



Podcast Transcript

Risk Never Sleeps

Episode 122

Ashley Gelisse

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 am pleased to be joined by Ashley Gelisse, the business information security officer at Michigan Medicine. Let's start off with telling our listeners a little bit about your current role and your organization.

Ashley Gelisse: So as you mentioned, I'm the BISO at Michigan Medicine, so business information security officer. It's a newer role, and I think a little less common than the traditional CISO role. But just like it sounds, I'm a complement to our CISO, particularly when it comes to some of the business considerations across the organization. So, for instance, Michigan Medicine has three campuses within the state. So really different size, different functions. Our hospital in Ann Arbor has 30,000 employees. The hospital in Wyoming, Michigan, has 3200. So yeah.

Ed Gaudet: Vast difference.

Ashley Gelisse: Yes. And they're newly integrated. So different IT shops, etc.. So I really work with our technical teams to understand and translate business needs, business directives across those organizations.

Ed Gaudet: What's the biggest challenge in communicating risk, in making decisions with the business? What is the, if you could sum it up, is there one word or two words, or is it more complicated than that?

Ashley Gelisse: Honestly, and it sounds like an oversimplification, if I had to choose one word, I would say language. I think folks well understand that cybersecurity risk is a thing, and when you read in the newspaper all the time about some of the awful things that are happening, unfortunately more and more frequently, particularly in the healthcare space with respect to cybersecurity events. The difficulty is when you're a business leader, I can't just, what they see in the paper and isn't really actionable, what does that mean for me in my day to day as I'm running radiology, oncology? But oftentimes, when you're a cybersecurity practitioner and you're trying to explain a highly dynamic, very technical, highly-jargoned concept and field to a medical professional, something that is highly complex, highly dynamic, highly jargon, it's just difficult. And it can be, even when you've got two people who are really trying to work together toward the same direction, getting the language clear enough so that it lands and so that person can understand, Oh, this is the Y, and this is the so. What do you need me to do? What changes tomorrow then? Or what do I need you to do? I think the language is huge and, in my opinion, hugely underrated, really trying to speak each other's language a little bit more.

Ed Gaudet: Yeah. And so what do you think there's an impedance mismatch in that language. Like, what do they come back to you with when they think about making the decision? Right? Because you're probably asking them to say, Okay, we have a risk here. We want to put a control in place to cover that risk, to remediate or mitigate that risk. How do they get their mind around that?

Ashley Gelisse: I think it actually should start with us as cybersecurity practitioners, because when you are working on the front lines of cybersecurity risk, you're thinking about the detail that is on your mind is, again, to try to sum it up and explain it to another person, if I'm talking about IOCs or CVEs or things like that, or particularities of a project, this is what I see a lot: Well, we've got to change these firewall rules because; or, We've got to change your two-factor authentication method because. That's just ... by people. They don't, that's real important stuff for us. But it doesn't mean anything to your colleague.

Ashley Gelisse (cont'd): So I would say first, before you really understand your audience, who are you speaking to, are you speaking to a technical practitioner or are you speaking to a leader, tune your message accordingly. And it takes time to do that. And then, think about what am I asking them to do and what is going to be the impact on them. So, back to your example, if I come and I do all my homework and I come and I use clear language and it's ... jargon, at least a little, I at least have to start to ask the question: What does that mean to you? If we've got these MRI machines that have a known vulnerability that we can't remediate, we need to replace the machines, say, What does that mean to you in your daily operations? Then, I think, they're in a much better position to have a conversation with you. Well, we have to replace these machines. We have to wait for the capital, budget process. It costs X dollars. The impact on patients is Y. That's something that's actionable between your two parties.

Ed Gaudet: In my opinion, that's based on some event happening. What do they think about or do they consider the implementation of the control and what it could do, or the impact it could have on their workflows or their ability to deliver care? Right? Because security's always this balance between we want to enforce the right set of controls, but we also want to enable the business to do its job. How does that come into play? How does that typically play out?

Ashley Gelisse: We have partially centralized IT environment and a partially decentralized. It's about 60 over 40. So when we're talking about security controls, it's a little bit of a mixed bag. It's easier to work with that centralized IT group because you've got good muscle memory there. You're always about a couple people removed from, well, who's the person I need to talk to about this? How does it affect their workflows, etc.? And then I think it's mostly just a workflow conversation. Well, if I implement this control, what does it mean for you? What does it change for your team? What can you tell me about timing? Does the implementation timing? Should I think about that? Does that have a clinical impact which I may not anticipate? Or workflow-wise: What kind of training do I need to get out there for your folks, etc.? When you get into the distributed space, it's a little tougher because there's less connective tissue there. So I think again, that's why, you know, in my role as the BISO, it's really important to create tentacles out into the organization so that you don't have that: who is this person calling me? Why are they calling me? We, at Michigan Medicine, have actually invested a lot of time in organizational change management.

