Leading Consolidation and Cultural Transformation

Steve Fontaine entered into healthcare administration early in his career, seeing it as a clear path to meaningful and varied work. He quickly rose in the leadership ranks due to a knack for growing and consolidating disparate healthcare entities into integrated systems. Now, as CEO of Penn Highlands Healthcare, a health system in northwestern/central Pennsylvania, he has successfully helped to unite four community hospitals (a fifth hospital has just joined the organization) and numerous other facilities into a thriving regional system, with better, more comprehensive care for area citizens. In the following Q&A, Fontaine shares thoughts on leadership as well as overcoming challenges at Penn Highlands.

Q: What’s behind your growth and success as a healthcare executive?

Fontaine: I gravitated toward healthcare administration right out of graduate school because you could do something different every day of the week. I liked the variety of the job. Also, it’s very rewarding when you set out a vision working with a team, when everybody believes in you and in the vision, and everyone is accountable for achieving that vision. You’re creating something that’s bigger than you as an individual. That’s what drives me every day.

Q: You’ve spent significant time in both not-for-profit and for-profit healthcare. What leadership differences have you encountered in the two environments?

Fontaine: Not-for-profits in general are not as financially focused as for-profits. They’re more community-based, which I appreciate, but you’ve got to hit your financial benchmarks. So it has helped me to have experience in both worlds. The main reason I was recruited by the board of Penn Highlands Healthcare was that they wanted somebody with consolidation and financial turnaround experience, and that’s what I’ve done my whole career. The board demanded that background so we could focus on growth and survivability.

To be a successful healthcare CEO today, you have to have passion and a big heart, but you also must have a sense of urgency. You have to be financially driven and savvy to survive.
Q: What’s the best career advice you’ve ever gotten?

Fontaine: Treat people as you like to be treated. I learned that from my mother growing up, and it kind of crosses all boundaries. Healthcare is the most regulated sector in the country—there are a lot of tough calls to make that don’t please everyone. If you listen, take advice and treat people well, people will respect you.

Q: At Penn Highlands, what challenges have you had integrating four hospitals and other distinct entities into one system?

Fontaine: It’s not a cookie-cutter approach. Operationally, it was important to go to one single EMR platform. When we first merged the facilities together we were on eight different platforms, and now we’re down to just two platforms at the hospital level, as well as GE Centricity for clinics. It was a huge financial investment but a big deployment strategy as well, making sure doctors and clinicians could navigate through the system. We also had to consolidate benefit and retirement plans—we had 12 different medical benefit plan options and eight different retirement plan options.

There’s also the cultural challenge. In the rural communities in which we serve, these hospitals used to be arch rivals, kind of like the local high school football rivalries. It takes a while to show people the benefit of one system. That’s been a huge culture challenge in the communities, starting with employees. We began conducting biannual engagement surveys that are used by leadership to identify the gaps related to communication and employee engagement. We recently hired our first Chief Quality and Transformation Officer to expedite the process of creating one unified system culture stepping away from the silos or individual hospital-based cultures. We’re also looking at physician engagement scores, HCAHPs, patient satisfaction, how we get employees more engaged, how we celebrate . . . the idea is to operate as a unified system as opposed to individual hospital units. It requires a total cultural transformation.

Q: With such dramatic change, you must have had support from your board?

Fontaine: That’s a huge advantage for us. Two-thirds of the board members are business owners or CEOs of their own companies, so they have that entrepreneurial spirit which helps tremendously. The other third are doctors, which is critical. That was important for me when I was being recruited here, to have doctors and business-centric individuals on the board. They know the hardships and heartaches. They can relate to you as you build out the system and share with them a strategy to grow.

Q: As you continue to build your leadership team for the system, what types of individuals do you look for?

Fontaine: I tell this to people all the time: It’s a given that you’re an expert in your field. We’re looking for those who bring outside-the-box thinking . . . people who bring new ideas and fresh concepts to the table. We look more for strategists not operators, those able to take risk. That’s why we do national searches.

Q: Is it hard to get executives like you describe to come to rural Pennsylvania?

Fontaine: Once they look at the opportunity and know we are a growing health system, and we lay out a five-year vision, a lot of folks are excited about being part of something bigger than themselves. We haven’t had much trouble recruiting across the nation, which is surprising because we’re pretty rural. When we describe the five-year vision, they say, “I want to be part of that.”