



NATIVE KENTUCKIAN CHOSEN TO LEAD UK HEALTHCARE

Dr. Mark Newman is focused on health care, health and a better tomorrow.

By Jan Taylor

TK HealthCare has grown to become a major referral center serving Kentucky and regions beyond. Today the University of Kentucky's health system is ranked among the top 15 percent of the nation's academic medical centers in terms of volume, with a patient population rivaling the nation's best centers in terms of complexity.

After leading UK HealthCare almost 15 years through a remarkable transformation, Dr. Michael Karpf announced in 2016 his intention to step away from his executive role (See Page 15). A search began for a new leader, one who could guide the health system through a critical juncture as the nation grapples with the cost and quality of health care, as well how it is funded.

Last July, Kentucky native Dr. Mark F. Newman, professor and president of the Duke Private Diagnostic Clinic, was chosen by UK President Eli Capilouto to lead the \$1.2 billion system and oversee the UK College of Medicine in conjunction with the provost. Together the two entities form Kentucky's largest academic medical center with nearly 40,000 inpatient discharges and 1.5 million clinic and outpatient hospital visits annually.

Newman grew up near Owensboro in a farming family that had a strong focus on education. He was interested in science and played baseball and other sports at Daviess County High School. His first job, aside from the farm, make a difference in the lives of Kentuckians. was working as a rodman for a coal company.

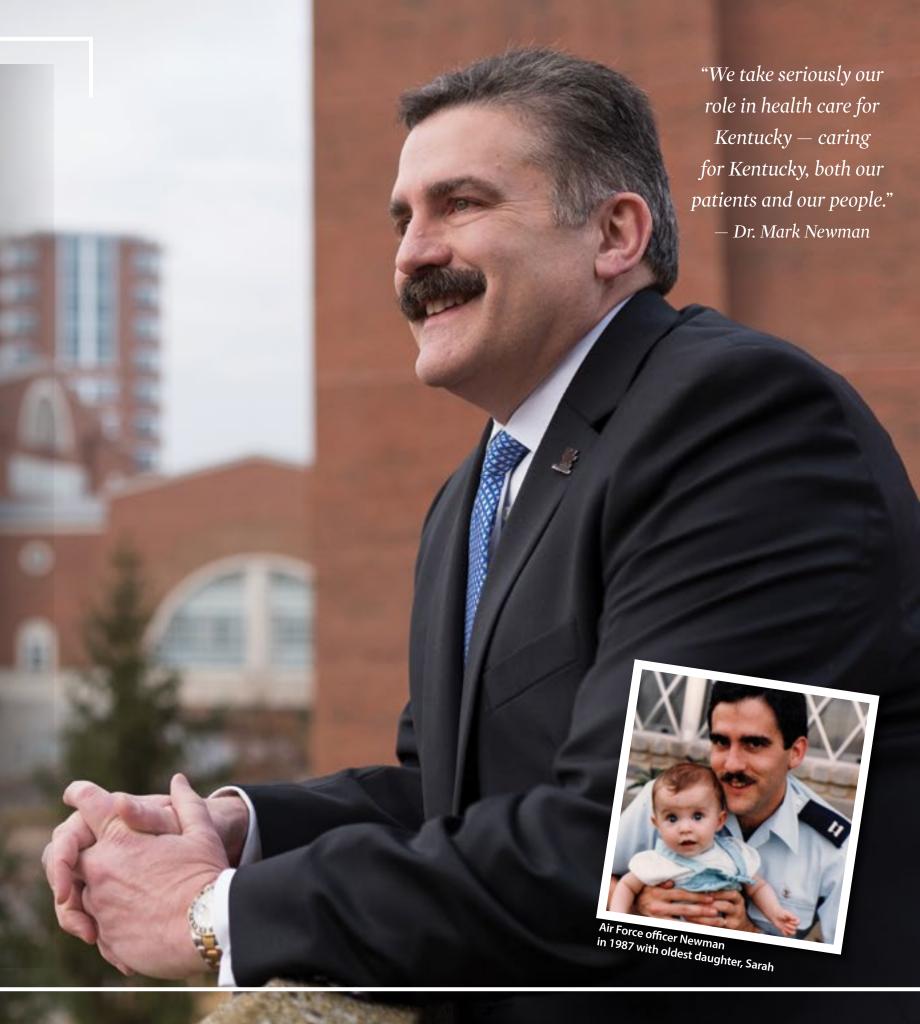
When his father became seriously ill, Newman elected to stay close to home for his undergraduate degree in biology at Western Kentucky University in Bowling Green.

