



Dr Robert Lorenz



Cleveland Clinic

Spotlight Interview: Dr. Robert Lorenz, M.D., M.B.A., Executive Medical Director, Market and Network Services, Cleveland Clinic, Discusses Quality Healthcare, Services and Relationships in the Medical Travel and Tourism Industry

This interview was conducted by SIIA's partner in the Connect from Anywhere (CFA) live Medical Travel seminars and was originally released as a special issue of their digital newsletter, prior to the Cleveland Clinic live seminar. A recording of the seminar is available to SIIA members at www.siiacano.org.

ABOUT CLEVELAND CLINIC

Cleveland Clinic was at the forefront of modern medicine when its founders opened it as a multi-specialty group practice in 1921. In its first century, Cleveland Clinic has introduced many medical firsts, opened facilities around the world and is proud to be ranked among the top hospitals in the country. Now, 100 years later, the vision of the founders remains Cleveland Clinic's mission: caring for life, researching for health, and educating those who serve. Visit <https://my.clevelandclinic.org/>.

ABOUT DR. ROBERT LORENZ, M.D., M.B.A., EXECUTIVE MEDICAL DIRECTOR, MARKET AND NETWORK SERVICES, CLEVELAND CLINIC

Robert Lorenz is the Executive Medical Director of Market and Network Services for the Cleveland Clinic. He is an active Head & Neck surgeon in Cleveland, Ohio, and was the former Chief Medical Officer of Cleveland Clinic Abu Dhabi.

In his current role as Executive Medical Director of MNS, Dr. Lorenz participates in all aspects related to Cleveland Clinic's contracting for specialty care, including innovative payment models, for both government and commercial payors. He coordinates the clinical aspects of revenue-related matters (\$10.0bn), and works closely with Health Information Management to synchronize Cleveland Clinic physician involvement with payment risk-assumption. He has represented the Cleveland Clinic at the state level, serving on Governor John Kasich's Advisory Council on Health Care Payment Innovation, and as the representative to Ohio State Medical Association's Health System Physician Leadership Council.

MEDICAL TRAVEL & DIGITAL HEALTH NEWS (MTDH): PLEASE TELL US ABOUT YOUR BACKGROUND.

Robert Lorenz (RL): I am not originally from Ohio, but moved here with my family from the East Coast about 26 years ago. I am extremely proud to be a Cleveland Clinic physician.

I practice cancer surgery half the time and spend the other half of my time engaged with my financing team to bring patients who could benefit from some of the services that we provide here from other areas.

We are really a tertiary or quaternary organization. We are regarded as a "provider to providers" in some ways because of the robust services that are offered here. We are very proud of the outcomes Cleveland Clinic achieves and have a great team that includes people who take a lot of pride in practicing here.

MTDHN: Why do you think the Cleveland Clinic is such an outstanding example of health care quality and services?

RL: Going back to that team concept, it is written into our DNA to "act as a unit."

That was the idea behind the founding of Cleveland Clinic. In Europe during World War I, when providers used to practice on their own, four physicians came together and said, "Isn't this great how we can augment each other's care when we work together as a team."

That team concept now prevails a century later. This year is Cleveland Clinic's 100-year anniversary and our motto is still the same - to act as a unit.

This allows us to put the patient in the center of what we do. We are only as good as the other team members around us. That is how we have such successful outcomes.

MTDHN: Are your patients local to the Cleveland area?

RL: No, most of my patients are from either out of town or out of state, with a few out of the country.

Similar to the many providers here, what I do is very subspecialized. Cleveland Clinic is known for triaging patients well so it's common for patients to travel here from out of the region.

Cleveland Clinic has a salary model, which is unique in healthcare. Having a salary model means our providers do not have any financial incentive to provide unnecessary treatments.



When I see a patient and I see that they have a nuance to their disease that might be better treated by one of my colleagues, I send them to my colleague and similarly, they send patients to me.

That really benefits patients in the long run. That is why people come here from all over for specialty care.

MTDHN: Can you tell the readers about the relationships you have with your international partners throughout the world?

RL: Again, Cleveland Clinic is 100 years old. There are original documents from the 1920s and 1930s that recorded, even at that time, patients were traveling internationally to receive care here.