Ashley Gelisse (cont'd): We have personas identified across the organization, and we have groups, just regular, either governance groups or different kind of groups of different kinds of expertise. We have those groups identified by tier so that we can understand are those executive groups, are those like management groups, or are those really doer groups, frontline worker type of. So it helps us engage with them in a way that's, again, a little bit more tailored. It's clearer. We can have our messaging more tuned so we're better able to have the right message delivered to the right person at the right time. And then we're implementing a control. It just takes a lot of noise and confusion out of the room at the front end. And you can talk about the details of that.

Ed Gaudet: That's a fairly mature process. What advice would you have to someone just starting out or struggling with getting it right? What have you learned along the way that you could share?

Ashley Gelisse: Start somewhere. Do anything and then.

Ed Gaudet: Just build from there. Yeah.

Ashley Gelisse: And build. Yeah. That process that I just described is about 2 or 3 years old, so relatively new. And it started funky rusty dusty. And with the team, I have to give so much credit to the team, because they have a continuous cycle of let's look back, let's see what worked and what didn't, and let's change and adjust and listen to our partners. So it doesn't have to be perfect when you start. I think that's the advice I would give. Start somewhere, start small, and then grow from there. And before you know it.

Ed Gaudet: Yeah, you're building this Rosetta Stone almost.

Ashley Gelisse: Yes. Yeah, that's a great way to think of it. I love that. I'm going to use that.

Ed Gaudet: Yeah, yeah. No, that's really cool. That's really cool. How did you get into health care? You have an interesting background. You poli sci. I'd love to understand how that's helped you along your journey

Ashley Gelisse: Yeah. My path to healthcare and cybersecurity was circuitous. I started as a dance major at UVA. And then, like you said, changed to poli sci. I worked in the legislature for several years as a policy analyst. I then went to Washtenaw County, and I was a finance director there, and got to do a lot with grants and grants management, and learned a lot about budgeting. Went back to the state of Michigan. I worked at the Department of Treasury for several years, and then moved over as the chief of Staff at the Department of Technology Management and Budget at the State of Michigan. The state of Michigan has an integrated IT posture, so it was really cool to be able to see like what that looks like across all the state departments. So I was working a lot on IT there and got to know a lot more about enterprise IT. But I was commuting and I loved that job. Loved that job. Really would encourage people to go into public service in state government if you're at all interested. But I was commuting 80 miles each way a day, and I had a two-year-old at the time.

Ed Gaudet: Oh, boy. Jeez.

Ashley Gelisse: And I always thought I got to make, I love this job, I got to make a change for my family care and my son's care. Yes, exactly. I'm like, I can't keep doing that. So I had just been fortunate, you know, how things go. Things, your network, things just come up sometimes. Fortunately. And I had worked some, through my time at the state, with the CISO at Michigan Medicine, and I felt really strong. I wanted to stay in the public sector. I wanted to stay in public service. And he was reaching out saying, Hey, I've got this job. Do you know anyone? And I said, Oh, I do indeed. Yeah.

Ed Gaudet: I know her very well. Yes. That's great.

Ashley Gelisse: I applied, and the rest is history.

Ed Gaudet: I love that connection with public service because it truly is a shared mission that you have that is so unique in healthcare.

Ashley Gelisse: It's fascinating, and I think that's the only thing about public service that is undersold: you get to work on so many different things. The experience is so rich and so varied. And in my role now, I think all those different positions that I have, it really gave me this generalist type of posture that I think is really, I think is fun and fascinating. And I think, so I would really encourage folks to consider that. If you're a specialist, that's awesome. But there's a lot of benefit also to being a generalist that I think sometimes doesn't get talked about. And you get that opportunity in public service oftentimes.

Ed Gaudet: Yeah. And cyber unique intersection with technology, risk, security, and the clinical side of the business because those things all have to be in balance.

Ashley Gelisse: Yeah. And academia at U of M, you get academia and research on top of it. So for cybersecurity, you get to think about how do you do things and keep them secure in a place that's not a walled garden? The CISO describes it like an airport. Things have to move. We're going everywhere, but it has to be secure. And it's really interesting.

Ed Gaudet: Yeah. So you have an IRB, then you must have an institutional review board. So we're, yeah. Which is very unique. It's interesting when I talk to CISOs and other security professionals, and they haven't had that experience before. You're right. You've got to keep it open. But you also have to have that level of security and protection because obviously it's data, patient data that's getting sent to third parties and the risk that's associated with that. What, you know, as you look out over the next year or so, what are your top three priorities?

