

Podcast Transcript

Risk Never Sleeps

Episode 77

Saad Chaudhry

Ed Gaudet: Welcome to the Risk Never Sleeps Podcast, in which we learn about the people that are on the front lines, delivering and protecting patient care. I'm Ed Gaudet, the host of our program, and today, I'm pleased to be joined by Saad Chaudhry, the Chief Digital and Information Officer at Luminis Health. Welcome, sir. How are you today?

Saad Chaudhry: Thank you for having me. Excited to be here.

Ed Gaudet: Excellent, excellent. So, let's start off with your current role and your organization. Tell us a little bit about those.

Saad Chaudhry: Sure. So, as you mentioned, I'm the CDIO for Luminis Health. Luminis health is a three-hospital health system based out of Annapolis, Maryland. So that's Central Maryland, for those that don't know, right on the Chesapeake Bay. We have two acute care facilities, one mental health facility, and then we have about 100 sites of care in the ambulatory setting, where about a 1.3 to 1.4 billion operating revenue organization that's comprised of about 10,000 team members. And I oversee IT adjacent functions. But then, I also oversee marketing, communications, and PR for the organization.

Ed Gaudet: Oh, wow. Okay. That's different. So, as you look out over the next 24 months, what are the top 3 to 5 priorities for you?

Saad Chaudhry: So I think our top priority is probably not that dissimilar from other health systems around the country, which is how do we actually start using some of the technology that has come to fruition in the past year or so? Chief among that is Generative AI, specifically to the best of our abilities; the issue with that is in healthcare, at least. I can't speak for other industries in healthcare. At least, we tend to get very excited about a new development, rightfully so, because we want things to be better both for the healthcare workers and the patients, but sometimes they don't live up to their promises. I believe AI is an entire ecosystem change, so it's not one of those things. However, it still requires a healthy foundation underneath it. So one of the things that we're trying to focus on is, number one, how do we build that foundation? And that can be sometimes your usual sort of unsexy things in IT networks, getting your EHR footprint correctly, the data integrity and governance, all those things. So we can actually put some of the better, shinier objects on top of it, whether it's AI or others, to get more out of our systems that are already implemented, that are already out there. That's one of the focuses, and I don't think that's going to go away. In fact, if anything, I think with each passing year, that's going to see more and more eyes on it, not just from IT, but also from the operational executives. One of the other focuses is how we actually get our clinicians, be they nurses, physicians, or other folks, out of the business of doing a lot of admin, repetitive tasks that are not directly related to what they went to school for, right, what they actually spent their youths on. And I think that's part of the dissatisfaction that you hear about sometimes. It manifests itself in burnout; it manifests itself in a lack of trust in IT and EHRs. But really, what it is is the ability for clinicians to be able to take care of patients and be able to offload things that can be done, whether it's AI or whether it's augmentation by some level of automation. And sometimes, it's really as simple as just making sure the configuration of your backbone systems is good for your organization. Organizations tend to be different, and if the configuration is best practice for your type and your organization, you may not even need a lot of fancy tools on top of it. You may actually be as streamlined as you want to be. So that's the second part. How do we get the clinicians to do what they're happiest in doing, which, of course, makes the patients happy as well, while we offload the rest? And the third, of course, is one of the mainstays, which is if we do these things well, will inevitably improve the patient experience. People talk about patient experience a lot. They sometimes combine it with consumer experience because in the age of Amazon entering and the other, other sorts of non-traditional entrance into healthcare, you start talking and hearing about consumers instead of patients.

Saad Chaudhry (cont'd): But the thing about that is that's not a function unto itself. It's actually an entire journey that's built upon all these other pieces. And so if you're going to say, hey, I need to improve this, you must first improve all the other areas, the foundational elements, including and not limited to cybersecurity, as we have seen in the past month and a half, national cybersecurity event would change healthcare. It's impacted patients, health systems, pharmacies, everybody. So, there's a direct impact on that if you don't have the foundational elements correct.

Ed Gaudet: Yeah, that's a great segue into the next question. As you think about AI and your adoption of it, how do you think about it through the risk lens? How do you think about it from the cybersecurity lens?

