Podcast Transcript

Risk Never Sleeps
Episode 61
J.D. Whitlock

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 my good friend JD Whitlock, the CIO at Dayton Children's Hospital. Welcome, JD.

J.D. Whitlock: Hey Ed, good to see you.

Ed Gaudet: How's that for an intro?

J.D. Whitlock: Awesome.

Ed Gaudet: So let's get started. Tell our listeners a little bit more about your organization and your role.

J.D. Whitlock: Sure. I've been CIO at Dayton Children's for just under six years now. Dayton Children's is a small pediatric health system in the Midwest in Ohio, and we are on the small end of Epic customers. And it really is a small end of how systems in general. However, that does not mean we are a small organization, and certainly from a cybersecurity perspective, we are, of course, we're expected to and we have the same threats as much larger health systems, and we need to deal with that appropriately.

J.D. Whitlock (cont'd): So that is, that's where some of the challenge comes in sometime: is how do we act and be like the larger systems that we have to perform at with a smaller team and a smaller budget? We are about 650 million for a revenue. Let's see what else is relevant. One hospital, the two large campuses. The second campus, that's everything but a hospital. We're about two dozen total care facilities, about 4200 employees. What else is relevant to our workday? So we're blessed to be on the best EHR and the best ERP. We can spend a lot of our time optimizing those platforms and chasing after technical debt or people that are not.

Ed Gaudet: Small, but mighty. And you were an early customer of Censinet, obviously. So you tend to be more, much more on the, on the path of innovation given some of your peers in the industry, which is great. So I know you helped us early on really build the platform and help us design the platform. And you continue to do that. Your team has given us some really good insight, even as early as today or as recent as today, we had a conversation with a few folks from your team. So I really appreciate you and your organization and your team really helping us out and adding a lot of value to the, obviously to the industry. So how did you get into health care?

J.D. Whitlock: I got into health care, so I am retired military. I spent 20 years in the military.

Ed Gaudet: Thank you for your service. Thank you for paying your taxes. Army or Marines?

J.D. Whitlock: I was Navy and Air Force. Air Force, which is part of the story about how I got in health care. So I was, I did Navy ROTC in college. I was in Navy Surface Warfare Officer, which just means on ships, I was driving ships around. And did Desert Storm, actually started Desert Storm by my ship, shot the first Tomahawk missile from the Persian Gulf that started Desert Storm in '91. So I did that for a while and I had a lot of fun doing that. I did two C-tours. My third tour of the Navy was, I was a ROTC instructor at UCLA, and most normal people decide what they want to do for grad school and then pick a grad school and go to it. I was at an incredible educational institution, UCLA. I mean, it was time to get a master's degree. And it took a look around and said, What should I do for a master's degree?

J.D. Whitlock (cont'd): And so my experience was management experience, and healthcare was attractive because I liked, I just liked the mission aspect of healthcare, which sort of fit into the mission aspect of the military, which is part of why I got in military, and the concept that if you do a good job, then you're helping patients and you're helping doctors and nurses and other caregivers take care of patients. So that's what sort of got me interested in it. I did a master of public health at UCLA in health policy and management. And then, long story short, I actually got, I got out of the military to finish that degree. And then, but I had a, I was a third of the way into the military career. And so I actually came back to do health care administration in the Air Force. Long story, not worth telling why I switch from the Navy to Air Force but just worked out that way. And so then, the last two thirds of my military career, 13 years was a health care administrator in the Air Force, which is obviously a very large, very integrated delivery network, global integrated delivery network. And the guy was privileged to do a lot, a large variety of jobs starting out in the operational side before I got into the IT side. So I saw the, what was at the time, the largest patient-centered medical home on a roll-out with the entire Air Force Medical service before it was cool. And obviously a lot of, of course, military has been doing value-based care forever, before it was cool. I heard a lot of great lessons in in population health management for these kind of things that were. Then when I started from the Air Force 2009, moved over to private sector health care was just one value-based care. We start with, CMS was telling us, We're all going to do value-based care that fits and starts.

Ed Gaudet: Nice transition into that.

J.D. Whitlock: But I would frequently and still am sometimes taking lessons learned from from military health. And there's a lot of great things about military health. There's a lot of bad things about military health, too, but it was really great.

Ed Gaudet: Where were you stationed in the Air Force?

J.D. Whitlock: My first duty station, Air Force, was Barksdale Air Force Base in Shreveport, Louisiana.