Following his father's death, he entered medical school at the University of Louisville on a U.S. Air Force scholarship. Completing an anesthesia residency at the USAF Wilford Hall Ambulatory Medical Center in Texas, Newman went on to do a cardiothoracic anesthesiology and transesophageal echocardiography fellowship at Duke University Medical Center. After active duty and deployments for Operations Just Cause, Desert Shield and Desert Storm, he returned to Duke where he worked as a clinician, researcher and educator for 25 years. He also chaired the department of anesthesiology and the board of Duke's physician practice organization in addition to eventually serving as the organization's president.

In September 2017, Newman went to work as UK's executive vice president for health affairs (EVPHA).

Q: What's it like to come back to Kentucky?

A: It's coming home. Kentucky has always been home to me even though I've been away 25 years. All my family still lives here — as farmers or teachers. We're all excited I'm back to be part of a great team and a great opportunity to



Q: What drew you into medicine?

A: I loved science and the interaction with people. Medicine popped up to the top. It allowed me to do the things that I had some aptitude for and enjoyed.

Q: You're an anesthesiologist. What does that say about you?

A: I'm a cardiothoracic anesthesiologist. I truly enjoy complex aspects of care and critical care where you see the intersection of physiology and pharmacology and have the ability to provide care at some of the most critical times in a person's life.

Q: You've made a career in academic medicine. What attracted you there?

A: I saw opportunities to make things better. I was concerned about the risk of stroke, heart attack and organ failure in patients undergoing cardiothoracic surgery and anesthesia. Most patients do extremely well, but there's that small group of patients who don't do well. How do we take what we are learning and make tomorrow better for our patients? Looking back over the last 25 years, I can see how anesthesia and CT surgery have been impacted by the work we've done.

O: What should UK alumni know about your intentions as the new executive leader of UK HealthCare?

A: I intend to continue things that have enhanced our reputation and allowed us to grow for the last decade. We're also committed to expanding our ability to take care of our own family - students, faculty, staff and alumni. We take seriously our role in health care for Kentucky — caring for Kentucky, both our patients and our people.

We want to be a resource in ways not thought of before, so we're working on a concept that involves partnering with others at UK to reach out across the state to educate and provide resources and tools that will help people become healthier.

Q: Many feel that UK HealthCare's growth helped the local economy. Do you feel that way?

downturn in the economy,



As part of his Listening & Learning Tour, Dr. Newman visited the UK Polk-Dalton Clinic in Lexington and met staff (I.-r.) Kristie McKenzie, Karen Garner, Ramona Thompson and Sari Carson.

people say that UK HealthCare's growth kept things moving in a positive direction in Lexington. We will continue the existing momentum, but expand it. We want to continue to grow and to take referrals from all over the state. We don't want to leave patients without options. The other thing we need to do is make it easier for our own people and for the people of the Bluegrass to get access to UK HealthCare.

Q: Would that expand both primary and specialty care?

A: Yes, through building and new partnerships. It's not that we are taking on the world, but we may be looking for people who want to partner with us.

Q: Speaking of partners, we have an existing set of relationships around the state. How do those factor into UK HealthCare's future?

A: We want to be a resource. When someone comes and asks for help to do things, we're going to try to help them do it. Like setting up practices, an orthopaedic practice in Bowling Green, or trying to increase the number of physicians in the

Medical students from the classes of 2020 and 2021, (l.-r.) Ramva

with Dr. Newman soon after his arrival.

Kondaveeti, Tolu Odukoya, Connor Appelman, and Christina Pistilli, talked

state by setting up new UK medical campuses in Bowling Green and Northern Kentucky.

The Kentucky Health Collaborative brings together key health systems across the state to look at ways we can continue to enhance quality of care and reduce the cost of care. After a year and a half, we're starting to make good progress toward those goals. Through the collective process, they've probably

been able to save members almost \$16 million by working together.

Q: When you talk about enhancing the quality of care, how do you see that happening?

A: Delivering high-quality care and trying to make a difference in the lives of patients is what differentiates you as a physician or as an organization. Quality is a continual process. You look at the outcomes, make improvements and you look again.

Working in anesthesia to reduce strokes, I was able to show that even though the stroke risk of patients was going up, the stroke rate was going down over time. Literally, you could look year to year and see improvement. In talking to the next generation I was training, I could say, "This is better today because of what we've done over the last 10 to 15 years." The quantitative science, the data analytics, quality improvement ... all have to be a day-to-day part of what you are trying to achieve.