Ashley Gelisse: Top priority definitely has to do with increased integration across our three hospital systems. So that's paramount. And I think the other two priorities really stem from that. We have been working using Censinet, and that's the truth, yeah, that's to establish a couple core things I think are going to keep us successful as we continue to work to integrate. We're using the frameworks that are there. We're using CSF in our case, and we're leveraging the benchmarks to talk to all the different bosses. It's a boss-rich environment; lots of bosses. So yeah, but it lets, using those well-understood frameworks, being able to point to the peer comparison, and to do that consistently, I think leads to the second priority. So enable the integration.



Ashley Gelisse (cont'd): And the second priority would be: keep the communications consistent and transparent across all three organizations. Because if the board at the Academic Medical Center understands what you're trying to do with cybersecurity, but our hospital in Lansing doesn't understand, we've got a problem.

Ed Gaudet: You know, Houston we have a problem.

Ashley Gelisse: Huge problem. Yes.

Ed Gaudet: Really interesting. So outside of healthcare and IT, what would you be doing? What are you most passionate about? You mentioned dance earlier.

Ashley Gelisse: Yeah. If I was still able, I would still be tying up my pointe shoes. But I love to dance. I love classical music. So I like to stay active. And I really enjoy hiking and being outdoors and visiting the national parks. That's something our family's been doing a lot over the last couple of years, and it's every park we go to, it's just like you're in awe all over again.

Ed Gaudet: You've been to Utah?

Ashley Gelisse: Yes. Last year, and we got to do Angel's Landing.

Ed Gaudet: Angel's landing? Yeah, yeah. Awesome. Nice.

Ashley Gelisse: I had a moment of serious self-doubt. What am I doing here? Why?

Ed Gaudet: But you did it.

Ashley Gelisse: Yeah. But I did it. I just pushed that down, and kept going.

Ed Gaudet: Slap it down.



Ashley Gelisse: Totally.

Ed Gaudet: Yeah. That's great. And you can do Bryce as well. Or did you go to Bryce?

Ashley Gelisse: We didn't go, or. We did go to Bryce. We did go to Bryce. Yeah. Very cool.

Ed Gaudet: The Bryce. What's your favorite?

Ashley Gelisse: Oh, man. Mount Rainier, I think, was my favorite. Yeah. Closely followed by Zion.

Ed Gaudet: I love when you fly in, and you can see Rainier in the background. I love that. It's just majestic, isn't it?

Ashley Gelisse: Stunning. It's just. Okay, every time you go, you think you've been to a couple and you're like, Yeah, I get the gist. And then you have a view like that, and you're like, Man, this is a yeah, it's an amazing country.

Ed Gaudet: If you could go back in time, what would you tell your 20-year-old self?

Ashley Gelisse: Max out your 401 K; today, not tomorrow.

Ed Gaudet: So that's so great.

Ashley Gelisse: Do it today.

Ed Gaudet: Buy Amazon.

Ashley Gelisse: Yeah, right. Yeah, right.

Ed Gaudet: That's great. Yeah.



Ashley Gelisse: But honestly, I think the other I would say, you don't have to know what you want to be when you grow up. You should know what you want to do in 2 to 3 years. And if people do know what they want to be when they grow up, I mean, some people, they just know. That's awesome. I've never had that in my life.

Ed Gaudet: I'm still growing up. As my wife reminds me, I'm still growing. When are you going to grow up? Never, hopefully.

Ashley Gelisse: Yeah.

Ed Gaudet: That's funny.

Ashley Gelisse: But you just keep your eyes open and don't worry too much. I think 2 to 3 years out, and keep moving, and it'll come together.

Ed Gaudet: Yeah, and trust in the universe. Like trust in doing the hard work because it pays off.

Ashley Gelisse: Absolutely. 100%.

Ed Gaudet: Okay, so you've hiked Zion, but what's the riskiest thing you've ever done?

Ashley Gelisse: Oh my God. Honestly, probably back to Mount Rainier. Poor planning. We had to hike. We wanted to do up Mount Rainier. And we were there in June, which I thought would be pretty solid. And we get like halfway up this hike, and it is just full of ice. And we're going up, we're walking across ice bridges. And we didn't have, I didn't have crampons. So we just kept going. So there was a point when I was like flashing across an ice bridge, and I saw in the distance, like water running under and opening in, and I'm like, What have I done? Made poor choices today.

Ed Gaudet: Yeah. And you can't, you didn't turn around, I assume.

