Podcast Transcript

Risk Never Sleeps
Episode 87
Stephen O'Halloran

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 Steve O'Halloran, the Chief Information Officer at the Dimock Center. And are you a Boston native or?

Stephen O'Halloran: I am. Massachusetts born and raised.

Ed Gaudet: All right. Good. So you're going through this heat wave we're having today?

Stephen O'Halloran: I am. It's very nice, but we all know it will go away, and then it will come back, and it'll go away.

Ed Gaudet: We'll get snow tomorrow.

Stephen O'Halloran: Will come back.

Ed Gaudet: All right. Well, let's start off with, tell our listeners a little bit about your current role and your organization.

Stephen O'Halloran: Sure. So as I said, my name is Steve O'Halloran. I'm the CIO of the Dimock Center. Dimock Center is kind of a unique organization in Roxbury, Mass. It's like a college campus, about ten acres, multiple buildings with three separate lines of business. One: a child and family early education program; two: an inpatient substance abuse rehab program; and third is a federally qualified health center. So it's kind of a serving community needs across the board in different business silos. And then, essentially the fourth area is an administration structure, which is IT, finance, fundraising, facilities, kind of these standard business functions to support all three of those areas. So I'm in my fifth year here. Looking forward to what the future holds.

Ed Gaudet: Okay, great. Do you live in Boston or do you live outside of Boston or?

Stephen O'Halloran: I live in Canton, Mass. So about 12 miles away, but about 90 minutes each way.

Ed Gaudet: I'm on the South Shore.

Stephen O'Halloran: Oh, I grew up in Plymouth, so I know the South Shore.

Ed Gaudet: I was just there. I was at the art center over the weekend.

Stephen O'Halloran: Oh, yeah. Beautiful. America's hometown.

Ed Gaudet: It is. It's great. Great place to live and visit. So how did you get into health care and IT?

Stephen O'Halloran: Sure. So I was probably, like many around here, started out at Meditech for a couple of years, and prior to my time at Meditech, during high school and college, I worked at the hospital in Plymouth in the emergency room, kind of doing a departmental, helping move people around, patient transport. Actually back in the day, put the digital images. I forget the film, right, the film process or take it out of the stainless steel case. Don't put any fingerprints on anything. Take it from the corner. Slot it into the, I don't think what we call it the processor, right? And out comes the film. And then that has to be slid out as the darkroom. So that's how it was done.

Stephen O'Halloran (cont'd): I mean, not too long ago, in 1993, 1994. So it was at Meditech for two years and then had a couple of other software implementation roles, and then kind of got off the road and got married and did the home thing, which is wonderful. And then for 12 years, I was the CIO in the community at Beth Israel Deaconess Medical Center, overseeing it outside of Boston. So during that, different hospitals and physician groups all doing different electronic medical record, installs, consolidation. So that's been my background for the last many years and all the different aspects of technology, business, finance, security, budgeting, problem solving, all that kind of fun stuff.

Ed Gaudet: Excellent, excellent. The word on everyone's lips these days is Change, Change Health. Most people got affected, but not everyone got affected. How did you guys manage?

Stephen O'Halloran: We were not affected too much on the financial end. We have an outsourced billing approach that didn't utilize any change products, which was a great thing for us. We did hear some impact for our electronic prescribing process out of we have eclinicalworks today. I don't think we ever get to the bottom of it, but the short strips interactions was the transactions leave the eclinicalworks to get to the pharmacy, that middleware of Surescripts. Definitely had an impact for a period of time, and it was more of a, we sent it, we have an audit of it being sent, we have an audit of it being received at surescripts but never got to the pharmacy. So there was essentially, over time that got resolved. But what the resolution was, I don't know. But we were impacted for that for a period of time.

Ed Gaudet: Any takeaways, any learnings that, any things you're going to change from that?