Ed Gaudet: Ooh. Nice.

J.D. Whitlock: Then came to Wright-Patterson, where I am now in Dayton, Ohio. Then I did educational assignment because the military's so good education. ... to IT, and they said, Okay, go get smart on IT and go back to care. Degree in IT. So I did that. And then actually I finished up at DC where a lot of people finish up their careers doing basically program health care informatics, program management, let's call it.

Ed Gaudet: So you retire as a colonel or lieutenant colonel?

J.D. Whitlock: I made the decision to not go after the command trap to get the next promotion, which would have meant going back to being a generalist health care administrator. After I was deep into the IT and really enjoyed the IT, I knew that I basically wanted to do something akin to what I'm doing now when I got out. And so it actually made sense to stay specialized and then not compete for that next promotion. So I'm very glad that's what I did.

Ed Gaudet: Yeah. No, I love that. I love the the common theme of the shared mission too, which is so unique in health care and obviously the military, but yet it's so powerful. And what does that meant, what does that meant to you? .

J.D. Whitlock: By he way, I just occurred to me something else to mention. We're talking about Air Force. I was looking at your other guest, Risk Never Sleeps. Your number one guest was Drex DeFord.

Ed Gaudet: Yes, that's right. I did yeah.

J.D. Whitlock: He and I worked together in DC.

Ed Gaudet: Oh, you worked with Drex? Oh, cool.

J.D. Whitlock: Yeah. And a great guy, honestly. And there was, amongst the people in that massive bureaucracy, there were two kind of people. There were people that always went by all the rules of the bureaucracy; it never got anything done.

Ed Gaudet: That wasn't Drex, I'm sure, or you.

J.D. Whitlock: That was not Drex, that was not me. And you had to know how to creatively slightly bend the rules to get anything whatsoever done. And in particular, the rules that could never get anything done was what were some of the, on the cyber side, was, it was, things were done so conservatively, you could never actually get that next thing on to the network that needed to be deployed because of mindless bureaucracy and sometimes mindless bureaucracy. The cyber side. And so one of the reasons I really like the nonprofit health care world is you have the same sense of mission, but now that you're out of the bureaucracy of the government, there's still some, you still have to, as we like to say, no origin, no mission. You still have to actually make the dollars make sense, and you can't do really dumb things or you won't be in business anymore. Or does the government just keeps doing really dumb things and prints more money, right?

Ed Gaudet: That's right. No politics on the show here. No politics.

J.D. Whitlock: ... the wrong guy. I can abuse both sides.

Ed Gaudet: You can. Did Drex wear the red sneakers back then or?

J.D. Whitlock: I don't recall red sneakers in uniform. No. That would have been.

Ed Gaudet: That would have been a little too far, a little too far.

J.D. Whitlock: Plus, it wouldn't have gone well with the blue.

Ed Gaudet: Yeah, exactly. I just ran into him recently. He had blue sneakers on. He had the blue variation of those sneakers. As you think about the next couple of years, what are you leaning into? What are your top three priorities?

J.D. Whitlock: So obviously, generative AI is huge. You can't, it's both a cliche and also just the reality that's going to end. The challenge for healthcare CIOs and CISOs is how do you take advantage of it in smart ways that you can afford? And as we are always fighting against the bright, shiny objects that somebody saw someplace and thinks is going to change things, but is either not really going to change things or is not really commercializable, or potentially a cyber threat, or just doesn't actually plug into our, to our, you know, clinical workflows. Right? And so there are some things that I think are sort of no-brainers, like the ambient AI clinical documentation that I would predict a year from now if health systems are going slow on that and not procuring those tools for their providers are going to be losing their providers to other health systems that have. So we're aggressively looking at those tools. And then back to being blessed to be on Epic. Epics were, because of their existing partnership with Microsoft, they were in very good position to rapidly take advantage of a lot of the OpenAI stuff. And so they're rolling out a lot of great tools to, for example, help providers to sort of auto drafts of responses to patient messaging and just summaries of, Hey, here's everything that happened with this patient since you last saw them six months ago or a year ago. And just in a-easy-to-reference, easy-to-digest form in that one minute you had before you walk in the patient. So some of these things. Obviously, we're not talking about diagnosing the patient. We're not talking about automatically sending things to patient. We're just talking about provider efficiency which is the no-brainer thing that the generative AI should be doing.