Saad Chaudhry: A good friend of mine, Dan Barchi, who is the CIO at CommonSpirit, recently put out a LinkedIn article, which is absolutely fantastic and I would love for the listeners to go look at it. He takes the analogy of Maslow's hierarchy of needs, and he puts it onto healthcare technology and, in general, and technology operations. And at the very top of this pyramid is AI. Its automation is actually finding that enlightened set of technology operations, but everything underneath still has to be built and taken care of in some way, shape, or form or the other. And I fear that we, glass houses and stone-throwing also all take full accountability for it for myself. I feel that folks like myself can sometimes lose focus because of what's happening in the industry. That's super exciting and shows real, tangible benefit and promise. AI is definitely one of those things, and you can't go into a conversation without talking about it. Sometimes I feel like back in the 90s, I don't know if you remember, had those those Sega commercials where they would end the commercial with a scream Sega.

Ed Gaudet: Yeah.

Saad Chaudhry: I feel like that's awesome with the AI right now. You can't walk down the street without somebody getting in your face and screaming AI.

Ed Gaudet: Yeah, so true, so true.

Saad Chaudhry: Yeah. I do think there's real promise there. But I have to force myself to refocus on all the needs of an organization in the technology realm atop which AI inevitably will rest. And so, some days, those needs are as simple as networking. If I'm walking through the hospital hallways and there's a cluster of workstations on wheels, wow, for nurses just sitting there in the hallway, I want to know why. And usually, the answer is the Wi-Fi signal is the best here. Defeats the purpose of it being wireless and the things being on wheels.

Ed Gaudet: That's right, that's right.

Saad Chaudhry: Yeah. So I'm asking myself, well, I'm talking about AI here, and I can't even get Wi-Fi right, so I need to build atop that. Now, it just so happens that we are at Luminis Health focusing on that. We have partnered with AT&T and we are embedding FirstNet as a cellular network, both inside the hospitals and as SIM cards in mobile devices that are our clinical devices. And so they can be utilized on both Wi-Fi and FirstNet. And that's going to be a huge leap forward for our system. But these basic necessities have to be met, and they have to be modernized alongside all the other things like AI. So I hesitate to always say, man, AI is the answer. I think it's part of the answer, but I think the first part of that answer is getting the basics and foundations correct.

Ed Gaudet: Yeah, I love that. I hear a lot about blocking and tackling, going back to the basics, which I think obviously after we spent a couple of years dealing with the pandemic and adjusting accordingly with telehealth and other new processes that we weren't planning for, I think going back to the basics is definitely required. However, there is a pull that's going to happen when I talk to other other peers of yours. Clinicians are pulling in, bringing in AI. So I'm wondering, have you set up maybe a governance group to manage that initially before you start looking at it from a technology perspective?

Saad Chaudhry: Yes. So, the short answer is yes. And we went to the enterprise policy route first.

Ed Gaudet: Oh, good, good.

Saad Chaudhry: And the reason for that simply was one of the reasons why AI is both popular and become really mainstream is because it's out there to use today. You don't have to go through these complicated things to start using it as a regular Joe Schmo user, right? You can go to a website, whether it be ChatGPT or some other tools that are available from Google and everywhere else, and it's available for you to use free of charge. My first thought on this for the organization was if they're so easily available, there is a level of benefit to be had in certain functions today. However, it takes a level of understanding of how these looms, these large language models and the actual AI that sits atop them, and how they're built to know that it may not be the best idea to use it for every function in use. So I'll tell you one: we have residents in our facilities, and one of the things that I have been concerned about ever since the public availability of these tools is that without proper guidance and policies in place and education, a student physician might be inclined to just copy and paste certain things into the ChatGPT, whether it be, hey, let me see if ChatGPT can diagnose just as well as I do. Not ill-intentioned or saying, hey, I just don't want to have to spend the brainpower and brain calories on actually writing this progress note. I have all the basics built out already. Maybe ChatGPT can just format and write it for me. Now, both of those things are not the actual user trying to put the enterprise at risk, but humans are not terribly effective in very quickly delineating what's protected health information, what should not be shared, and what may not be protected health information but is still sensitive enough that it should not be put out there in a public repository of data. Which, by the way, is what the publicly available LLMs are. They're a public repository of data that the AI reads and comes up with responses from. So we started off with a sort of a bifocal policy, non-clinical AI and clinical AI. And as things stand, currently clinical AI, we are rolling out only through an approved governance process that we already have in place for systems. And so naturally, things like the EHR embodied AI. So if the EHR is actually our EHR company and vendors are pushing down functions that are embedded in their product already and they're AI-enabled, we will get them the easiest because that's already an existing HIPAA-regulated and everything else kind of entity with a BA with our organization, the secondary things are the third parties. So there are many vendors out there that have very enticing products in the AI realm, and certainly, those are the ones that we're hearing most about from our clinicians and our clinical leaders because they're out there a little bit more from a clinical practice standpoint, and they hear about them and they bring them to the table. And I love that because no one person is going to be able to cover the entire market on their own. So that allows us a greater net to cast.

