Touchpoints: Keeping Innovation Culture Going

SCOTTSDALE INSTITUTE 2021 DIGITAL INNOVATION ROUNDTABLE

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Sponsored by: Deloitte
ROUNDTABLE PARTICIPANTS

Craig Anderson, Director of Innovation, BayCare Health System
Nick Archer, MBA, SVP Consumer Innovation, AdventHealth
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Robert Budman, MD, MBA, CMIO, Nuance
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Judy Faulkner, CEO, Epic
Leslie Haas, Product Growth Lead, Amazon Care (Guest)
Jason Jones, PhD, Chief Analytics & Data Science Officer, Health Catalyst
Gerry Lewis, MBA, SVP & CIO, Ascension
Kevan Mabbutt, SVP, Chief Consumer Officer, Intermountain Healthcare
Patrick O’Hare, Former SVP Facilities & CIO, SI Board, Executive Committee, Scottsdale Institute
Bernard Porter, VP of System Informatics, Baptist Health
Lisa Prasad, VP & Chief Innovation Officer, Henry Ford Health System
Karthik Raja, MS, SVP & Chief Data Science Officer, Ascension
Roberta Schwartz, PhD, EVP, Chief Innovation Officer, Houston Methodist
Tim Skeen, SVP & CIO, Sentara Healthcare
Michelle Stansbury, VP Innovation & Corporate IT Systems, Houston Methodist

Jeffrey Sturman, SVP & Chief Digital Officer, Memorial Healthcare System
Yohan Vetteth, MBA, Chief Analytics Officer, Stanford Medicine
Anne Wellington, Executive Director, Digital Strategy, Cedars-Sinai, and Managing Director, Cedars-Sinai Accelerator
Brian Young, MD, MBA, MS, System Physician Informaticist, CommonSpirit Health

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Moderator: Christopher Shudes, Principal; Marc Perlman, Managing Director, Healthcare; Tina Wheeler, National Health Care Sector Leader
Writer: Karen Sjoblom
Introduction

In its recent webinar, *The Future of Work Reinvented: Seize this Unique Opportunity*, technology researcher Gartner suggested we’re all at a crossroads in how—and where—we work best.

COVID-19 shattered long-held assumptions about work and raised fundamental questions about why we work the way we do. Employees experienced a more flexible work environment, and their expectations shifted. A recent Gartner survey shows that 83 percent of all employees want to work in either a remote or hybrid arrangement, and only 17 percent of employees prefer to go back on-site full time. If the enterprise forces a full return to the office, it could lose up to four in 10 workers, especially those with in-demand digital skills.

If what Gartner’s director of research Alexia Cambon says is true—that COVID has normalized remote work and pushed businesses into conducting one of the “biggest experiments in the history of work”—then healthcare as a whole is experimenting on multiple fronts: Providing the old-school, absolutely necessary, hands-on care during an unanticipated 100-year event and doing whatever it takes to keep business not only going but innovating during a tumultuous time.

Such multifaceted tasks are life-saving, game-changing, status quo-defying and skill-refining all at once. In convening 22 Members and honored guests representing 17 different organizations, Scottsdale Institute (SI) sought to provide a forum on the topics of recruiting talent, designing hybrid work models, facilitating continued innovation, strengthening the new work culture and navigating change management, moderated by Christopher Shudes (CS), Principal, Deloitte. At a time when both traditional and futuristic healthcare models are more necessary than ever, these digital and innovation professionals gathered to share what’s working, what needs refining and what lies ahead.
Talent—Where to Find It. How to Recruit It: (CS)

Why aren’t we pooling labor from different industries to work on some of our shared problems in healthcare—something that would jointly benefit us? Do you feel we have enough current skills? How can we supplement for those in a competitive marketplace?

Eduardo Conrado, MBA, EVP, Chief Strategy and Innovation Officer, Ascension

The winning formula is mission, career trajectory and immediate impact. We need a career ladder for employees so they can see how they can move up and around. It’s useful to bring them into a ministry/hospital so they gain empathy from that experience.

