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2021 EXECUTIVE OUTLOOK

Chief Clinical Officers/ Chief Physician Executives

Introduction

This year's *SI Executive Outlook*, our annual issue highlighting healthcare executive strategies for the upcoming year, features Chief Clinical Officers and Chief Physician Executives, a singular role that has become the emergent public face of the U.S. health system during the COVID-19 pandemic. Clinicians and scientists, executives and leaders, CCOs and CPEs have stepped forward as trustworthy and authoritative voices during the worst public health crisis in U.S. history.

Articulate, outward-facing and strategically savvy, these clinical executives continue to play critical community roles in the pandemic while helping lead their health systems into the post-COVID real-time healthcare system of the future. Our *2021 SI Executive Outlook* features a conversation on strategies and tactics for the decisive next 12 months with Chief Clinical Officers and Chief Physician Executives from Providence, Atrium Health, Banner Health and Sentara Healthcare.

AMY COMPTON-PHILLIPS, MD

Executive Vice President & Chief Clinical Officer | Providence | Renton, Wash. | $25B rev, 51 hospitals, 120,000 employees, seven western states

Reporting & Team Structure

- Reports to Rod Hochman, MD, President & CEO
- Chief Clinical Officer oversees all clinical operations, finance and strategy including nurses, physicians, pharmacies and laboratory.

A well-known speaker, author and expert on TV newscasts and documentaries like PBS NewsHour and FRONTLINE, Amy Compton-Phillips, MD is the quintessential Chief Clinical Officer in the COVID era.

She was recruited by Providence President & CEO Rod Hochman, MD in 2015 from Kaiser Permanente where she was Chief Quality Officer. "When Rod hired me his main concern was how can we be effective as a system? Be super crisp in managing overhead? We're all committed to his passionate belief that health is a human right," she says.

COVID has unalterably shaped the health system and her role as Chief Clinical Officer.

"In the past a health system's public focus was on finance, growth and market share with clinical always implicit. The advent of this novel virus in 2020 changed that to, 'What's the science and care trajectory of this threat?'" says Compton-Phillips. "It turned the chief clinical officer into a leader. Physician leaders were called forward and said, 'We're going to figure this out.' Doctors do that—walk into a crisis, triage and focus on the problem. It's a very comfortable role for physicians."

Still, the pandemic has ramped up the need for speed, clarity of vision and innovative thinking in the most ordinary operations. "We are going to be much more proactive on our regular planning calls in the next three to six months. We have to focus on predictive analytics, be nimble and flexible. It requires both/and thinking," she says.

Balancing act

Both/and thinking means simultaneously managing COVID patients and non-COVID patients.

"We're still collecting data, but early in the pandemic heart-disease mortality rates rose as one-third fewer people with non-COVID, non-discretionary disease came into the hospital," says Compton-Phillips. "People were afraid to come in so they rode out their chest pain. Children's vaccinations also dropped. So, we have to anticipate what's occurring with COVID and non-COVID patients in the next six months before vaccination can achieve herd immunity."

Efficiency has become a primary 2021 objective. "We have to cut overhead," she says. "And overhead diminishes with 'systemness,' a single system for each department across the enterprise, whether pharmacy, lab, revenue cycle or research."

Achieving systemness is daunting at a mega-system like Providence, but early initiatives to streamline supply chain and scale-up clinical research have yielded an ROI. The health system's PPE supply, for example, was constrained during COVID but not as severely as some of its peers experienced. "In 2021, we're doubling down, instilling consistency in everything with the goal to make big be better," says Compton-Phillips.

Here's where both/and thinking enters. "While we're becoming more consistent we will make healthcare more personalized, to mass customize like our Seattle neighbor Starbucks does. That's why it's critical to set in place consistent building blocks," she says.

Value-chain for customization

Digital care is a building block. "Consider the healthcare value chain: you schedule an appointment, visit the doctor, see a specialist, undergo a procedure and then follow up. How do we seamlessly blend digital, the EHR and system design into the value chain and instill it with our goals, values and beliefs? How do we ensure that value chain is constructed so it can offer customized experiences?" she asks.

To help rethink the value chain, Providence hired Michelle Edwards, an executive and nurse practitioner at CommonSpirit Health, as Chief Experience Officer with responsibility

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for digital, the care experience and patient-reported outcomes. Providence is also partnering with a tech company to create a digital front door for consumers.

