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2025 Innovator: SoNE Health CEO Trumble leads charge for physician-driven, value-based care in Connecticut



SoNE Health CEO Lisa Trumble stands in her office, where she leads the physician-owned network's push to expand value-based care in Connecticut., PHOTOS | STEVE LASCHEVER

BY NATALIE MISSAKIAN
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While working at a Massachusetts hospital system a decade ago, Lisa Trumble encountered a patient who had visited the emergency room 400 times in just six months.

Homeless and addicted to drugs, the man, only in his 30s, was living under a bridge when social workers from Trumble's team found him. This time, the team didn't just treat his medical conditions and send him back to the street. They gained his trust, helped him into housing and recovery, and eventually steered him toward a degree and a job.

"We connected all the resources that were needed in order to get this individual out of the situation (he was) in," says Trumble, who at the time led a team that was using data to identify

patient populations most at risk. “It wouldn’t have happened in any kind of typical healthcare system.”

For Trumble, the case remains a powerful reminder of why she pushes so hard to change the way doctors, hospitals, insurers and others think about health care.

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Today, Trumble is president and CEO of SoNE Health, a physician-owned network that coordinates care and negotiates value-based contracts for about 650 providers in Connecticut and Massachusetts — the largest organization of its kind in the state. She is also one of Connecticut’s leading advocates for value-based care, drawing on similar work she led in the Bay State.

Most hospitals and doctors in the state still rely largely on a more costly fee-for-service model, where payments are made based on the volume of services provided.

Value-based care takes a different approach. Instead of rewarding volume, it rewards doctors and hospitals for keeping patients healthier. The payoff, advocates like Trumble say, is fewer emergencies and hospitalizations, lower costs and healthier patients.

Since taking the helm in January 2020, just months before the start of the COVID-19 pandemic, Trumble has been a driving force behind implementing value-based health care at SoNE (formerly St. Francis Healthcare Partners), with a goal of convincing others in Connecticut’s healthcare industry to follow.

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It hasn’t been an easy task. Hospitals and physician groups in Connecticut face thin operating margins, a fragmented health system and complicated insurer contracts that make it difficult to

shift away from the traditional fee-for-service model.

Many providers also worry about taking on more financial risk if patients don't achieve better outcomes, slowing the pace of adoption across the state.

While many in the industry talk about value-based care, Trumble has built the infrastructure at SoNE to make it happen, said Jeffrey Hogan, president of Farmington-based consulting firm Upside Health Partners.

"She's one of these unique people who's able to use a team to strategically and tactically move the football forward," Hogan said.

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At the heart of Trumble's work is population health, analyzing data and trends to proactively steer resources to those who most need help; and clinical integration, meaning primary care doctors, specialists, social workers and others work together to coordinate care and share information.

In a healthcare landscape that has become increasingly corporatized — with large healthcare systems, private equity firms and insurers buying up physician practices — Trumble also remains a firm believer in doctor autonomy.

"If we want to fix health care, we need to recognize that clinicians need to lead," Trumble said. "Hospital systems, private equity — we need all of it in some way. But I do think the physician community sees this as a challenge and a problem for their ability to really innovate and deliver care."

One of her boldest moves was leading a decision to end SoNE's affiliation with Trinity Health Of New England in 2024 to become an independent, 100% doctor-owned healthcare group.

"We hit a pivotal point in the organization where the hospital strategies that the hospital system had and the physicians had were entirely different, and the board voted to separate," she said.

Trumble has also introduced innovative direct-to-employer healthcare contracts. The deals aim for more transparency and control by cutting out the middlemen — namely insurance companies — and allowing companies to contract directly with SoNE for value-based healthcare services.

Blue-collar roots

Growing up in western Massachusetts, Trumble never imagined becoming a healthcare leader. Her parents worked for defense manufacturers — her mother at Sprague Electric and her father at GE — and as a teen, she thought she might become an electrician.

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Fascinated with electronics, she was the first female accepted into her local technical high school's traditionally male electrical program.

After graduating from high school, she went on to initially study engineering at North Adams State College, with a minor in business. To help with expenses, she took a finance job doing analytics for the nursing division at the local hospital system, a move that would set her on her current career path.

"My supervisor at the time was a very caring and supportive nurse who mentored me and taught me about the connections between patients, clinical outcomes and financial results in health care," Trumble recalled.

She quickly realized the market principles she learned in her business courses didn't apply to health care.

"Health care doesn't operate the same way, where you compete, you set a price and you get paid. It's completely different," she said.

She eventually switched her major to business administration, with a minor in accounting, determined to use what she learned to help people.

"From that point," she said, "all the roles I've had have always been about, 'Can I impact something positively?"

She said she found her "sweet spot" in her next role with Commonwealth Health Management Service, a multispecialty physician's group in Pittsfield, Massachusetts, where she remained for 10 years, working her way up to chief operating officer. There, she developed a financial model and care structure similar to today's value-based care.

