Protect the Future

An interview with Inova Health System CEO Dr. J. Stephen Jones

In April 2018, J. Stephen Jones, M.D., M.B.A., began his role as chief executive officer at Inova Health System. Inova is Northern Virginia’s leading nonprofit healthcare provider, employing more than 18,000 team members and serving more than 2 million individuals annually through an integrated network of hospitals, primary and specialty care practices, emergency and urgent care centers, outpatient services and destination institutes such as the Inova Heart and Vascular Institute, Inova Schar Cancer Institute, and Inova Neuroscience and Spine Institute. Inova’s mission is to provide world-class health care—every time, every touch—to each person in every community they have the privilege to serve. Previously, Dr. Jones served as president of Cleveland Clinic Regional Hospitals & Family Health Centers after joining Cleveland Clinic in 2000. Group Practice Journal interviewed Dr. Jones about the challenges of his new leadership role and his vision for Inova’s future.

GPJ: What is the biggest challenge as someone stepping into an established ecosystem and asserting your vision and leadership?

Jones: In most new jobs like this one, you are selected largely because you had previously built a great team and had credibility in another organization. I acknowledged that nothing I did before Day 1 mattered and that I had to earn the team’s trust and respect. We all had a clean slate to show how we would be the right leaders to create a highly functioning team necessary to carry out the work ahead.

GPJ: In your first year with Inova, what has been the most taxing experience on you as a leader thus far?

Jones: I joined an amazingly successful organization and had to build a team and strategy to take it into a very different future. Ed Catmull from Pixar says, “Protect the future, not the past.” Our industry is already vastly different than what most of us thought we were training for, and we are nowhere near a new steady state. Our past set us up for success, but whether we achieve it depends completely on what we do from today forward, so it is critical to balance respect for the current state with urgency to be ready for a new environment and operating model. Not everyone will want to join the new direction. Change is hard!

GPJ: If you could go back a year and tell yourself to do something differently, what would it be?

Jones: As a cancer surgeon, I am certainly not one slow to make decisions, and I have not once regretted making a decision too soon. I can think of a few circumstances when I thought it would help to delay or decelerate a few decisions in order to get past something else that needed to occur. I cannot think of one of those circumstances when slowing down turned out to be better, and it was usually worse to not go ahead with each decision as soon as it made sense. It is critical to recognize that you will never have absolutely perfect information. Most decisions can be reversed if they turn out to be wrong, and it is impossible to make as many decisions as are required to lead a large organization—especially through change—without getting some wrong. Identify the issue quickly and use the new knowledge to make a better decision next time. And it goes without saying, make a lot more good decisions than bad ones!

GPJ: What kind of initiatives have you already begun to implement at Inova that will continue to bring the tenet of value-based care and precision medicine to the forefront?

Jones: On Day 1, I made it clear that I was going to get to know the organization and put a transition team in place within the first three
to four months. The next step would be to focus on culture and strategy, as I regard them as intertwined and essential to our success. With input from a broad, diverse group of people, we developed Inova’s new mission, vision, and values. We set a strategic direction to evolve from a highly successful holding company to an operating company that is a health system built around our clinical enterprise. Everything must be rooted in the idea that every initiative ultimately supports the care of our patients.

**GPJ:** What pie-in-the-sky efforts do you hope to one day bring forth during your tenure as CEO? How does your overall vision of value-based care play into those plans?

**Jones:** Our vision is to be among the leading health systems in the nation, and we will focus on what that really looks like. It means we are the healthcare partner for every patient and physician. We perform at the highest levels of achievement on all relevant metrics. When we achieve that vision, it would be unimaginable to have a gathering of the top organizations in the nation without Inova having a seat at the table. Being at the table at AMGA is part of that.

Regarding value, I believe the end game will be total cost of care, but that journey is slower than most of us have predicted. MACRA and the ACA are not really being enforced as passed and signed into law. Payers are critical, and we have not seen most of them really drive toward a value-based system, although I see signs indicating that may be changing. And, change is hard. Between now and that inevitable end game, we will focus on quality, actionable data, and making care more affordable. Those are winners, regardless of the reimbursement system.

**GPJ:** What personal philosophy have you held and maintained as a leader of a health system and how have you stayed true to that philosophy?

**Jones:** Everything matters. A leader has to model the right values every minute of every day. You cannot walk by people focused on your phone. Or see someone lost and walk by without helping. Unless I have an absolute conflict, I meet every team member cohort their first morning of orientation—from front line to senior executive. I tell them why I came to Inova, spend time on every word in our new mission statement, and walk them through our values. I emphasize that if they forget for even one moment why they work at Inova, it is to provide world-class health care to our patients. That is true for the direct caregivers, as well as every single role in the organization. If we have positions that ultimately don’t support patient care, we will need to reevaluate why we need that position at all. I point out that their nodding heads indicate that almost every single person gets it and is expected to embrace it. I also give them the opportunity to change their minds right on the spot—that if they don’t care about
supporting our mission as much as we do, they are joining the wrong organization. The inspiring thing is that the reason they are here is that they do want to do mission-driven work, and that is why I’m so sure we will succeed.

**GPJ:** As someone who has already spent a great deal of his career advocating on healthcare public policy and legislation, have you felt a change or advantage in your efforts being physically closer to D.C.? What type of regulatory challenges are you currently facing, and what are you doing to overcome them?

**Jones:** Access to officials is much easier—many live in our communities and entrust us with their own care—but there is also more pressure. About once a week, I end up running into an elected official at some function, and I am always ready to engage in dialogue on healthcare issues before them, regardless of political party. Quite a few really do want to hear reasonable input, and I feel it is our responsibility to be open to discussion and not take a hard stand from which we cannot have back-and-forth to help them get to a reasonable position.

Regarding regulatory challenges, I believe it is important to embrace regulation and fight bureaucracy. The former makes our patients safer and fosters better care. The latter is additional cost and burden without demonstrable value to the patient. Unfortunately, much of what we deal with is the latter. Helping rational officials and agency leaders see the difference is critical to having a chance to focus regulations on adding value to patients.