Genomics is also a 2021 focus. Compton-Phillips' team will partner with the Clinical Institutes to develop personalized medicine. "Genomics can inform what we do in specialty care such as cardio, neuroscience and cancer. We're aiming for an integration of a Mayo Clinic, which has great specialists, and a Kaiser, which has great population care," she says.

Finally, Providence's 2021 clinical strategies include growing its markets through a unified brand with affirmative marketing. "We provide world-class care. We need to tell the story as we recently launched our official brand as Providence whose logo is the blue-and-green Cross of St. Joseph. Of course, as we're growing, COVID has proven that we can't go it alone. We're still a drop in the bucket in the United States. We have to partner with tech companies, Big Pharma for the vaccines and the many incredible community organizations in our markets. Providence partners with not-for-profits and for-profits to make it all work," says Compton-Phillips.

COMPTON-PHILLIPS ON VACCINES

Since the release of the COVID vaccine in mid-December, Providence has continued its approach to rapid innovation, learning and execution. "We built a tool identifying all the healthcare workers we either employ or work with (including residents, contractors and independent providers), resulting in a database with over 226,000 caregivers," she says. "We assigned a risk score by role and location, and asked our people to validate and verify that risk, rather than depending on sometimes antiquated data systems. Using this risk as a guide, by the first week of January we have immunized over 100,000 of those caregivers in a relatively smooth and drama-free way. Protecting the people who care for our patients has always been top of mind, and effective deployment of the vaccine is one way we bring our values to life."

SCOTT RISSMILLER, MD
Executive Vice President & Chief Physician Executive | Atrium Health | Charlotte, N.C. | $11B rev.; 42 hospitals; 70,000 employees; more than 1,500 care locations across the Carolinas and Georgia

Reporting & Team Structure

- Reports to Gene Woods, President & CEO
- Chief Physician Executive is responsible for the management and direction of medical education and research, service-line and care divisions, and the system's medical group.

In February 2019, almost exactly a year before the pandemic hit, Scott Rissmiller, MD, became EVP & Chief Physician Executive at Atrium Health. His second year was even more transformative.

"COVID provided a lot of clarity about what's important—innovating to ensure we could provide care and support for the community when it was needed most," says Rissmiller, who previously was Deputy Chief Physician Executive after leading a hospital-based medical division and practicing as a hospitalist. "It also reinforced the need for a strong culture among our teammates. Building a strong culture is a priority for me as Chief Physician Executive. It takes time to build trust, which is the foundation of Atrium Health's seven decades of success.

"Our major initiative, internally, is to bring joy back to medicine as part of Atrium Health's 'Best Place to Care initiative.' This work is about the life of every individual physician, advanced practice provider and clinician who touches the hearts and minds of our patients and communities. One that *creates* an environment and relentlessly *supports* an environment that cares for those who do the caring. Our CEO, Gene Woods, is a big believer in collaboration, breaking down silos and working together. If founded on trust, decision-making during stressful times becomes less risk-averse," he says.

Creativity arises from delegated authority

"As a result of the 'Best Place to Care' initiative, our Press Ganey scores jumped to 80th percentile from the 50th and that alignment allowed us to act as one unit when COVID arrived," Rissmiller says, adding that trust will continue to grow through communication structures that are frequent, transparent and bi-directional.

Atrium Health's leadership model of delegated authority—a signature of CEO Woods' style—has also played a key role in making clinical operations more responsive to the moment. It freed Rissmiller and team to quickly create a virtual hospital at home during the pandemic.

The Atrium Health Hospital at Home assigns patients to a virtual "floor" depending on acuity. Patients are monitored using wearable devices, with care very similar to what they would receive in a bricks-and-mortar hospital. As of January, it has cared for more than 50,000 patients since its inception in April.

During the height of the pandemic, having this innovative tool has freed up bed capacity within the system, helped to preserve personal protective equipment and limited exposure of staff and other patients to the COVID-19 virus, while allowing patients to recover in the comfort of their own homes.

"The initiative has trained 2,000 physicians and DNPs, so the system emerged stronger as an organization," he says.