Saad Chaudhry (cont'd): Now, what that happens is then it goes through a governance process. And, of course, we figure out, hey, is this juice worth the squeeze? Because there's going to be some level of implementation time and resources involved with all of them. And then the third is essentially partnering with a developing product. Those are the more startup sort of things. We're not opposed to that, but we as not a very large organization, have a limited bandwidth and set of resources to be beta partners, to be development partners with those kinds of companies. So that's probably the smallest slice of the pie for us currently.

Ed Gaudet: I love that approach. So let's let's switch topics. How did you get into healthcare and IT?

Saad Chaudhry: Well, by good fortune or bad, I've actually been in healthcare IT beyond just my career. And I say that because I was supposed to be a third-generation physician. My grandparents were physicians, my parents were physicians, and I assumed that that was a path for me as well until I met my first personal computer. And it was I'm going to date myself here. It was an IBM 286. Oh, nice. Do you remember those? Yeah I do, it was a it was a version with two floppy. The big floppy. Yeah. One for booting and one for storage. And my dad's clinic got one. And it was pretty expensive back then. So we only had one in the entire place. And the deal was that I could play video games on it if I did some clinical work for him.

Ed Gaudet: And was it DOS, or was it OS 2?

Saad Chaudhry: It was DOS, and that was cutting edge for its time. Yeah, and it was cutting edge because right from DOS, if you remember, you could use Basic, the programming language. And so I taught myself Basic. I developed a couple of small things. And the next thing I knew, my dad felt like I was a computer genius, and which I was not, I know. So whenever something would come up that had a computer related to it, he would say, you know what? My son's going to help you. The next thing I knew, his hospital was taking in what would be a precursor to an EMR, not even an EHR back then. It was called something like computer software for patient data, but not a very user-friendly name. I was in high school, so I got my first exposure to what would one day be known as an EHR implementation before I even graduated from high school.



Ed Gaudet: So that's great.

Saad Chaudhry: All of that to say, my bachelor's degree is actually in healthcare information systems. Specifically, my master's is in, communications and information systems. My second master's is in healthcare policy. So I've done healthcare IT my entire life. I don't know if that's a good thing or a bad thing, but I've also have done that; I've also had the incredible fortune to have worked for some amazing leaders who, frankly, took a risk on me. And then I was really worried that I was going to let them down. So, I tried my absolute best not to. And that goes in a commercial setting. I've worked for McKesson and Gartner. It goes in the Academic Medical Center setting. I worked for the University of Pittsburgh Medical Center, UPMC, and Johns Hopkins. I've worked at insurance UPMC Health Plan, which is now the largest insurance provider for the state of Pennsylvania. I've, of course, worked at a community health system. I'm here at Luminis Health currently. I've worked domestically in the United States, and I've also worked abroad, more specifically in the Middle East, based out of Dubai. So, I've been super fortunate that people have looked at my two-dimensional resume and perhaps taken the pain to speak to the three-dimensional person.

Ed Gaudet: I love that.

Saad Chaudhry: And said, you know what? Yeah, it might be worth it for this guy to take a shot at it.

Ed Gaudet: I see a CEO role in your future, I think. Any aspirations to run a health system?

Saad Chaudhry: You're not the first one to ask. That's a tough role. I have a really good partnership with my CEO, whom I report to her at Luminis Health. She's fantastic. I don't know if I could do her job, frankly. Having said that, I do believe that most of us end up wearing two hats when it comes to healthcare and, specifically, healthcare technology leadership. So most CIOs either happen to be non-healthcare IT folks that come into healthcare or happen to be non-IT healthcare leaders that come into healthcare IT. I have just been very lucky that I have been in healthcare IT the entire time.

Saad Chaudhry (cont'd): So I think it's only fair for me, my organization, and the little piece of the industry that I reside in that I try to extend that out a little. So what I mean by that is that I believe that somebody who has spent a lot of time in healthcare IT. And I'm surrounded by giants in my peers, and they know a lot more than they know. They've forgotten more than I even know today. And the idea is that people like that, like they could potentially take that step into operations. They don't have to take the role. They don't have to be a CEO or a CEO, but they can start educating the operational side from their deep technical expertise and vice versa. They could take their own technical profile their technology profile and start injecting operational acumen into it. I think that's the future of healthcare leaders. I don't know what that title looks like, but I think that's where we're all headed.