Ashley Gelisse: No. I finished. It was awesome.

Ed Gaudet: That's great. That's great. You mentioned classical music. I love this question. So if you're on a desert island and you could bring five albums with you, what would they be?

Ashley Gelisse: Oh, gosh. I would have to bring The Nutcracker, obviously. Tchaikovsky.

Ed Gaudet: I love that. Yeah, it's.

Ashley Gelisse: I would probably bring a little Mozart. And I would probably bring, I might say for, this is I'm going to go totally other way. I would probably bring Radiohead In Rainbows, which I love.

Ed Gaudet: Oh, yeah. Great. Fly.

Ashley Gelisse: Good stuff.

Ed Gaudet: When I fly and I sit down, I turn on Okay Computer. Every time, I just like.

Ashley Gelisse: Love, love Radiohead. One of my favorite.

Ed Gaudet: It's so good. Okay. Computer is so good. Yeah. Rainbow is great too. Hardest lesson in your career?

Ashley Gelisse: Hardest lesson in my career. Ooh, I got to think about that. You know how sometimes in your career, people tell you things, and you just don't hear it?

Ed Gaudet: Yes.

Ashley Gelisse: I remember distinctly a moment like this when I was young, probably in my 20s, I was in the legislature. I was all gung ho, and we're trying to get a bill, some language together for a bill.

Ashley Gelisse (cont'd): And you're with all kind of different people, all different political spectrum, different interests, different lobbyists, etc., and there were some things that as I read them, I thought, well, this is clearly what we should do. Obviously, everybody in this room can agree on this. And I'm pushing and pushing and pushing the issue. And the legal counsel, whose name is John Mulchrone, and just a great, I felt he was a great mentor to me. I remember him telling me, Ashley, you can't change what people think, you can't change what people do. Because I would also get all frustrated. Lobbyists would come to the meetings and read the bills.

Ed Gaudet: Why don't they see what I see?

Ashley Gelisse: Yeah. Come on. I read it, and so he told me this, and I just thought, no, you should be prepared for a meeting. What's the big deal? And so he just let me do my thing, and I'm struggling and struggling and getting frustrated. And quite literally, he gave me that space. It was like a month later, and he's like, Well, Ashley, you can't change how people think, you can't change what they do. And I heard him for the first time. And I just thought I'm getting all frustrated for no reason. And I'm probably not hearing these people in the way that I should. That was a huge lesson for me. And I was thankful that he not only took the time to tell me, but gave me the space. And then he told me again.

Ed Gaudet: Yeah. No, I love those moments of realization where everything appears clear. You have this lucidity about, and then you're in this state of Zen, and you realize everything clicks. Oh, and I hadn't been listening all along? I just wasted all this time. Yeah. Yeah.

Ashley Gelisse: It's like it clicks. You get that kind of like third view that you didn't have before. It's like, Oh, yeah.

Ed Gaudet: I think that's the biggest challenge people have, is that just a reminder to one mile, two years.

Ashley Gelisse: So true. Yeah. That's hard. Yeah.



Ed Gaudet: Last question. What advice would you give to someone just coming out of school that wants to get into cyber or healthcare?

Ashley Gelisse: Oh, I would say go for it, absolutely. It's, both fields are really dynamic and broad and deep, and you can have a whole career and do a lot of different.

Ed Gaudet: Boundless.

Ashley Gelisse: Boundless, truly boundless. They'll be secure. Cyber security is not going anywhere. Healthcare certainly isn't going anywhere. So I think the advice I would give is know that it's truly verticals are really much broader and deeper than you may imagine at that early stage in your career, and be open to that, because there's probably something going on at the hospital, particularly at an academic medical center that you never even thought about. And it may be just the thing that gets you excited every single morning. So if you're interested at all in that field, have informational interviews. Talk to as many people as you can in your early stages of your career, and be willing to make changes. And some things will land. Some things won't. Because you'll discover a lot more than I think you would if you just went into it like, this is my job, and then the next job on the career ladder is this, and maybe in ten years, I'll get that promotion.

Ed Gaudet: Yeah, that's what I love about. There's so much opportunity, and it will reveal itself to you over time if you keep that open mind and open approach to things. But there's so much work to be done in our industry.

Ashley Gelisse: And people will take the time to meet with you if you ask. It can be intimidating to even people who are well along in their career. But man, if you asked for that informational interview, ask the open-ended question. What do you do? How do you do it? Why do you do it that way? I found people are so happy to respond.

Ed Gaudet: Yeah, no. And it is unique though. And not every industry is like it.



Ashley Gelisse: True.

Ed Gaudet: Yeah. Well, thank you so much, Ashley. 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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