In 2021, Rissmiller will focus on four areas to bring the joy back to medicine:

1. Best practice—"Many health systems focus on burnout by teaching resilience to doctors, but that approach ultimately fails. A better solution is to use extenders (PAs and NPs) to remove barriers

between physicians and patients, whether those barriers reside in the EMR or paperwork;"

2. Workflow efficiency—"We're studying office workflow. My goal is to never have to fill out another form. That's aspirational, of course, but we need to reduce tasks in the EMR, and have already reduced messages by 70 percent by creating a central referral process that appropriately diverts them to nurses or staff;"
3. Experience of delivery of care—"We're focusing on alerts and clicks in the EMR; so far we've removed 3 million;"
4. Culture and well-being—"We are continuing to build a sense of community."

"The program has gotten real traction," Rissmiller says, noting that the oversight team—comprised of a dozen representatives from IAS [Information & Analytics Services], HR and the medical group—is primarily tasked with identifying areas of opportunity for more than 3,000 physicians and 1,500 NPs and PAs.

Virtual hospital at home emerged quickly

The 2021 communications strategy is multimodal.

"I do a 30-minute Skype call to which several thousand clinicians are invited," Rissmiller says. "I walk through our top priorities, hotspots and highlight success stories. We produce daily newsletters to clinicians about the status of our PPE, as well as patient volume and bed capacity. We hold quarterly leadership meetings for all physicians and administrators. There's also a website featuring thoughts and ideas. It's multimodal, but consistency is key. And during the early days of the pandemic, this is where the idea of a virtual hospital was born.

"The Atrium Health Hospital at Home arose from being able to communicate quickly. It was the idea of one person, and we stood it up in only three weeks, including digital wearable tools to upload. It was an amazing feat," he says. "And it's a tool that we ramped down in summer when case numbers dropped and ramped back up this fall and winter. We can turn it on and turn it off. We're now looking at other areas of our care system where it can be strategically employed, such as heart care and in more rural settings."

Besides addressing safety and capacity, the Atrium Health Hospital at Home keeps patients out of the hospital and lowers the total cost of care. But reimbursement, post-COVID, remains an issue.

"That's the challenge to making it scalable and sustainable. We're working with payors to establish coverage parity and reimbursement," says Rismiller.

The first virtual floor of the Atrium Health Hospital at Home—the higher acuity floor—has treated more than 2,000 patients during COVID who would otherwise be in the hospital. The second virtual floor is an observation unit for patients who don't meet admission status, but would likely visit the ED.

Caring for caregivers

Like many chief physician executives, Rissmiller has become a public face of the health system during COVID.

"I did several interviews on Fox News, CNN and other national media, as well as impromptu ones with local outlets," he says. "COVID has brought a lot more attention to my role, but even more to the reputation of Atrium Health. We are blessed with some of the finest medical talent in the world and the pandemic

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has created a demand for their expertise beyond the hospital walls."

Three clinical strategies guide Atrium Health in 2021.

1. "Continuing to make Atrium Health the 'Best Place to Care,' including caring for our caregivers. This includes Providers' care experience, workflow efficiency, culture and well-being," Rismiller notes.
2. Care transformation—"The COVID pandemic saw the current delivery system falling short," he says. "Relying on episodic visits to the doctor is clearly an obsolete model. We're really moving toward team-based care. It won't be episodic, but a fabric focused on care management. Virtual visits will be key in meeting patients where they are. African Americans and other communities of color have been hit hard by the pandemic, in terms of incidence, mortality and lack of access. Now we're creating a new model of home-based care which will require parity of access to technology that will be focused on improving clinical quality, patient outcomes and the patient experience."
3. Advancing the health system as a learning organization—"We recently formalized a partnership with the Wake Forest School of Medicine, which will become the academic core of Atrium Health, building a second campus of the school of medicine in Charlotte. This will offer us academic resources in students, residents and research and greatly boost our efforts to identify best practices and learnings and then spread them throughout the organization. Simultaneously, we will increase the number and diversity of healthcare professionals, strengthen the pipeline of medical professionals who will serve rural and under-served urban areas and also establish what we expect to be a 'Silicon Valley' for healthcare research and innovation. Successful health systems are going to nail down new models like our Connected Care Everywhere using CRM and digital tools," he says.