Ed Gaudet: Chief Influence Officer.

Saad Chaudhry: There you go. So, the acronym stays the same: CIO.

Ed Gaudet: No, I love that. I love that approach, too. So, what keeps you up at night?

Saad Chaudhry: Oh, gosh. I don't know if we have enough time in this podcast. Much like risk, I don't think CIOs tend to sleep a lot. I think about 5 or 6 years ago I started hearing a lot of CIOs and healthcare talk about risk profile versus risk appetite. And I love that because it's a very digestible way of presenting what is actually very complex, especially the larger your organization is, the more complex it's going to become, and the lesser things you're going to have in your control from a risk standpoint. I think that illustration is even more important today in the world that we live in. But I also think that risk appetite is a foggy thing now because I can tell you that everybody's risk appetite has shifted post-change healthcare hack.

Ed Gaudet: Oh, absolutely. Absolutely.

Saad Chaudhry: And so what keeps me awake is the second that we start feeling like we have a grasp on something in healthcare, I feel like something happens, whether it's an event completely outside of our control, like a global pandemic, or an event that we should have seen coming from a policy or an industry perspective, like an organization that touches over 50% of the country's patients having a cybersecurity event or something else that I can't think of right now. But if it were to happen, everybody would be talking about it. So, I think the past few years have given me a lot to worry about. And it's not just stuff that I know, which is even more worrisome because how do you prepare for it? How do you know that it's going to come and hit you if it's not even top of your mind right now? And humans being humans, we only have so many things on top of minds.

Ed Gaudet: Yeah, it's a great point. There's this notion of stay hungry but stay humble at the same time. And oftentimes, we do get comfortable I think. And so I think also the shift to resiliency is the right one because ultimately we're all susceptible to these threats these risks. But what we can control is our ability to recover and respond accordingly. So, are you assuming you're taking that approach as well?

Saad Chaudhry: Oh, I couldn't agree more. In fact, I think the CISO over at Intermountain, Eric recently said in one of his interviews that wouldn't it be nice to have a mechanism such as a 911 call in our daily lives where there's an emergency on the cybersecurity side. And he says it much more eloquently than me because what I've been saying is car accidents, right? Automobile manufacturers have a thousand different safety precautions, everything from the materials they use to crumple zones to other things that have to abide by. And then there are a thousand other safety regulations for the driver and the people that are in charge of the Department of Motor Vehicles for every state, and so on and so forth. So by the time you get behind the wheel of your first car. A thousand different safety precautionary things are checked off and regulated and aligned with and so on and so forth. However, you still have cops being trained on what happens when there's a car wreck. You still have tow truck companies, and you still have body shops and service garages because you still know, despite the thousand layers of precautions and safety measures, that accidents will happen. And heck, even us folks who are driving alongside other cars on the road when there's an accident. Sure, we may slow down and look to be like, hey, are the people safe? But we still carry on. Life goes on, even for the people that are in the accident.

Saad Chaudhry (cont'd): It's messy, you have to deal with insurance and so on and so forth, but their life carries on. They still get another car afterward, so we need to get to that place. We keep talking about those thousand layers of precautions and safety, so to say, hey, we should have a federal policy for everybody to abide by cybersecurity rules and so on and so forth. That's necessary because that's necessary even in cars and automobiles and driving right? It's there. It needs to be there. But we cannot forget about the other side of that. We need to have some level of infrastructure and ecosystem built around us as a society that says car accidents will still happen and cybersecurity events will still happen. What's the standard way for everybody from the FBI to HHS to yourself, to deal with them and move on?

Ed Gaudet: I think this is where I say AI. All right. So outside of healthcare and IT, what are you most passionate about? What would you be doing if you weren't doing this job?

Saad Chaudhry: Oh, man. What? There's a lot of answers to that. I've had many hobbies and many of them I still try to hold on to, and I think I would probably be following one of them. One of the original ones. So, I told you briefly that I got into healthcare IT because there was only one computer in my dad's clinic, and I wanted to play games on it. And so, I am still a PC gamer, albeit I don't get to play as many games, but I build a new PC every couple of years. It keeps me fresh. It keeps me grounded. On what the tech is out there. The whole world has been talking about Nvidia as of late.

Ed Gaudet: Yeah.