Stephen O'Halloran: Yeah, I think what's really important, because we had talked about it at an organizational level is two things. One is the dependency, right? Whether we like it or not, we are dependent on this environment in some way, shape or form or another one, these single points of failure. Maybe it's not a single, maybe it's a double. Maybe we just dodged the bullet because we didn't have that particular platform. But we're dependent on these and it stops the business like we're all dependent on Amazon. If Amazon was to go away, we could get in our car and drive down to CVS to get an Advil or a mouthwash. But it'd be a change because we're so used to that.

Stephen O'Halloran (cont'd): You know, hitting a button and getting an eligibility transaction to come back immediately, or the claim out the door immediately, or the denial back immediately with some of the different standards there; we're used to that. I don't think the entire organization realizes the single points of failure that exist in our ecosystem. The second point of that is great. We realize that. What do we do?

Ed Gaudet: So what do we do?

Stephen O'Halloran: That's a great point. To me, it's just understanding the level of risk, right, which are, you know, we're a smaller place, so we do have single points of failure. What are our alternatives? We are always looking at different ways to go through the eligibility cycle. We're to how to move files around. In some cases, there's not much you can do. Alternatives could be pricier. They could be longer-term contracts. They could work but not have the integration we have today. So to me the key is education and awareness. If you're going to run your business, how are you going to run your business, see patients, collect payments, even something as simple as the cloud-hosted facility system so that I can put a ticket in about a broken window? How are we going to do this if it's not available? And that's a challenge awareness and education. I think it's, for smaller places, there aren't a lot of options as health care has kind of moved and adopted the cloud.

Ed Gaudet: I imagine your business partnerships with legal and risk and internal audit and HR and compliance are all evolving and changing in a positive way because of it.

Stephen O'Halloran: Indeed. Even infrastructure-wise, sometimes these things have to happen for people to be aware, right? We use EKG as a payroll environment, HRS. And we had a Verizon outage and it was a damaged circuit, which never happened, right? But it happened to us a couple months ago. And at the same time, we had a Comcast outage, which sometimes happened. Comcast came back. But our challenge was, in that cloud environment, we did not enable our public-facing IP to come into them through the Comcast circuit. Didn't know, didn't think of that. Guess what? People couldn't put their payroll in. Took a little while of tracking down to say, Wait a minute, we need to have two public-facing IPs for when we do the failover, right?

Stephen O'Halloran (cont'd): One from Verizon and Comcast. That opened up a lot of eyes and people were really aware. And now the concept of either other electronic solutions that I'm going to use a cellular solution, I'm going to use an app more often, or we're just going to simply have to have a device or two throughout the organization that are not dependent on Verizon or Comcast wired. Right? It's just alternatives. How do we, and I think as some of these things happen, the awareness and the education of people and you don't take it for granted is a good thing, because from the IT perspective, we say, you understand, like now we have to find a different way to do things 'cause there are things that are out of our control.

Ed Gaudet: Yeah, it's a motivator for understanding an action, I imagine. If people can't get paid, all of a sudden kind of wake up.

Stephen O'Halloran: Well, especially if everybody's in that boat, including the CIO. ... try to solve this. This is priority number one.

Ed Gaudet: Top of the list.

Stephen O'Halloran: Top of the meat like that.

Ed Gaudet: Like that. Do you think your experience in the Meditech early world of implementations and working at the clinical level, you think it helped you in the CIO role?

Stephen O'Halloran: For sure. I mean, I think the CIO role in my mind is a mile wide and a mile deep, right? You got to know everything about everything. I equate IT to Plinko, like the Price Is Right game, where the, something has to, the project or the technology ... has to end somewhere. In my belief is that ten times out of ten, it ends in IT if there's something that comes up. So from the early days, for me, understanding from a project perspective, there are dependencies on my particular area, but also business here, business here, business here. And that is further exacerbated with more projects where, you know, it's not just a computer system or a software product; it's technical; it's budget; it's security; it's compliance; it's external factors we have no control over; it's patient behavior.