RISSMILLER ON VACCINES

Atrium Health was one of the first health systems in the country to receive the vaccine on Dec. 14, and immediately started vaccinating its healthcare workers as part of North Carolina's vaccine-priority distribution plan. It has since started distributing the vaccine to the public across the Charlotte region and in rural parts of North Carolina. Since the vaccine arrived in mid-December, more than 27,000 teammates have received their initial dose across the Atrium Health enterprise in the Carolinas and in Georgia, with over 13,700 in the Charlotte region alone. Additionally, as of Monday, Jan. 4, some healthcare workers have begun to receive their second and final dose to be fully inoculated.

MARJORIE BESSEL, MD
Chief Clinical Officer | Banner Health | Phoenix, Ariz. |
$8.5B rev; 31 hospitals; 51,000 employees; six western states

Reporting & Team Structure

- Reports to Peter Fine, President & CEO
- Chief Clinical Officer oversees Chief Medical Officers, IT and Clinical Informatics (Medical and Nursing), Performance Improvement, Research, Organizational Quality & Safety.

Marjorie Bessel, MD exemplifies the physician-executive's assumption of an increasingly larger role in clinical operations strategy until it has crescendoed under COVID. A passionate advocate for patient empowerment through transparency of clinical information, she was named Chief Clinical Officer three years ago after a dozen years at Banner as a hospitalist, CMO for hospitals and the Arizona division, VP for Continuum Management and Clinical Integration and most recently as VP & CMO for Community Delivery.

"For myself and I suspect others, COVID has had a significant impact on shaping roles including forcing us to look to the outside. Under the 'wise-guide' approach to medicine most of us had good experience internally, but did not anticipate having to become a trusted source publicly. It's been really interesting how COVID has shaped our role as one responding to the public as a source of truthful, non-hysterical, non-politicized scientific messaging," says Bessel.

Internally, her focus hasn't changed as much as the method of communicating. "At Banner I became the wise guide, a trusted resource for CMOs and IT, which also reports to me. So, we've become really creative in communicating using MS Teams and town halls," she says.

Transparency and humility

Bessel's continual stream of email messages from the organization's emergency operations center (EOC) to 50,000-plus Banner associates are direct and unambiguous: "Make no mistake. The coronavirus (COVID-19) is serious. It is deadly. It is highly contagious," began one in early fall.

"Those communications have been really well received by employees because people appreciate you being very transparent, giving them forecasts and opening up to questions—and being humble. Looking back in a COVID retrospective, you get a lot of great feedback when we added what worked and what didn't, so that has shaped our strategies for 2021," she says.

"One thing I love as CCO is working on a culture of safety. That involves creating a learning environment, a curious environment and a no-blame environment." Feedback to the EOC, which Bessel has run for the past three years, "has had an overarching theme: How can we keep our healthcare workers safe? That messaging has cascaded and been well received," she says.

Another catalyst for a safety focus is physician and Advanced Practice Provider (APP) burnout. "We have a system team addressing this issue with a holistic, multipronged approach," says Bessel. "Keeping everybody well, not just managing COVID, is a huge differentiator in what we do. We've had a lot of conversations in our community. A number of individuals want to help keep the workforce safe and well."

The key factor: conducting lots of conversations and socializing using Teams, virtual happy hours and other socially distanced activities.

BESSEL ON VACCINES

Certainly a key component of 2021 chief clinical officer strategies is vaccine distribution. "I'm concerned with messaging," she says. "Nobody will take the vaccine unless they trust it. We have to have a transparency strategy that positions chief clinical officers, CMOs, pharmacists, physicians, ethicists and attorneys to create a consistent, collective message across the state that here's a vaccine that will bring the COVID pandemic to an end. If we don't do that, who's going to take it?"

COVID vaccine has begun to roll out to healthcare workers. "So many in that group are ecstatic to receive a vaccine that will begin to bring the pandemic to an end. We look forward to the rest of the general population to get vaccine in the upcoming months," says Bessel.

A final element of 2021 strategies is to get back to basics.

"Prior to the pandemic my role in the quality and safety of care was focused on preventing events like central line associated blood stream infections (CLABSIs). COVID has diverted our focus from these threats and as a result they have risen in frequency. That's due to a shortage of clinicians and nurses, an increase in the number of patients on steroids and the proning of patients with COVID. We need to get back to the basics of quality and safety. Part of our post-COVID recovery means a refocus on brilliance of the basics," Bessel says.

She has never been more passionate in caring for her caregivers.