Saad Chaudhry: But I've known Nvidia for 20 years because I've been buying their graphics cards for my gaming PCs. And yeah, and so I still try to do that. I'm a huge science-fiction nerd in every form. Yeah, from books to shows to movies. My absolute favorite book of all time, I still have the first edition is Dune, and I'm so over the moon that they remade that 1980s movie.

Ed Gaudet: Terrible movie.

Saad Chaudhry: Yeah, with a sting in it. Yeah. The only thing that ever had a shot at was being a cult classic. Exactly. The new ones are great. They hold true to the actual book visionary story, sort of the vision in the book. So that's cool. And then I was certified skydiver at one point in my life. No. And I was on my way to get my private pilot's license. So, if I wasn't being a CIO or dealing with cybersecurity, I'd likely be working on that.

Ed Gaudet: So there's a book, you probably read it, the Robert I think it's Heinlein, a stranger in a Strange Land. Yes. I was wondering where he got the name for that, because do you know the answer to that? Where you got the title?

Saad Chaudhry: I do not. I remember the story of it, and my assumption and presumption is that it's based on the main character who's not of your regular terrestrial origin that comes to Earth and has these superpowers kind-of-thing and wants to change the society at large.

Ed Gaudet: I was watching the Ten Commandments this weekend, and Charlton Heston said, I'm a stranger in a strange land. And I thought, and it was 1956, and I wonder if it was connected in some way. So, I haven't done the research yet, but I didn't know if you knew that.

Saad Chaudhry: I have never heard of that tidbit beforehand. Yeah, that's pretty cool. I wonder when you do that research, if there's a connection. That's fascinating you found it.

Ed Gaudet: Yeah, maybe. I don't know, maybe. Or maybe it's just a coincidence. So, if you could go back in time, what would you tell your 20-year-old self?

Saad Chaudhry: Buy bitcoin.

Ed Gaudet: I love that answer.

Saad Chaudhry: I mean, other than the monetary gain you're going to need at some point in time for ransoms, you know?

Ed Gaudet: That's right.

Saad Chaudhry: Right. I think we all suffer. I shouldn't be presumptuous. I still to this day, suffer from imposter syndrome in every job I've ever had. And I've been officially in healthcare IT for about 22 years now. So if I can go back in time and tell myself something at the age of 20 or even 20 years back from today, it would be that the imposter syndrome is just going to make you sharper. Don't let it get you down because stress can do terrible things to a person. And when I think we are all going through stressful times currently, my hope is that not everybody suffers through imposter syndrome the way I do. But if we could go back in time and say, hey, we'll get through this, there's a level of relief there.

Ed Gaudet: Yeah. No. And I think you're right. I think in that same I suffered through it as well. I think there's some humility in that and some self-awareness that gets generated from that experience that if you're able to harness it, obviously it's a good thing versus a bad thing. I'd be remiss if I didn't ask you this question. This is the Risk Never Sleeps Podcast. What's the riskiest thing? Although I think you've already told me, what's the riskiest thing you've ever done?

Saad Chaudhry: So I think one of them, my wife would argue would absolutely be the skydiving certification, because for those of you that have ever gone skydiving, you would know that to get, there's different levels of it. I was only level A, certified A, and that takes a couple of dozen skydives that's a risky endeavor. Having said that, I think we all also take career risks at times. So I gave you my history, and it's very easy to hear that summary of mine and make it seem like it's on track. Something that I ended up stumbling into and just stuck to. But everybody goes through these things and decision-making at different milestones in their career differently, and there have been a couple of risky ones for me. I can give you one of the risky ones recently, where I took a role as a CIO over a 12-hospital system across four countries in the Middle East. And so me and my family moved abroad, and it was tumultuous as a family move, sure, on the personal side, but even more so because a year into it, COVID hit.

Ed Gaudet: Yeah. Oh, wow.

Saad Chaudhry: And so now you're in a foreign environment. You're still getting acclimated because first month or so in a CIO role, you're still getting warmed up. On top of that, there's a global pandemic all of a sudden. We got through it because you put one step in front of the next, and you keep walking towards the end of the tunnel that you're in. But looking back, I asked myself, man, that was a big risk. What were you actually thinking? I truly believe that I'm a better human and a professional as a result of it though, so yeah.

Ed Gaudet: No. That's terrific. Wow. We could spend a whole podcast on that trip and that experience alone, I'm sure. I like to ask this question. Desert Island. You could bring five movies or five records. What would they be?

Saad Chaudhry: Five movies or five records. So my favorite band in the world continues to be Oasis.