Ed Gaudet: Absolutely. Absolutely. Yeah. And get better too over time obviously. But the next couple of years will be really interesting to watch in AI in particular. That's like the early '90s of the internet.

J.D. Whitlock: On the cyber side, I try to keep up on this in the trade press, and there are some great tools that are using generative AI to help with defending. In addition to that, it has to make the bad guys a little bit faster, a little smarter to use some of these tools. But so we're using abnormal security for, to catch the inbound fish. And it does a pretty nice job at that with some AI under the hood there. And some of the things, some of the biggest threats right now, we're seeing more of the attacker in the middle to successfully gets past multifactor. That's increasingly prevalent. That's not generative AI. It's just smarter bad guys using all the tools at their disposal.

J.D. Whitlock (cont'd): And so we're also using a manage detection response vendor that's been, just within the last year, and that's really been helping out a very small team, which is, which cannot be eyeballs on glass 24 hours a day. You need a good vendor like that. So anyways, you never want to brag about your, ever, lest you're guaranteed that more problems. But I think on that front, the generative AI, it's like a smarter, much smarter people than I ever was have sort of said. It's not automatically true that that's going to make the bad guys, that's an advantage for the bad guys as long as you're also leveraging on the defending side. Yeah.

Ed Gaudet: Yeah. How about care delivery? Any shifts in care delivery that you're thinking about over the next couple of years?

J.D. Whitlock: Yes and no. We are getting into primary care now actually for the first time, which is actually odd for most health system and doing that for a while. Dayton Children's, for a reasons it's not worth going into in this podcast was, had a clinically integrated network ... care organization, but not owned primary care practices with one exception, which is a residency clinic inside the walls of our hospital. We're going down that route and that is, just changes some of our strategy on the Epic side and what we're doing there. And then we have a, we have a low acuity urgent care. It's branded Kids Express, which is sort of the ... which is your kids get ear infection. You get home from work and your kid's got an ear infection. You want to come in after hours. We continue to open up more of those. Now, obviously, part of where you're maybe with all of that question is everybody's talking about telehealth, obviously. And of course, pandemic got us past the big hump we needed to go for it to make sure that everybody could do that. And then, but of course, since the pandemic, the rates of telehealth have been going down. And so now we're in a place where most people are and that 10% to 20% of ambulatory visits that are appropriate follow up chronic care, visit that can be done on a video. Visits of the family doesn't have to drive an hour and a half to get to us. We want to do that with the videos, but most of the time you want your kid seen by the doctor, you actually prefer to drive them to see the doctor.

Ed Gaudet: Exactly. Yeah, especially during times that work for you. So you brought up the pandemic, which is a great segway into the next question.

Ed Gaudet (cont'd): Tough couple of years for obviously healthcare, the industry individually a lot, tough in a lot of folks. What are you personally and professionally most proud of?

J.D. Whitlock: In terms of our response to the pandemic?

Ed Gaudet: Yeah, just coming out of the pandemic and either during or after the pandemic last couple of years?

J.D. Whitlock: We were, I think, in a good place from an IT perspective. Everybody was, of course, challenged by lots of people going to work from home and, by obviously, the telehealth all, go fast on telehealth. We were blessed to be at a place; we had actually, less than six months previous to the start of the pandemic, done the integration work. We needed to have a video visit plug into Epic. So we were ready to go with that. And the, actually, the problem we had, a problem a lot of people had was we were ready to go on the software side, but we did not have every, at our example, we had a lot of small PC mounted under the desk. A lot of people have not let not providers just walking around with laptops with cameras on them. And so we didn't have enough cameras. Of course, in the ... you couldn't get cameras because everybody up, because the stock of webcams got quickly. And it was, it was a struggle to find webcams. And then as we got them in, we'd have to go in and we'd say, Okay, clinic X, you have have two workstations that are going to have, are going to be telehealth-capable. So if you have a video, when you have video, is it still going that way? And then we, last year, we opened a new ambulatory patient tower. And we made sure that all 110, 110-120 total exam rooms, every single exam room is completely decked out for telehealth. The little webcams that swivel around and digital monitor on the wall and all that kind of stuff set up that's ready for that even though we're, so if you look at the actual rates of video visits, it's still in the 10 to 20% range, like most places.

Ed Gaudet: Cool. So outside of healthcare and IT, what are you most passionate about? What would you be doing if you weren't doing this job?

J.D. Whitlock: What I'd be doing if I wasn't doing this job?