Tim Skeen, SVP & CIO, Sentara Healthcare

I spent 25 years on the for-profit payor side and then came to nonprofit healthcare delivery side last year. Currently I’m trying to acquire IT talent from payors, and I’ve got one mission: Finding those with the right technical skills who are also mission-focused since the nonprofit side does not pay as well. I’m trying to leverage all the networks I have to find these people.

Anne Wellington, Executive Director, Digital Strategy, Cedars-Sinai & Managing Director, Cedars-Sinai Accelerator

Most people from other industries don’t understand how health systems make money. As we talk with other industries, I’m finding we have to teach them. It takes a dedicated effort to help people understand the business when you bring them in from outside. We need to take time to educate people on healthcare.

Kevan Mabbutt, SVP, Chief Consumer Officer, Intermountain Healthcare

When it comes to Big Tech, we like to partner as well as hire talent. It’s an efficient and flexible way to scale the skills needed on major initiatives and inspire new culture and work practices within our own teams. It’s a great way to tap purpose-driven talent.

Gerry Lewis, MBA, SVP & CIO, Ascension

Recruiting people who have empathy is really important.

Anne Wellington, Executive Director, Digital Strategy, Cedars-Sinai & Managing Director, Cedars-Sinai Accelerator

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Work-from-Home (WFH), Hybrid Models and the Value of Innovation: (CS)

How are people managing WFH and hybrid work models? Is anyone doing innovation and operations together in a joint leadership structure? How could we make this more infused and coordinated?

Roberta Schwartz, PhD, EVP, Chief Innovation Officer, Houston Methodist

There are some roles that are fully transactional: people don’t necessarily need to be in an office for those functions. But for others, we will have to be creative in our staffing. Our staff costs have gone up phenomenally; we’re hearing stories about people working remotely and getting paid way more than we could offer them.
We’re not big enough to own our own data scientists, so we have hired consultants. There are many of us in this room who don’t compete but would like to collaborate. We all need to reduce certain costs and we all need to handle certain tasks... If we got creative, we could put our minds together around all these things and get them done more collaboratively. In thinking about reducing workforce costs, for example, it would well be worth a week of my time to get together and brainstorm solutions around the things we’re all trying to do.

Tim Skeen, SVP & CIO, Sentara Healthcare

Hopefully we can do more collaboration; we should be able to lock arms more over some of these topics. We know there’s value in that—being collaborative versus competitive.

Tina Wheeler, National Health Care Sector Leader, Deloitte

We’re already seeing the great resignation. Many consultants want hybrid opportunities, so we don’t want to limit ourselves by not offering the same to them.

Judy Faulkner, CEO, Epic

We’ve seen that about 70 percent of the time people are doing transactional work, and 30 percent of the time they are doing all sorts of other things that are valuable and contribute to the company. We underestimate the value of the 30 percent’s contributions more than we should.

We’re requiring people to come to work. I’ve heard executives who are allowing hybrid settings say that some of the reasons are to save on space and lessen the fear of losing good people. But I’ve never heard them say they believe remote workers will do a better job for our patients, and that bothers me.

Michelle Stansbury, VP Innovation & Corporate IT Systems, Houston Methodist

There are great operational people who do great things but they might not be great innovators. If you have a passion for it and want to be the change agent, you’ll find people who are willing to spend the time.

Eduardo Conrado, MBA, EVP, Chief Strategy and Innovation Officer, Ascension

Three years ago, it was my goal to be able to offer a great physical location; now, we need to give employees the flexibility they want.

Regarding innovation, healthcare is too far behind other industries. My view is that technology teams are either penalized or rewarded, or there’s a burning platform to implement.

Nick Archer, MBA, SVP Consumer Innovation, AdventHealth

For us, a lot of this has been portfolio management with respect to IT, products and consumer tools. It’s important to decide what the company wants to do or doesn’t want to do. The ongoing portfolio management piece has been a huge thing; I’ve lost four people off my team in three months because they’d rather go “create,” but this is part of a decision to focus on our investment in Epic by leveraging the core tools it provides.