After scaling the organization to include 140 physicians in three states, she helped sell it to a private equity firm and left to pursue consulting. But before long, the doctors were calling her back, unhappy with their new corporate owners.

"I often tell people I was essentially brought in at the wake because the relationship had become so strained that repairing it was impossible," she recalled.

Trumble helped deconstruct the deal, selling assets back to the individual doctors and the local hospital — an experience that foreshadowed her later move to separate SoNE from its hospital ownership.

Trumble, who earned her MBA from Western New England University, would go on to hold senior roles at other healthcare systems in the Bay State, including Cambridge Health Alliance. There, she worked with the state to build one of Massachusetts' first Medicaid accountable care organizations, a network of doctors and other providers who work together to deliver value-based care.

That work led to seats on the Massachusetts Health Policy Commission and other advisory committees, and helped influence a statewide policy requiring all Medicaid providers to participate in value-based care.

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'Data-obsessed'

Although the details of value-based contracts vary, a healthcare provider would typically get a fixed amount to care for an assigned patient population. As part of the agreement, the provider must meet certain targets for quality — such as patient satisfaction scores or hospital readmissions — and cost.

If the costs come in below the budgeted amount, the providers get to share in the savings. Some contracts go a step further and hold doctors accountable for potential losses.

Dr. John Rodis — the former president and CEO of St. Francis Hospital, who now leads consulting firm Arista Health — said Trumble "has a keen eye for how to align the incentives so that physicians can deliver high-quality care and be reimbursed adequately for it" while also reducing costs.

"You need to really create a substantial enough incentive that pays, and then you also have to educate the providers on what the metrics are and help them achieve those goals," Rodis said, adding Trumble has accomplished all three. "That probably sounds easy, but it's not. It's not the way most doctors are trained, and it's not the way doctors think."

Hogan, with Upside Health Partners, describes Trumble as "completely data-obsessed," noting her gift for using data to win over skeptics.

"She's able to use data on populations … and say, 'this (fee-for-service model) is garbage. You're paying lots of money and getting really bad outcomes.'"

One of Trumble's first steps at SoNE was to build out a population health team — including doctors, social workers, nurses, pharmacists and community health workers — to proactively manage patient populations and connect all aspects of care. She also invested in technology to analyze patient risk, guide interventions and track outcomes.

Under her leadership, SoNE developed clinical protocols to manage the most stubborn chronic conditions — congestive heart failure, chronic obstructive pulmonary disease, diabetes and end-stage kidney disease. A care management team takes the highest-risk populations and follows them to ensure they are getting everything they need to stay healthy and out of the hospital.

Trumble estimates SoNE has saved Medicare and commercial carriers $192 million in the last seven years through these interventions, which are designed to reduce hospital admissions and ER visits and keep chronic diseases from escalating.

Trumble points to success stories like the recent case of a man in his early 40s with uncontrolled diabetes and other chronic conditions who visited the emergency room nearly 30 times in a year. His care team stepped in and taught him and his caregiver about nutrition and blood sugar management, helped him get a continuous glucose monitor and made sure he kept up with specialist visits.

As a result, his blood sugar levels improved significantly, and he went two months without a trip to the ER.

Another innovation Trumble has introduced is direct-to-employer contracts. SoNE has negotiated about a dozen such deals with self-insured large and small businesses. Instead of paying premiums to an insurance company, employers pay their employees' medical claims

directly to the provider, although an insurer or third-party administrator handles back-end administration.

To date, Trumble said, these contracts have reduced employees' out-of-pocket expenses by 58% and lowered overall costs by 27%.

The road ahead

While Trumble has made significant progress at SoNE Health, expanding her mission more broadly across the state has been harder.

When she came to Connecticut from Massachusetts, Trumble said she was shocked by how different the two states were even though they share a border. She found providers and policymakers here didn't fully understand value-based care, which made it harder to build momentum.

"I came from an environment where this was, you know, kind of in the drinking water, and maybe assumed that Connecticut was a little more advanced than it actually was," she said.

While there are organizations and individuals promoting value-based care here, "what I don't see, at the state level, is a policy position moving it forward," she said.

She's encouraged, though, by Connecticut's participation in the AHEAD (Advancing All-Payer Health Equity Approaches and Development) model, a voluntary federal initiative that seeks to curb the growth of healthcare costs, improve population health and advance health equity. Connecticut was one of three states chosen for the program, and Trumble recently was appointed to the advisory committee developing the state's plan.

And while she worries about looming federal healthcare cuts, she's hopeful the impact will fast-track value-based care, much the way the COVID-19 pandemic accelerated telehealth.

"Whether we like it or not, the federal budget cuts are going to force the need for innovation and creativity and looking at the system in a different way," she said.

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