Ed Gaudet: Yeah.

J.D. Whitlock: I mean, I do love what I do.

Ed Gaudet: What are your hobbies?

J.D. Whitlock: It's not oh, what are my hobbies?

Ed Gaudet: Do you have any, do you have any hobbies that if you weren't doing this?

J.D. Whitlock: Do I have hobbies? Yes.

Ed Gaudet: I know you have hobbies. I've seen them.

J.D. Whitlock: So I am a baseball fan. So I followed the Cincinnati Reds and the Single-A team for the Reds, de Dragons. I have a ticket package too. And they are, I can walk to the stadium. My wife and I live to downtown Dayton. After our youngest graduated of high school, we moved out of the burb with a good school district and moved downtown. And the graphic behind me is the The Dayton Arcade, which, as you can tell from looks at it, is one of those built in the early 1900s, the original indoor mall. And it's been beautifully restored. And that's actually where my office that I'm right now is. That's literally the view outside of my, by turn the other way, and look, that's the view.

Ed Gaudet: That's beautiful. Yeah.

J.D. Whitlock: So I lived a few blocks from here. The ballpark, which is the nicest Single-A ballpark in baseball, is a few blocks from here. So I can on a, on many summer evenings, I'll be found at the ballpark. I enjoy motorcycle riding. I don't play golf. It's a nice day. And I got some buddies to go do things with. I'm riding a motorcycle.

Ed Gaudet: You're on the bike. What kind of bike do you have?

J.D. Whitlock: Triumph T120 Bonneville.

Ed Gaudet: Nice.

J.D. Whitlock: Yes. It's the, it's like a classic-looking, modern-engineered version. Yeah, I did, my wife and I are ... We love the trail, and I'm a history buff. So traveling someplace, seeing interesting history and then having a really nice meal, that would be sort of.

Ed Gaudet: What was your last trip?

J.D. Whitlock: Last trip we did Pacific Northwest with both of our daughters, and we did Seattle, Willamette Valley, South Portland's, Cannon Beach in Oregon. It's a whale watching and a lot of great food.

Ed Gaudet: Some great pinot is up in Willamette.

J.D. Whitlock: Absolutely. Wonderful pinots.

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

J.D. Whitlock: A 20-year-old self. I would have told my, I would have given my 20-year-old self some advice on women, probably. And all worked out well. I've been happily married to my wife for 27 years.

Ed Gaudet: Oh, that's great. Congratulations!

J.D. Whitlock: But when I was young, I'm not sure I had quite figured out that out in the, back in the.

Ed Gaudet: Were you in the military at that point?

J.D. Whitlock: Back in the day before 20, ROTC student.

Ed Gaudet: Yeah, you're still in ROTC.

J.D. Whitlock: Yeah. But yeah, back in the day before dating apps, you had to actually approach another human being and talk to them. Not very good at that when I was 20.

Ed Gaudet: I don't think any of us were really good at that. I still wonder if I'm any good at it. Okay, so I'd be remiss if I didn't ask you this question. It's the Risk Never Sleeps Podcast. JD, what's the riskiest thing you've ever done?

J.D. Whitlock: The riskiest thing I've ever done. So let's say I ride a motorcycle; that's inherently risky. A simple accident that in a car not be a horrible thing, could be, can be a horrible thing in a motorcycle. I don't, I always wear all my safety gear. I don't do anything, I'm not one of those crazy people you see weaving around in cars. Mostly I just want to tool around some country roads and go out with some buddies and eat at a barbecue place out in the country and ride back. But I do understand that is an inherently risky activity. I decided it's worth the fun of doing it, but that is inherently risky. ... my wife is, when I'm, every time I leave, she goes, Is this your health insurance or is your life insurance payout? It is. But I mean that recognizing that you, when you do risky things, you recognize what that is. That's one thing. What's the other? Not like physically risky, but I did, I do some autogyro sort of hobby entrepreneurial things on the side. And so I did, I started an internet marketing company, decided I needed to put some money in that to get that started. That was not big risky because I did not quit my day job and I did not like trade in my whole 401K to get that started. So in the big scheme of things, it wasn't that risky. I say, I enjoy the entrepreneurial community in the, I mentioned in my offices here in what you see behind me is sort into the concept that's like where these incubator is in. It's a entrepreneur center and they give a lot of support in the small businesses. I enjoy the community here, but a lot of it, other people here are doing, no kidding, quit your day job and try to make something go while supporting a family. So I never did, I never did anything like that. I would probably say I'm relatively risk-averse.