"I'd like to close with two points. First is my complete respect and admiration for our frontline healthcare heroes, each and every one. Second, we don't have to be victims to the pandemic. Let's do our best for those heroes: mask up; do physical distancing; don't go to large gatherings; and always ask everybody to stress the importance of CDC guidelines."

> "We have a system team addressing this issue [clinician burnout] with a holistic, multipronged approach," says Bessel. "Keeping everybody well, not just managing COVID, is a huge differentiator in what we do. We've had a lot of conversations in our community. A number of individuals want to help keep the workforce safe and well."

JORDAN ASHER, MD
Senior Vice President & Chief Physician Executive | Sentara Healthcare | Norfolk, Va. | $7B rev; 12 hospitals; 30,000 employees; Virginia & NE North Carolina

Reporting & Team Structure

- Reports to Howard Kern, President & CEO
- Chief Physician Executive oversees system-wide clinical quality and safety, clinical effectiveness and performance improvement, the Sentara Quality Care Network (SQCN), health equity, telehealth and enterprise analytics.

To say Jordan Asher, MD has a unique perspective would utterly miss the point. Yes, he writes a blog called the "Positive Contrarian," yes, he attempts to turn conventional thinking on its head, and yes, he frequently spouts wisdom in the language of a mystic. Nonetheless, his rationale is pragmatic and grounded in science, and his focus on new care models is founded on evidence-based medicine.

Sentara recruited Jordan Asher, MD to be SVP & Chief Physician Executive in July 2018 from Ascension, where he was Chief Clinical Officer for Ascension Care Management. While he says his previous job provided him with incredible experience, like everyone else the pandemic further enhanced his growth both personally and as a leader.

"COVID rapidly morphed my Chief Physician Executive role into being a COVID subject-matter expert not only internally, but also to the general population, state government and the business community," says Asher. "In scrutinizing the process, the silver lining is that COVID allow me to impact health inequities significantly. By working with faith-based leaders, serving on statewide task forces, frequently partaking in numerous press and public service announcements, and speaking to outside groups in a question/answer format regarding COVID, I addressed the numerous issues that stemmed from misinformation and lack of trust. This role has transitioned to one that is more externally visible. Internally, along with my usual responsibilities, I co-lead the incident command center, which concentrates on how to best respond to the pandemic. The activities are more operations focused. The primary factor regarding the present situation is that it's COVID plus everything else."

That duality, more than anything, altered his response to the crisis. "To do this effectively requires balancing multiple factors simultaneously, such as resilience, health equity and managing everyday issues and a pandemic of epic proportions. It's critical and necessary to open your mind and look at problems from multiple perspectives, understanding that complex situations require balancing dynamics. At the core, we have to avoid trying to create a single simple answer to a fluid, complex situation," he says.

Everything changes in a crisis

"Nothing in a crisis will work using conventional approaches. Decision-making has to adjust. A fluid situation requires flexibility and adaptability. In a crisis, rapid responses that include multi-tasking are paramount. It's essential to change one's mindset to a distributed model to manage several challenges simultaneously. For instance, the workload doesn't dissipate; it increases. One has to adjust to simultaneously managing the patients on the cancer ward and the COVID patients on the COVID ward, and all the resource constraints that arise during a pandemic. Simply because a new illness has presented doesn't mean one can cease caring for existing patients and merely focus on the COVID patient. The other workload doesn't end; there is no 'taking a time out while I take care of COVID,'" says Asher.

"People need to think in terms of being a corporate athlete who balances running sprints with periods of recovery, not running a continuous race of unlimited distance. How do we train to be corporate athletes? How do we, in leadership in 2021, use the learnings from the COVID crisis? It's like the old maxim 'Never let a good crisis go wasted.' I hope that we come out of this crisis transformed both personally and as an organization—absorbing everything we learned during COVID, and translating those learnings as we move forward," he says.

"During COVID, we learn and pivot," says Asher. "My goal is to continue moving us forward, not end our current practices when COVID dissipates. For instance, the usage of telehealth went up exponentially, making care more accessible. Another example is making decisions more quickly, understanding there may be cleanup afterward, but the worse decision in a crisis is no decision."

It's wrong to consider the pandemic a marathon that we merely need to endure. "COVID stretches our minds. To paraphrase Ralph Waldo Emerson, 'A mind stretched by a new idea can never return to its original shape.' Instead of calling this just a crisis, we need to view our present situation as a transformational moment. How do we equitably deliver high-quality care in times of difficulty to all?"

