most listeners of the podcast. Let's talk about results. What results are you seeing for patients where you anchored it, you know, for clinicians at Duke, for you guys, at leaders, you know what and what's speaking to people about what we're seeing. And, you know, give some examples.

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Simon Curtis:

For sure. And then I think, you know, on the on the patient side. We actually were in the middle of prior to integration and coming through integration, implementing a new patient experience platform where we can measure patients feedback in more real time direct to the point of care really specific to the individual, whether it was a call, center, interaction or triage, or in the clinic and we're performing at getting close to the top decile in terms of net promoter score for patients. So we have a better way to manage our data is much more representative in terms of age, race, demographics, everything. So better. Better. Real view of our patients experience with us. And we're seeing improvements on the experience that they have.

And so I think, and we're and we are growing. So you know, again, 10-15% year over year growth in terms of patients that we're able to care for and in the middle of again building the practice and making sure that the fundamentals really work. And you know, you talk about a purpose for patients, I think as a practice, I would say for me and the other leaders in the practice are in our chairs. Our role is really to meet the expectations and what we see as the type of work, environment, and the type of practice that our clinicians deserve, and again go back to the reason Duke is Duke, is because of the incredible physicians and APPs who work here, and staff who are taking care of patients every single day.

And so for me, that's the purpose of the practice is how at any point from recruitment to practice, to helping somebody retire at the end of their career in the right way, and hand their practice off. How do we make sure that they have what they need to do their job and to deliver for the patients who are seeking them out, as you know. Sometimes the only person in the world who the patient has hoped may be able to help them.

And so, as a practice, you know, my purpose every day is to get up and make sure that we are working really hard to improve our fundamentals, so that those incredible team members can continue to do the excellent work that they do not, in spite of the big systems and a big bureaucracy, and deliver all those things, the growth, the access, the patient experience, and the way that frankly, we take for granted sometimes at a place like Duke.

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

Well, you've laid so many key foundation stones together, and you do it so easily and subtly. And I just want to underline. You know you. You talked about getting these pieces aligned right, and and how

you're seeing that change in the people you lead from that purpose, driven leadership as they pull together, and you're getting results that I'm if people missed it, you know, 10 to 15% growth in revenue, etc. And gains in your people, metrics as well at a time when everybody really needs that for their business models to succeed, etc. So it's it's always gratifying for us where we see the sort of flywheel moving positively, and the win win sort of nature of this once you get it going. But it's not easy, right?

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Simon Curtis:

Absolutely. And you mentioned the flywheel, I mean, that's what I think. We are hoping and feel like the practice is headed towards as we're maturing where it can be the flywheel for Duke health to perpetuate success. If we do it the right way.

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

Yeah, well, that's that's great. And you also alluded to the sort of you know the C-suite leadership, Craig, who's a very systems driven leader, etc, and the simplicity of that framework supporting it in building on years of work to be systemic. But taking this opportunity to really get it done? Which is great.

Simon, can you again, for fellow leaders share when you look back at the last 24 months and all that you've got going. There are always some key moments right? There's a constancy of purpose and a clarity of what the change has to be based on, etc. That you've got to hold to. But then there are key moments of because you are making a shift. Right? You're sort of moving more into what you want to be. You're building. But you're making a shift further at a time. What were some of those moments where you and the physician leadership? And you know, Duke, leadership where it started to feel more real to people.

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Simon Curtis:

That's a great question. I mean, I think there are so many it's hard to pick the right one to share in an integration. That's this complicated and matrix it is. It feels like every day that we uncover or understand things in a new way. You know, how are things working, and how are we prioritizing work? You know, I think there is a tendency in a lot of healthcare and academic places to focus on the bad. You know the things that aren't working and the things that are still a challenge. And we spend almost all of our time talking about that? So you know your question challenges me to a little bit to think about. What? What if? What's gone? Well, and what have we learned. And you know, I honestly think there's a few few big things. So the access that we talked about right as the numbers started to sort of, you know, materialize on the KPIs. That turnover was as low as it's ever been. We started more physicians and APPs than we ever have. We were successful. In a few different partnerships that we were not able to put together because of the complexity of our organizations in the past.