Stephen O'Halloran (cont'd): We talk a lot about psychology. What is the psychology of people and how they do certain things? And you know, that solution might not make a lot of sense. So certainly, my time at Meditech helped me expose to that area because it was a great experience for a couple of years.

Ed Gaudet: How important is that empathy muscle over time?

Stephen O'Halloran: Yeah, I think it grows as both as you get older, for sure, and then as you get more experience, right? The person who's just trying to do something and the technology, for whatever reason, isn't able to do that. And it could be their fault because they forget their password and they don't have the right, or it could not be their appointed position. Right? They're set up to not succeed, and it's not their fault they came into an environment and they had a challenge. So empathy, yeah, what are we trying to do? How can we help? And a lot of times that help isn't just I'm going to turn it on or turn it off. It's going to be, Alright, we got to get a new account, a new user form set up. You got to sign this. We have to enable this. We have to add you to this bucket. We have to train you empathetically 1,000%. How do we help you succeed? And that's really where I think we have to see IT. How do we make the business, the patients, the providers succeed?

Ed Gaudet: Yeah. And it wasn't too long ago where IT was sort of relegated to an outside trailer or in the basement next to morgue services. Right? So to your point, the reliance now on technology is so prolific. And I think people realize that it goes hand in hand with the business process. You can't have one without the other.

Stephen O'Halloran: I try and bark that to or incorporate that into all my dialogue ... which is, This is the plot, this is the common denominator. We can work together on what some variables might be: staffing, budgets, scope, whatever. But we have to use this system, we have to understand how this works. And there aren't any alternatives, right? We're not going to go, Oh, we don't like the way that ribbon on the top of the cloud-hosted environment. We're going to go and move it and go somewhere else. No. But listen, at the end of the day, is that really the most important thing? And so what I try and do is put that as the foundation of the problem solve.

Ed Gaudet: Yeah, we might have been able to go backwards, you know, a decade ago, but now forget it.

Stephen O'Halloran: No, no, especially with the concept of the cloud, right? With the cloud vendors and the credit card. Credit card, right? And you just subscription it's X amount a month. And you know what some, I've run into here and I've had to just kind of get involved with a bit the shadow IT. Right? I get credit card, I get a subscription. And it's not necessarily that it's $1 million or it's. It's now an exposure. It's an outreach. Something's happening. There may be certainly consumer info, maybe ..., I don't know, don't have any contract. But you know what? The vendor is getting paid. And the key thing I think is finding those out and educating people because we're not going to stop this or that or the company credit card making its way around. It's how do we educate people to have the conversation? Let's talk about it first. What are you trying to do?

Ed Gaudet: What are some tips for folks to identify the scope of shadow IT within an organization? Are there any tips that you've learned over the years?

Stephen O'Halloran: Just become best friends with the finance department. Right? Because at the end of the day, somebody is going to either ask for payment or a bill is going to come through in the snail mail, or a bill is going to come through by email. And if the accounting department, maybe, you know, whoever's paying the bills, it may be an organization where, hey, it's got an IT footprint. I can figure out I'm just paying, I'm paying, I'm paying it. How do we head that off? Unfortunately, that's maybe after something may have happened. But that's the first thing. Second point is go higher up in the food chain with the CFO, which is our accounting manager or whatever, which is if somebody comes to you on a new project that's net new, let's just have a conversation for five minutes. You know, a lot of times, things get done. And oh, I should have called IT. Oh well, yeah, you should have. And then most of the point, and this is the hardest one for us, education to people. We're here to help. But let's just have the conversation. Let's talk in an outreach; walking around, management by walking, relationships with leaders and people. Hey, just talk. And I did have somebody actually brought it up. Somebody called me in the middle of a meeting and said, Hey, we have our copier vendor here. They're looking to replace some copier. Should we have a conversation? Yep, came right down.