Our international footprint really expanded when we were the only provider in the world doing some unique things. For example, at one point we were the only facility in the world that was performing coronary bypass surgeries.

Scale that to many different diseases and procedures and indeed, we have a lot of people who come to us from around the world for care.

That being said, the difference between U.S. healthcare and international healthcare is getting slimmer, so Cleveland Clinic also makes an effort to meet patients where they are.

We have locations around the world including Cleveland Clinic Canada, Abu Dhabi and London, which will be opening up later this year, and we have partners throughout the world who we collaborate with on a clinical basis.

Despite delays from the COVID-19 pandemic, Cleveland Clinic and Luye Medical

are looking forward to the opening of the Shanghai Luye Lilan Hospital in 2025 (originally planned for 2024). The hospital is a Cleveland Clinic Connected hospital that will bring Cleveland Clinic's best practices to China in Shanghai's New Hongqiao International Medical Center.

Our Florida location has a very robust international office and sees patients from all over Central and South America.

MTDHN: Can you talk about some of Cleveland Clinic's service lines?

RL: Our main campus is organized around the patient.



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Alternative Markets



Crop



Specialty & Commercial

A traditional healthcare provider has a cardiology department and if they are served by surgery, they go to a separate cardiac surgery department. That is the traditional model.

Our model is different. The Cleveland Clinic model is that if you have issues with your heart, for example, and you come to the Heart, Vascular & Thoracic Institute, we will figure out whether you will be best treated with intervention, medication or lifestyle modification.

This is a unique model called the Institute model. Toby Cosgrove, a former Cleveland Clinic CEO, launched us around centering ourselves around the patients' problems.

That being said, we currently have 21 Institutes including Heart, Vascular & Thoracic and Digestive Disease & Surgery. I am in the Head and Neck Institute where we combine otolaryngology, dentistry and maxillofacial surgery. The Neurological Institute combines neurology and psychiatry.

That is how we are organized, around organ systems and disease processes, and less around the traditional healthcare entities.

The other Institutes can be found [here](#).



MTDHN: Tell us about the technology services the Cleveland Clinic offers. Are there telehealth or telemedicine programs?

RL: Yes, we launched into telehealth in a big way long before COVID-19.

We use telehealth for primary care, which we have a robust program for, to serve patients who see us as their primary care. Even local patients in Cleveland and throughout the rest of Ohio sometimes use telehealth.

We have a joint venture with Amwell called [The Clinic](#) by the Cleveland Clinic which we use our telehealth platform to provide second opinions. Second opinions are great because they can introduce new ideas and groundbreaking technologies into the patient's care plan that the patient may not have been aware of. Getting an external, objective second opinion can either validate or introduce a new idea. They are very valuable.

We can do that for providers or patients through the joint venture.

MTDHN: Can you address the Cleveland Clinic's positioning worldwide? What relationships does it have with employers and payers?

RL: A lot of providers out there delve into the payer market and they launch their own health plans. We decided we should stick to our knitting and continue being an outstanding care provider.

We do not have our own plan in the market, but we do have joint ventures with plans like Oscar, Humana and others. In general, we make sure that our value proposition is being a great provider.

As far as our international relationships, we have partners in Europe and the Middle East.

Something unique we do as an organization based out of the United States with entities in other countries, is to share access to medical records between our organizations.

That enables a patient living in or visiting Europe, who had their previous care in the U.S., to have their records accessible to the providers at the Cleveland Clinic locations in Europe.

Cleveland Clinic has a great value proposition with sharing those records in terms of providers with an international workforce. That allows us to take care of the patient anywhere, whether it is virtually or in one of our international offices.

MTDHN: Can you tell the readers about the Cleveland Clinic's experience contacting directly with large employers?

RL: When you have a value proposition like this in Ohio, there are a lot of people who want to take advantage of it.

When you look at the outcomes that our providers achieve, they are producing market leading outcomes with significantly decreased mortality rates, increased back-to-work rates and decreased pain. Cleveland Clinic has outstanding Net Promoter Scores.

