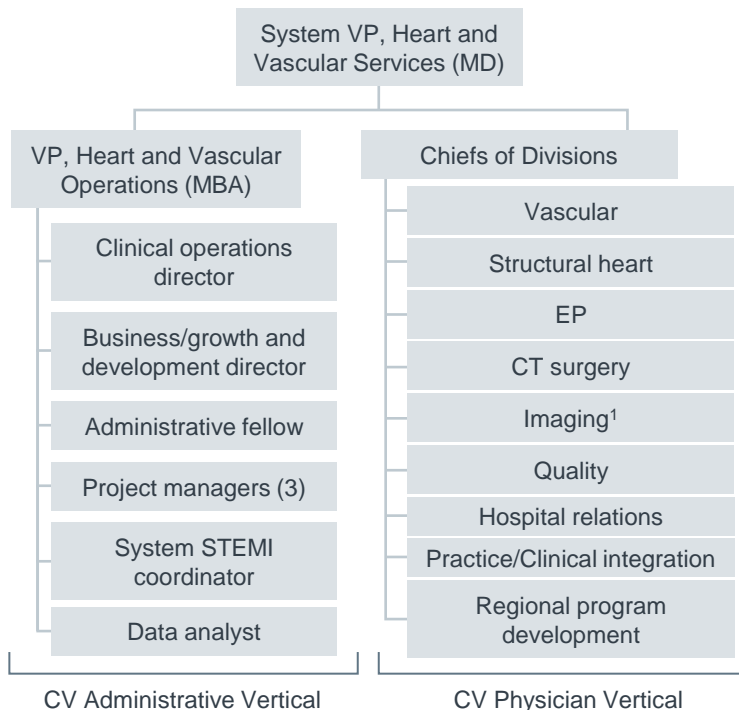


System Org Chart Clearly Defines Administrative, Physician Verticals

CV System-Wide Organizational Structure



Key Innovations

- System VP of Heart and Vascular Services oversees CV system service line structure, made up of two verticals
- Administrative vertical includes two major sub-divisions: 1) site-based (clinical operations), 2) business analysis/development, scaling clinical programs
- Physician verticals a hybrid of academic institution and functional areas; five divisions focus on select sub-service lines, and four programmatic divisions focus on system-level strategic goals

Additional Features

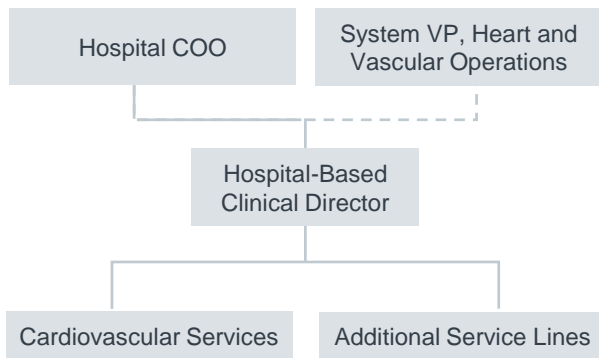
- Administrative fellow, project managers in administrative vertical serve as dyad partners to chiefs leading physician divisions

¹ Includes majority of non-invasive cardiology.

Site CV Administrators Report to Hospital CEOs

Matrix Leadership, Committee Structure Ensuring Cohesion

Typical Hospital Level Reporting Structure at OhioHealth



Key Features to Enhance System Coordination



System service line leaders sit on hiring committees for site-based leadership, contribute to performance reviews



Reporting structures for hospitals may vary (e.g., two nearby hospitals may have single hospital-based clinical director)



System-Wide Operations Committee Providing Further Support

- Clinical operations manager leads monthly meeting with all site-based CV administrators
- Addresses key operational concerns and care standardization
- Service line vice president communicates with hospital COOs to ensure alignment for key initiatives (e.g., new investments, program initiation)

Program in Brief



OhioHealth

- **Hospital Type:** 12-hospital non-profit system based in Columbus, Ohio
- **Model Summary:** System-wide approach to CV governance, ensuring cross-site consistency in performance including service line administrative structure, committee structure, physician structure and strategic planning process
- **Impetus:** Hospital acquisitions, seeking to improve coordination across care continuum
- **Leadership Model:** System VP, Heart and Vascular Services; Physician-administrator (non-RN) dyad
- **CV Services Reporting Through Service Line:** CT surgery, vascular medicine and surgery, imaging (including non-invasive); nursing does not report through service line
- **Governance Structure:** Executive committee includes service line administrative leader, physician leader, and system chief operations officer
- **Financial Model:** Finances managed individually by departments and hospitals but with system-wide service line visibility via integrated profit and loss statement
- **Strategic Planning Process:** Developed by service line leaders; hospital and system plans aligned
- **Participation in Risk-Based Contracts:** Local private-payer ACO contract
- **Physician Alignment:** CV physicians employed with few exceptions
- **Facility Model:** System includes a standalone CV wellness/prevention center; CV services provided across numerous hospital sites; 5 open heart programs, 5 PCI programs, 12 cardiology programs
- **Impact of Structure:** Improved ability to rationalize services across sites; strong basis for standardization of clinical protocols and roles, e.g., program structure, CV leadership roles