Stephen O'Halloran (cont'd): We talked about it because as they pull out a copier a and putting copier b can be in the OIP. What images are on that hard drive? Are we doing document management? Are they storing anything? And I think that just kind of grows as more of these things.

Ed Gaudet: Copiers aren't copiers any longer.

Stephen O'Halloran: They are most certainly not. And that's a great point about I don't think everybody in a business realizes that every single solitary item, right, is an image on that hard drive. And where that hard drive goes, when it goes out the door.

Ed Gaudet: All bets are off at that point.

Stephen O'Halloran: Right. Like if you're photocopy your, you know, merger and acquisition legal documents, and your brother works at Konica and you know, these things happen. Our job: do our best to try and prevent it.

Ed Gaudet: Yeah, yeah. And especially I assume those purchases that come in through the personal expense category, right? They get buried and they come in through the credit card reimbursement process. Right? How do you find those?

Stephen O'Halloran: It's not easy. Really just education and conversations with the people in the accounting department. The other aspect of this that I like to do is take all of IT from a budget perspective. Anything and everything related to IT: subscriptions, computers, personal cell phones, iPad wireless, Comcast bills, large vendor contracts, small vendor contract whatever; point everything in it so that it doesn't fall into a budget that might be over here that isn't reviewed each month. And from an accounting perspective, we should be able to say one: I hit a button; I know what my spend is. Two: not only do I know the amount, but I know the mix, right? I know every vendor in there and I know the amounts. And if this is new, Oh, I don't recognize that. That's just somebody doing business as doing something I found on Instagram. So you know. Hold on, now we're going to talk about this.

Ed Gaudet: Yeah. Those are really great points. You know as you look out over the next 12 to 24 months; what are your top three strategic priorities?

Stephen O'Halloran: Top three. So first one we're actually where we are it's really exciting. We're opening a retail pharmacy, which is kind of interesting because there are both financial opportunities and community opportunities to essentially build a better mousetrap. So we're partnering with a local organization. We're going to implement our own retail pharmacy. So that's a huge all-new technology footprint, a new retail pharmacy application, a new telephony integration with the phone automation, text reminders; huge milestone, huge project, great for the organization, great for the community. Secondly, we're implementing an EMR in our inpatient rehabilitation area, which again great for the community, great for the organization. Cloud environments. Scale it up using our existing authentication methods. That's going to be great because it'll now give us great real-time data, heads in beds, real analytic ability, our revenue cycle will be part of that. Real, it's the right thing to do for the business. So that's a huge thing. Third is optimizing what we have for our existing EMR Eclinical works. Adding more product, upgrading foundational servers, faxing bars, database environments, our reporting server, these kind of foundational type things that we have control over, and managing those for the best of the organization. That's what we know today at 121. Let's see what rolls in in an hour.

Ed Gaudet: Are you affiliated with any of the local systems at all or?

Stephen O'Halloran: Yeah, we're affiliated with Beth Israel Deaconess. Now, Beth Israel Lahey, also with Children's Hospital and Boston Medical Center, where we are. And two of those three are moving to Epic on June 1st. Yes. So for us, we have some integration points, that couple of interfaces, we have a web viewer; that'll be a transitional effort for us as our providers go through and have a new way to look at clinical info from a remote environment, a new way to order, a new way to do referrals. So even though it's not us going through this, we're impacted, and times two for children's as well.

Ed Gaudet: Have you thought about moving to Community Connect or?

Stephen O'Halloran: We've talked a lot about it. I think like every organization or smaller organization or health center, it's a tremendous effort. It's a tremendous expense, and it's a tremendous ROI kind of validation, if you will. Right? Is that worth the squeeze? Is it worth that effort? And what do we get out of it if we're going to, as an example, triple our operational budget? You know, do we make that back in time? I think our challenge is going to be probably like the Betamax VCR argument, you know, 40 years ago, we're going to be surrounded, and it's going to become a condition of keeping the doors.