Ed Gaudet: Oh, nice. All right. Champagne supernova.

Saad Chaudhry: Exactly. Don't look back in anger. Don't look.

Ed Gaudet: Back. that's a great song, too. Yeah, yeah.

Saad Chaudhry: So I would definitely, depending on what my ratio ends up being at packing time, it would probably be maybe 1 or 2 of their records. Okay, I already mentioned my favorite book of all time, which is Dune. And the other book. The author of that book, actually, the statue, is right behind me on this side. I'm a big follower of stoic philosophy, and my favorite stoic philosopher of all time is Marcus Aurelius, which I think is everybody's favorite stoic philosophy,

Ed Gaudet: Nice, yeah.

Saad Chaudhry: And so Meditations by Marcus Aurelius would probably be the second one. And depending on how I'm feeling at the moment, I might pack an autobiography, or I might pack yet another science-fiction book, as my third.

Ed Gaudet: All right. Are you a reader of Neil Stevenson?

Saad Chaudhry: I am, however, not I'm not as apt or as avid of a reader of his as some of the other friends that I have in that. Yeah, who also likes science-fiction genres and thrillers?

Ed Gaudet: Cryptonomicon is one of my favorite books. That's such a great.

Saad Chaudhry: That's a great book, by the way.

Ed Gaudet: It's a great book. Yeah, yeah. The mix of historical fiction with cryptography, like really just. Yeah, such a great read. Any advice to cyber professionals breaking into healthcare or vice versa? Maybe healthcare professionals that want to be cyber professionals or IT professionals?

Saad Chaudhry: I think healthcare can confound a lot of cybersecurity professionals if they're entering it for the first time. And what I mean by that is, if they've never worked in a healthcare environment before, and especially if they've worked in other industries, in cybersecurity, and are coming into healthcare. And the reason for that simply is that it requires both an odd sense of patience but also an odd sense of urgency. Urgency because when something any level of risk or gap is made available, you must figure out what it means to you and your organization. And I say that only because you cannot say you must run to fill it up. Some gaps run so deep, are so complex that it requires an entire landscape refurbishment at the organization to fix them, right? But you must be aware of them, and you must figure out what you can and cannot do about it. And that's a sense of urgency. You can wake up in the morning and have five of those kinds of items sitting in your inbox and say, I got to go. I just found out there's a zero-day vulnerability and a few of our things and so on and so forth.

Saad Chaudhry (cont'd): But then there's also a requirement of a sense of patience because very quickly you will run into the age-old healthcare dilemma, which I believe has existed ever since networks became popular in healthcare specifically, which is how much can you do from a risk standpoint without completely handicapping the ability for the organization to provide care to the patients that need it? And that's a balance that cannot be reached and maintained. That balance shifts constantly, not even day by day, hour by hour sometimes. And so that, frankly, is something that not a lot of other industries have to face at that rapid or that frequent of a level.

Ed Gaudet: Yeah, the frequency of that. You're right. Exactly. I don't think there is another industry, actually, and plus 24/7. It's there's you're never close.

Saad Chaudhry: If you're coming into cybersecurity and healthcare for the first time as your first job in cybersecurity period, you might actually be very frustrated because you have read academically trained at an institution to say, this is how you solve this problem. You'll see that problem, you want to solve it, but you have to go through this formula. And if you're coming from another industry, some of them are far ahead. Not only do you know the stuff you want to solve, but you also know the products that solve it, and you'll get really frustrated that not only do you not have the resources to go out and buy that product right away, but I cannot get around to get it fixing it right away because of x, y, z. So it requires a special level of stoicism to get through it.

Ed Gaudet: Yeah. You have to really be thoughtful about how you balance people, processes, and technology because all are very limited.

Saad Chaudhry: Exactly.

Ed Gaudet: It's got to be you can't just throw technology at it and a bunch of resources. You have to be very thoughtful about where you're spending your time and your resources accordingly.

Saad Chaudhry: I think it's a Harvard professor who teaches cybersecurity, whose name escapes me currently, but his quote is, if you think technology can solve your security problems, you don't know your problems, and you don't know technology.



Ed Gaudet: Exactly. Well said, well said. That's a great way to end the program. Saad, thank you so much. It's been a pleasure talking to you. Thanks for your advice and your insight. This is Ed Gaudet from the Risk Never Sleeps Podcast. If you're on the front lines protecting patient safety and delivering patient care, remember to stay vigilant because Risk Never Sleeps.



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