Q: What is your greatest challenge in

A: My goal is to create the vision and

work as a team to make sure we have the resources to execute on that vision. There are going to be financial challenges — a squeeze on the resources that help us do the things we want to do. My challenge is to build a team that works together to be efficient, reach out for additional resources, and partner more to create what will make us successful in all of the missions of UK HealthCare.

Q: Is your vision for UK HealthCare any different than before?

A: We still want to be that place in the state for the most complex of care. We want to be able to take those patients in when they need us. That's a key thing to build on and maintain.

Second, we want to be about both 'health care' and 'health.' How do we reach out to the state and within UK to our own employees to make sure we are doing the things and communicating the things that help people stay and be healthy? How do we provide better care for our people by expanding out into Fayette County and the Bluegrass so they can get in to see us?

A third component is how we engage our staff in staying focused on both quality and the patient. How do we make it their plan ... making a difference in the lives of our patients together? Health care is the ultimate team sport. People at UK HealthCare need to know I believe that each one of them is key to our success.

O: How will you encourage that engagement?

A: As I came into this role, I wanted to spend some time listening and learning. Key for me was to meet with faculty and staff and have them tell me what they thought was going well and what they thought the opportunities and challenges were. I got lots of constructive feedback for the opportunities we have. As much as anything, people want to be engaged, they want to be involved. They want to feel that they make a difference.

Q: Any "ah-ha" moments as a result of your listening tour?

A: I was impressed that our people are proud of being able to take the sickest patients at any time regardless of their ability to pay. They are proud of the camaraderie. They want to be part of the process, part of the team that makes a difference as we go forward. If you had to pick three things that you hope you would see, those would probably be three of the best ones.

I think universally, they want to see us have a broader ambulatory footprint and the ability to take care of patients in our own backyard. Looking at it, that seems like what we need to do. And it's clearly where our staff and faculty want us to go, so it makes for a nice alignment.

Q: What did serving in the military offer for your future career as a health care leader?

A: The Air Force was very good to me. It enabled me to go to medical school, to pursue a career in anesthesiology and to get some leadership training in an environment where there is an expectation that you are going to learn and make mistakes. In a forgiving environment, you can learn and lead.

Q: What is a forgiving environment?

A: The expectation is that you will learn and be better tomorrow than you were today. If you don't have the experiences, you can't do that. In some places that first mistake defines you and what people think of you. The military was a training/ learning environment where you could learn from those mistakes and be better for tomorrow.

We ought to be training the next generation of physicians, advanced practice providers and nurses, but we also ought to be training the next generation of leaders. We should have a learning environment where you don't make the same mistake twice, but you can be honest about your mistakes and learn from them.

Q: You've said that the best piece of advice you were ever given came from *your father* — "You know the answer. Stay true to the things you know and believe." How does that guide you?

A: A lot of that has to do with honesty and trust and your ability to develop that trust with the individuals around you. If we pull the information out, do the analysis, and put the information in front of you, good people will make good decisions. Over time, you'll develop that trust

If you do the right thing and if you tell the truth, you don't have to worry about the relationship. Taking advantage of the things you learned in kindergarten makes a lot of sense in terms of how you make relationships and how you lead.

Q: Most of those reading this interview are alumni of the University of Kentucky. How can they help?

A: I call on them to let us know the needs in their communities. What are the things we can do to continue to help and reach out to make a difference in the state? We want to be, as the president has said, the University for Kentucky, and we want to be focused not only on health care but on health.



DR. MICHAEL KARPF

During his tenure at UK, Dr. Michael Karpf led UK HealthCare through two major strategic, financial and capital planning processes with a focus on strengthening local health care and improving the Commonwealth's delivery system by partnering with community hospitals and physicians. Over the years, these relationships with other providers matured to the point that in 2016 UK HealthCare joined nine other hospital systems in establishing the Kentucky Health Collabora-

In the same timeframe, \$2 billion was invested in facilities, technology and programs to support the growth of advanced subspecialty programs. Hospital annual discharges nearly doubled, transfers from community hospitals to UK HealthCare were more than 18,000 a year and outpatient visits topped a million. UK HealthCare has become a regional referral center for tertiary and quaternary care.

Overall, improvements in the quality of care and patient safety led to UK HealthCare winning the UHC Rising Star Award in 2013 and becoming a national leader among academic medical centers in patient safety in 2015. For the last two years, U.S. News & World Report has ranked UK HealthCare the No. 1 hospital in Kentucky.

Thank you, Mike Karpf, for your service to the university and the people of Kentucky.