Ed Gaudet: Yeah, at some point with so many endpoints, you may just have to move altogether.

Stephen O'Halloran: Like nobody, you know, in 1987 there were no more Betamax tapes.

Ed Gaudet: That's right.

Stephen O'Halloran: So you go to Blockbusters, it's just all VHS. So you're like, Well, I guess I got to buy a VHS, VCR.

Ed Gaudet: I love Blockbuster.

Stephen O'Halloran: Yeah, there's one left, I think. Right?

Ed Gaudet: I still spin vinyls. I think there is actually.

Stephen O'Halloran: There is. It's in bend, Oregon.

Ed Gaudet: Yeah, yeah, that makes sense. So what keeps you up at night?

Stephen O'Halloran: I think probably the biggest thing that keeps me up at night: the unknown. That unknown could be quantified into projects that are not known, the security aspects or environments that are unknown because either they haven't happened yet or they have happened; we haven't discovered them yet. Unknowns with people and staff.

Stephen O'Halloran (cont'd): You hope everybody's doing well because they're, you know, the teams really run the organizations. It's the unknown. And the hard part, I think, for any leader is validating the unknown and accepting it. Right? It's an unknown. Like we don't know what tomorrow is going to bring, but we can plan for it and we can tee that up. So the unknowns are really important to just kind of accept and deal with.

Ed Gaudet: Outside of your day job, what are you most passionate about? What would you be doing if you weren't doing this job?

Stephen O'Halloran: Sure. Kids and family; there are a lot of kids sports and supporting the effort at home. We have a two-week trip coming up to Italy and Croatia which will be wonderful

Ed Gaudet: Are you doing the river cruise or?

Stephen O'Halloran: We're doing the, whatever my daughter put together on the itinerary.

Ed Gaudet: Oh, wow. That's exciting.

Stephen O'Halloran: I think we're visiting a couple places, so that'll be great. And then working in the yard and ball with the basketball league at home andca lot of youth sports stuff. And then everything just keeps you busy, right? Your buddy. Yeah, but, you know, it's good. Good balance.

Ed Gaudet: Celtics fan?

Stephen O'Halloran: Love the Celtics. Watch them all. Last night almost fell out of my chair a few times. That shot went in on the baseline by from Jaylen Brown.

Ed Gaudet: I know. I turned it off at one point. And then I'm like I gotta turn it back, I gotta turn it back just before that happened. And I'm so glad I turned it back.

Stephen O'Halloran: It's heart-stopping which is good.

Ed Gaudet: When they win.

Stephen O'Halloran: Exactly

Ed Gaudet: Thursday will be interesting.

Stephen O'Halloran: I'm looking forward to it.

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

Stephen O'Halloran: That's a great question. One of the things that I learned in my time at BIDMC, I worked for John Halamka at BIDMC for 12 years.

Ed Gaudet: You did?

Stephen O'Halloran: I did, yep. Sure did.

Ed Gaudet: ... my company. Yeah, yeah.

Stephen O'Halloran: Oh, mention my name.

Ed Gaudet: I will. Yeah.

Stephen O'Halloran: He's, again, wonderful, great guy. Told me all kinds of stuff. One of the great lines that he highlighted was everything is a process, right? It's a process. So if you have an incident, you have a budget problem, you have a customer, you have a project that you don't have a scope for. It's a process. It's step-by-step. Let's get the base understanding. Let's move forward. I think you learn that over time. And I think that certainly younger being less mature in the business world, the concept of process doesn't really come up and you not necessarily having the comfort and ability to say, I don't know. Wait a second. Let's just understand, how do we do it today?