For large employers, a heart condition like a leaky heart, for example, is relatively common. That prompts employers to say, "I've got a sizable workforce. How many of my employees have a heart condition, neurologic condition or spine condition? How can I get my employees who are most challenged with health concerns, access to the Center of Excellence?"

Our Centers of Excellence have white glove concierge service for people who are coming to midtown Ohio, but we also engage employers who are not local with virtual care or optimization of their medical problem. Then, if they need face to face meetings, they can come to Ohio.

A lot of our care nowadays is done virtually because providers' expertise can be easily delivered to patients wherever they are. Healthcare is shifting to have less geographic boundaries. It is much more about triaging the correct provider to the right patient at the right time.

I think in about 5-10 years down the road, healthcare is going to be about the value providers can demonstrate to employers and how providers can package care to the employer for the right employee. Centers of Excellence are a great example of that because they offer expertise with a collaborative approach, centered around disease processes and the patients' problems.

MTDHN: Is there anything else you would like to share with the readers?

RL: It is in the Cleveland Clinic's DNA to take care of patients locally and from outside our region.

I think we will find that those who pay the bills and those who are responsible for the cost of medicine, will see that value comes through higher quality.

Doing things right the first time, not doing unnecessary testing or non-value-added services and making sure that patients do not get re-admitted will save money. Similarly, making sure that our care and outcomes are durable, and patients do not have recurrences or need revisions is very important.

Cleveland Clinic is very centered around durable outcomes. We were one of the first providers to publish our outcomes, in an effort to be transparent. They are publicly available online.

Our concept of delivering value is focused on getting employees back to the workforce and in a pain-free, healthy state. The best thing we can do for patients is help them return to a state of feeling good so they can develop their careers, be participating members of society and spend time with their families.

Our model is centered around focusing on individual patients and employees and thinking about what matters to them the most, which is returning to health. That is what our model is geared around, and I think that is why we have been so successful. ■

THE WAY FORWARD

October 3-5, 2021 Austin, TX

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Our most flexible event ever, SIIA's 2021 National Conference gives you access to presentations, online exhibits and networking forums from *virtually* anywhere.

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Keynote Speaker

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The Way Forward | New Rules for the New World

The health care and insurance industries will continue to evolve in a post-COVID world.



This year's educational program features many younger industry experts. We can't wait to share their fresh perspectives and energy!

"Don't look back...you're not going that way"

Mark Zuckerberg



SIIA ANNOUNCES ITS 2021 NATIONAL CONFERENCE

The Self-insurance Institute of America, Inc. (SIIA) has announced the program and opened registration for its 2021 National Conference. This year's theme is "The Way Forward."

The world's largest self-insurance event is back with an entirely fresh approach to conferencing, which will deliver the best of virtual and in-person formats to create an opportunity to allow everyone to participate in whatever way that works best for them and their organizations.

The in-person component of the conference will take place October 3-5, 2021 at the JW Marriott Hotel in Austin, TX. SIIA will be transforming more than 50,000 square feet of hotel ballroom space into a comfortable and stylish lounge area, creating the perfect environment for meetings and networking from beginning to end. This will be supplemented by evening receptions, other food & beverage functions, and table-top exhibit viewing.

All of the high-quality educational content will be delivered via a sophisticated virtual platform, with a combination of live and pre-recorded sessions scheduled during the conference. This content can be viewed by those who join us in Austin, and from anywhere for those who choose to participate virtually.

Additional virtual features include two networking luncheons, an exhibit hall, private messaging opportunities with other attendees, and lively chat rooms.

For planning to attend in person, SIIA has reserved a block of discounted sleeping rooms at the host hotel but we expect this block to be sold out well in advance of the conference, so it is highly encouraged to reserve your room at the earliest opportunity. Sign up before June 30 and take advantage of early bird registration fees.

For companies looking to promote their corporate brands within the self-insurance/captive insurance marketplace, there is simply no better event. This is particularly true this year as you have the potential to reach both a large in-person and virtual audience. Contact Justin Miller at jmiller@siia.org for immediate assistance.

Complete event information can be accessed at www.siiaconferences.org or by calling 800/851-7789. SIIA looks forward to seeing you in Austin, or for you joining us virtually from wherever you are. ■