Gretchen Brown, MSN, RN, NEA-BC, Associate CNIO, Stanford Medicine

Coming out of opening a new hospital, we’ve found we need to pair innovators with those in the clinical space. With product development, innovators can come and go, but having an in-house person means a thread remains. Somebody still has to go around and improve things after implementation; if your initial innovator has left, your in-house person can still provide that help.
Anne Wellington, Executive Director, Digital Strategy, Cedars-Sinai, and Managing Director, Cedars-Sinai Accelerator

We offered an onsite option for our Accelerator and a fully virtual program, but people didn’t get as much out of the latter. You could still have the right conversations and talk with the right people virtually, but you couldn’t build those important relationships and actually see what was going on in the hospital. For those kinds of things you have to be there in person, and to create solutions around those kinds of things, you have to have a significant in-person component; otherwise, you can’t fully understand what’s needed and what’s going on.

Culture and Change Management: (CS) How do you strengthen your culture in a hybrid or WFH environment, and how are you managing all the changes around this? Any leading practices or wisdom to share?

Gerry Lewis, MBA, SVP & CIO, Ascension

I have people in 40 different states. We can embed a team in a hospital to operate in more of a hybrid work environment. We’re finding there are some things you just can’t get from only interacting on a virtual call. We’ve hired hundreds of people who’ve maybe met only once or twice. So how can we create relationships in a meaningful way?

Karthik Raja, MS, SVP & Chief Data Science Officer, Ascension

The cultural challenge in building a robust analytics and data science team is in enabling the team to function as a part of the business and not a separate supporting function merely receiving and processing requests. We ensured that senior leaders were “in the room where it happens,” embedding them into the leadership teams in the business as key partners. That way the team understood the problems being solved and felt empowered to offer solutions.

Tina Wheeler, National Health Care Sector Leader, Deloitte

We have virtual happy hours—the younger kids like them! Also, I block off time on Zoom for “office hours” so folks can drop in virtually. We also schedule work time so we can all be on and work together, but we also offer No-Video Fridays, which takes some of the pressure off of being “always on”.

Tim Skeen, SVP & CIO, Sentara Healthcare

Change management starts when we’re willing to walk side by side, in the shoes of our clinicians.

Robert Budman, MD, MBA, CMIO

Nuance

If you don’t include your stakeholders and you’re not in the trenches with them, you’ll have little success. The leaders who succeed are the ones who are really in the mix with the frontline people. It’s really critical to be with them.

Jason Jones, PhD, Chief Analytics & Data Science Officer, Health Catalyst

Change management is very hard—especially with expert front-line providers. Something we might borrow from elsewhere in healthcare is the cultivation of key opinion leaders who can support change at scale, in small groups and on a peer-to-peer basis.

Jeffrey Sturman, SVP & Chief Digital Officer, Memorial Healthcare System

What we’ve seen as part of the pharma industry is how to develop leaders to facilitate change. As a specific idea, that could be helpful to the rest of us.

Yohan Vetteth, MBA, Chief Analytics Officer, Stanford Medicine

Each site has to decide what it wants to be. Not-for-profits think in decades: Our job is to convene people to reimagine workflow and other tasks for years to come.
Judy Faulkner, CEO, Epic
I think it’s better to implement changes a lot at once than to do it incrementally.

Nick Archer, MBA, SVP Consumer Innovation, AdventHealth
I go back to strategy: in our system, we have nine markets. That’s nine physician groups, and doctors desire to have some level of autonomy in caring for their patients. I think we can do a better job of being clear on intent and building strategy with them so everyone understands the implications of decisions on the consumer. What’s the end goal? In a community-based system like ours, it can create real challenges that fall directly on the consumer. You have 700 physicians who might having varying ways to treat a UTI with respect to the pathway a patient should follow. On the surface that’s not a necessarily an issue—none of their clinical decisions are invalid—but when you evaluate the consumer impact of that at scale it really gives you a sense of the impact of clinical decisions, workflow and access on consumers.

Conclusion
In the end, Members agreed on the main takeaways—to involve the people who are users, to embed innovation in operations, to reimagine work relationships and to merge their big models of change with small incremental changes. Despite the myriad organizational shifts and challenges necessitated by COVID, Members agree it’s still a full-circle moment, with innovation touchpoints as they’ve always been: future-oriented, process-refining, human-centered and hope-producing.