Ed Gaudet: Nothing wrong with that. Nothing wrong with that. I don't know if you jumped out of a plane or swim with the sharks.

J.D. Whitlock: I never did anything crazy. I never, that was actually part of the deal with my wife. So I got married. Right away at the time, I was switching from the Navy to the Air Force. And my wife was actually the Navy Reserve. So she understood the military. But at the same time, I was getting married, starting a family, and part of the deal was like, I wasn't going to volunteer to do anything dangerous any more than I had to. In the military, I did one, one deployment in the Air Force to Afghanistan, but I was a health care administrator. So working at the hospital, at the big base. I'm not riding around in a Humvee. And there was an opportunity while I was there to do a different job riding around the Humvee, going out to the. And so I did not do that because I had promised my wife what.

Ed Gaudet: Not to do that.

J.D. Whitlock: To not do anything any more risky than I had to do. And the joke was, so I was living in DC at the time. The joke was I was probably at more risk driving on the Beltway, no way traffic. There's probably more chance that I was going to run over by a mack truck in the Beltway than some rocket was going to land on my head in Bagram Airbase. And that's probably literally true. I was probably at more risk at Beltway.

Ed Gaudet: Yeah. I always ask folks about music or movies or, so if you're on a desert island, you can only bring five records or five movies. What would they be?

J.D. Whitlock: Yeah, the old Desert Island Discs. Yeah. So I enjoy classical music. And so I would go with Beethoven's Ninth, Mozart's Requiem. It's not that I don't enjoy temporary music, I do, but it turns out listenability for a few of the little things that you can bring. So I'd probably go with those two. And then, can I, can you do many series for the movies?

Ed Gaudet: Yeah, you can do whatever you want to.

J.D. Whitlock: All right. So I'm going with, I'm going with Ken Burns.

Ed Gaudet: Uh, baseball!

J.D. Whitlock: Ken Burns the baseball one, of course. Civil War when I'm a military history buff.

Ed Gaudet: Yeah, yeah. Oh. Civil war. Me, too. Yeah, yeah. Have you been to Gettysburg?

J.D. Whitlock: Oh, yes. Yeah.

Ed Gaudet: Isn't it great? Great. Me too. Me too.

J.D. Whitlock: And then if you went for just number one favorite of all time maybe its Last of the Mohicans.

Ed Gaudet: Oh, that's a good one.

J.D. Whitlock: Which, of course, brilliantly blends military history with just an incredible drama with a great romance. It's just, I'd just had everything.

Ed Gaudet: That's everything? Yeah. That's good. Awesome. One last question. What advice would you give to new, maybe kids coming out of school that want to get into cyber or into IT and into health care? What advice would you give them?

J.D. Whitlock: Sure. So the wonderful thing about IT is you can have very rewarding career, both in terms of the getting to do interesting things and getting paid good money to do it whether or not you ever do the management track. Most professions, that is not true. But that's the really wonderful thing about IT in general, and of course, Cyber, a sort of a subcategory of IT. So if you decide you want to dive deep on some aspects of cyber security or data analytics or you want to be the best network engineer, you can get really good at those things and make good money.

J.D. Whitlock (cont'd): Or if I was talking to a really sharp, young IT person now, I'd say go do cloud architecture. Get a few certifications and money doing that. So that's the number one thing is, is go get some experience, figure out what you like to do, go get those certifications, and you can have a really nice, have a really nice career doing that. And then if you decide you also like working with people and managing teams or maybe project management or whatever other things like that, they're great. You can do that too. But you don't have to do that. And then, on the health care side, I would just say, when I said at the beginning, my, I never regretted my choice of getting into health care for the reasons I said. It's just awesome to work in an industry where if you do a good job that patients get better and doctors and nurses can do their job and not have to think about the IoT. Now, I'll also say to people, You're not on the pointy end of the spear. You work in IT. If you're a gloryhound, then IT is not the place for you to.

Ed Gaudet: That's right. Especially not cyber either.

J.D. Whitlock: Yeah, exactly. Exactly.

Ed Gaudet: All right. That's terrific. Thank you, JD. This is Ed Gaudet coming from the Risk Never Sleeps Podcast. And remember, if you're on the front lines delivering patient care or protecting patient safety, remember to stay vigilant because Risk Never Sleeps.

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