True north

"There's a tomorrow, yet, one has to create that new tomorrow. Our healthcare delivery has historically focused on the physiologic components of needed care. COVID enlightened us of the equal importance of psychosocial dynamics. Undoubtedly, human beings are complex creatures comprised of mind, body and spirit. To thrive, we have to care and nurture each of those aspects within ourselves and others. Hence, frequently, as a leader, I must continuously ask myself how do I use my journey and experience to aid others, to lead and solve complex issues," he asks.

We all have skills and talents. "I devote time to talking to others about their own particular personal mission. How do I help them utilize their gifts? What is my true north, and how do I help others see theirs? " Asher asks.

"Everybody and everything is driven by a true north. Figure out that true north and then put that true north in a model one can implement. That's what allows you to turn from reaction to 'pro-action.' Additionally, when I work with others, I strive to convey the concept of polarity management, which is a management theory. The first question is, 'What's 2 + 2?' Obviously, 4. Are there any other answers? No. The second question is, 'Using two whole numbers, including zero, how many addition combinations are there that equal 8?' There are five. All of them are equally correct yet independent, hence, it's a bit more complicated of a question," he notes.

Asking the right questions

There is no doubt that Asher thrives on raising complex, provocative questions. For example, in the concept of polarity management, the next question is, 'What's more critical for breathing, inhalation, or exhalation?' "They're both essential; thus, that query is the wrong one to ask," says Asher. "We need to focus on managing both dynamics as it is unsolvable by choosing one over the other. You can't just inhale, and you can't just exhale. Both are essential and require the management of interdependent factors that are in opposite directions. We are presently living in that type of complexity. Simple answers will not suffice, hence polarity management."

Applying that approach to clinical operations is when it becomes real.

For example, "I have to protect my staff; however, what if there is not enough personal protective equipment available?" he posits.

"COVID stretches our minds. To paraphrase Ralph Waldo Emerson, 'A mind stretched by a new idea can never return to its original shape.'"

"Let's manage that polarity. If you think in that particular perspective, it allows you to move the ball down the court. The goal is to manage the complexity—not solve it. Hence, it's more about the AND, not the OR. What's critically important is that, no, you're not going always to get it right because there is no right, it's like a seesaw—balance is the key. Let's say you obtain a perfect balance on the seesaw; when unexpectedly a large wind gushes in, and suddenly you're off-kilter. How do you solve for that disruption? By trying to manage the wind and the re-balancing of the seesaw."

Once a chief physician executive—or any other executive—explains this method of thinking to staff, the staff begins to visualize and interact differently.

More than a one-year strategy

"If I hold it within, don't share my ideas, and merely do it myself, then I've lost an opportunity to assist others in growing in their leadership abilities. My personal mission statement is to use my gifts as they are revealed to me, to help others use their gifts as they are revealed to them, so that they may take care of people in new and creative ways. That perspective allows me to think about tasks differently: delivering value, creating resilience and leadership development are all key areas for the short and long term," says Asher.

Such thinking outside the box defies conventional planning, though planning is always essential, he acknowledges, offering tactical ways to focus on your goals for the next year:

Your goals:

- Being able to live in ambiguity
- Thriving
- Consumer-centricity, enhancing quality service and affordability

"Measure what you know—sepsis, 30-day mortality, clinical variation, ED throughput and so on—but also focus on qualities that have less precise measurements," urges Asher. "How do I personally measure my success? The measure of success is not only have I grown personally, but we've survived COVID and are now a stronger, more effective organization."

ASHER ON VACCINES

Since vaccines are currently a limited resource, we are working with our state department of health on prioritization and distribution. The vital element is that there is no perfect way to manage a situation that has limited constraints. Our focus is on doing the right thing for the right reason; thus, the right results will occur.

Conclusion

Chief Clinical Officers and Chief Physician Executives have emerged as the public face of the U.S. health system during the COVID-19 pandemic. In addition to their all-important roles as trustworthy and authoritative voices during the worst public health crisis in U.S. history, CCOs and CPEs have demonstrated the ability to lead—as they articulate—by balancing seemingly contradictory forces through what they term *both/and* thinking and *polarity management*. That combination of expertise, trust and leadership style will play a critical role in achieving the post-COVID real-time healthcare system.

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