Stephen O'Halloran (cont'd): Where is our error? Are we in a major problem or are we going to have harm, financial impact, security risk, you know, failure? Let's just cut and not, step two. Step three: Who do we need to have involved? And that's sometimes, in my mind, is I think for any CIO is kind of native. I don't think there are too many CIOs that run around with their hair on fire and, Oh my God, oh my God, we have an update. It didn't work. The server went down, right? Okay, there was an update. It was unplanned for Microsoft. We didn't think it was coming in. We're going to fix it. It's going to be downtime for an hour. Right? And then we're going to resolve that. But after hours going to bring it down again. Look at our update schedule and move ahead process. That's probably the biggest thing I've.

Ed Gaudet: That's great. Yeah. Relentless pursuit of moving ahead.

Stephen O'Halloran: That's a very good line. Staying dormant doesn't help.

Ed Gaudet: No, it doesn't. So this is the Risk Never Sleeps Podcast. I have to ask you this question. What's the riskiest thing you've ever done, Steve?

Stephen O'Halloran: The riskiest thing I've ever done. Can I say something I haven't done yet?

Ed Gaudet: Sure. There are no rules.

Stephen O'Halloran: There are no rules. Honestly, I think the riskiest thing I've done or haven't done yet would be the trip to Europe I just mentioned. I've never been on a long vacation. I've never been to Europe. I don't know what to expect. So I, maybe as a CIO, I think about what could go wrong? Okay, where are the embassies? Okay. Where are the trouble areas in Europe? And are we carrying any risk with actually to be honest in this ...? You know, we're not flying Boeing airplanes. We're flying Airbus which is a good thing I think to some. And just understand. So right off the bat I'm just thinking of those things. So but I haven't done anything, you know.

Ed Gaudet: No, I hope you let yourself have a good time.

Stephen O'Halloran: I hope so, I hope so. No bungee jumping.

Ed Gaudet: Don't do that. Right. Well, if you get to the Amalfi Coast, you'll be walking a lot. So up and down.

Stephen O'Halloran: That's okay. It's good exercise.

Ed Gaudet: All right. Excellent. You're on a desert island. You can bring five records or movies with you. What would they be?

Stephen O'Halloran: Oh, great question. So maybe a combination. So certainly Raiders of the Lost Ark is a movie. Certainly The Fugitive. Another one of my favorites. Another movie I truly love is The Hunt for Red October, I think is a wonderful movie. Really great. Music: I love LED Zeppelin, love the Rolling Stones, Dave Matthews; couple albums there.

Ed Gaudet: I'll be having my album. You could be on my album. You can be on my island.

Stephen O'Halloran: Great. Shawshank Redemption, we just put it in. All good stuff.

Ed Gaudet: Awesome. All right, last question. What advice do you have for young professionals that are looking to break into health care and, or IT?

Stephen O'Halloran: Sure. Great question. Open mind. Well, I have a couple of younger staff here. Sometimes the hard part is keeping open mind with possibilities. And even if it's no, that's okay. As long as we agree on no or we understand what could be after no, it's okay. Right? Because it's not necessarily, Everything is going to be successful. But let's just understand. Keep the open mind to say, You don't have to solve everything right now. Let's understand. Let's talk to other people. Let's measure five times, cut once. That's really important thing on my mind. The other thing I think in the health care end is being able to say no. And that's probably a technology or any business thing in a leadership role, which is maybe it's not a good time for us to, you know, replace the core network switch, but let's not do it right now.

Stephen O'Halloran (cont'd): Oh, but, you know, we have some money. Yeah, but we have for other projects. Let's say no right now, but let's commit to get those other things done. And we're going to plan for this in the fall. And then, but also we're going to tee up the runway, which is so saying no, having an open mind. And I think a lot of that. And then the confidence, right? You have to have confidence that you'll get through it. We'll get through what the problem is. We'll get through it. We'll figure out, work together.

Ed Gaudet: Excellent, excellent. Well, thank you, Steve, this is Ed Gaudet from the Risk Never Sleeps podcast. And if you're on the front lines protecting patient safety and care delivery, remember to stay vigilant because Risk Never Sleeps.

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