And you realize that all of those things are accomplished on the incredible work of incredible teams of people. My reflection is that the team and having the right team in place with the right purpose, who feel empowered and supported and are, you know, trusted that that there's there is no replacement for

that. You can't shortcut it. You can't rush through it. You can't. You know, there's no project, management, software or tool that is going to get you past that. It is all about the people approaching all those kind of issues and problems from the right perspective with the right purpose. To be able to get an outcome.

And I know for me in my career the, you know, you wanna you wanna get results. You wanna close things out. You wanna complete the to do list, you, wanna you know, whatever. However, you want to frame it. You want to achieve you. Wanna you know you're striving but unless you appreciate that, you slow down a little set things up the right way. And you can achieve beyond what anyone would have thought possible if you made somebody put some money on it for us a year and a half or 2 years ago.

So that I think that's my reflection is it's the simplest, most sort of easy answer, but it's, it is true, in a different kind of way now than it was for me before this.

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

Well, it's great! And again to pull out a couple of things that strike me as you speak. You know you you talked about in healthcare and in health systems that care and all. Do you know you, you spend a lot of time focusing on what goes wrong, and you should. And one of the things that we try to teach and share is the systems that achieve sustainable excellence and sustainable greatness. It's a pairing of the serious as a heart attack about the stuff that goes wrong. And we're gonna learn from it. And it's not gonna happen again because we're using the best methods to go at that. And we're transparent and all of that stuff.

And also it is pairing that with the human aspiration to do great things in very concrete ways, and I think sometimes, especially amidst pressured times, health systems focus on one or the other, not as deeply as is possible. And you know where there's a lot of good things always going on. And you know, people are always pointing to the good things happening in their health systems, but really digging in about what's possible and what people are starting to achieve that's going beyond.

Add so much fuel, you know. And so I love hearing you highlight that, together with, you know, you've shared so much about your lessons as a young leader, and it sounds like as Duke moving into this new era with relatively new leadership at the top, with Craig, etc., and moving through challenging times. But in dynamic, exciting ways, and our listeners know that Duke has certain advantages, you know, that you're building on, but I want to emphasize to people Duke has not sat on its laurels and made deeper commitments to pursuing habitual excellence and overcome significant challenges that are, you know, all of our listeners face as well as in the process of overcoming it, so great to speak with you, and to hear about that.

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Simon Curtis:

Absolutely. Thank you. I mean, we have a long way to go. So I think I'm you know, in talking with you and sharing some of this. I hope that it helps others place where they are in the journey. But I should be



really clear that we have a long way to go, and that I have a long way to go in terms of continuing to learn develop, practice the principles and the approach but but I'm working at it. And I think you know, at the end of the day appreciating that it's gonna be a process and always is a process for applying the principles is a key part of this. But like, I said, I'm hopeful that we're at that point at Duke, that it is becoming a Flywheel, and that it will self reinforce, and that we will accomplish all and more than we've imagined by approaching things this way.

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

And it really well, at a time of abundance and remarkable, you know, medical abilities and people and it and it's really exciting. And I think you know, in terms of leadership, and what it really takes your combination of effectiveness, but also humility is is, you know, is something that makes people want to serve and and go with you. And you know, and it's pretty common across Duke, actually so terrific for people who want to connect with Simon and learn more he has generously suggested. Connect with him via LinkedIn. You can find him out there as COO of the integrated practice at Duke, and it's Curtis with one S at the end. So don't mess up your searches ahead of time. But, Simon, that's very generous of you. Your time is very precious. Simon and his colleagues across Duke Duke. Primary care. Others publish a lot, talk a lot about habitual excellence in practice at various conferences in the quote unquote. You know, operational excellence, world, lean world, other things, and, of course, quality of care, safety of care, and high performance. You can find Simon and his colleagues out there in different ways, describing their work.

And you know, from, you know, academic papers to, you know, sort of more live fire as we've done here today. So there are a lot of resources out there for people that want to dig deeper into the principles and understand across more than one health system. What's going on our website at [valuecapturellc.com](http://valuecapturellc.com) is a great resource for that, and we invite you to connect with us. And of course. If you like the podcast if you find it valuable, please like it and subscribe on your favorite platform.

Simon, thanks for being with us today, we really appreciate it.

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Simon Curtis:

Absolutely. Thank you, Ken. It was a pleasure.