



Podcast Transcript

# Risk Never Sleeps

## Episode 89

### Inderpal Kohli

**Intro/ Outro:** Welcome to Risk Never Sleeps, where we meet and get to know the people delivering patient care and protecting patient safety. I'm your host, Ed Gaudet.

**Ed Gaudet:** Welcome to the Risk Never Sleeps Podcast, in which we learn about the people who 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 Inder Kohli, Vice President and Chief Information Officer, CIO at Englewood Hospital. Welcome, Inder.

**Inderpal Kohli:** Thank you. Thank you for having me.

**Ed Gaudet:** Yeah, you bet. It's good to see you. So tell us a little bit about your current role in your organization and your health system.

**Inderpal Kohli:** Sure. I am a vice president and chief information officer at Englewood Health. My primary role is to align our lead and all hospital technology initiatives with the organization's strategic priorities. I cover all things IT, telecommunications, and biomedical engineering. I also have a big role in our digital transformation strategy and execution and now all the generative AI-based tools and solutions.

**Ed Gaudet:** Excellent. We're going to talk a lot about all of those things.

**Ed Gaudet (cont'd):** How did you get into healthcare IT?

**Inderpal Kohli:** Oh, that is interesting. I started that journey over 22 years ago as a background. I have a hardcore technology professional engineering degree, and I started my career as a software engineer, working mostly in the banking and financial industry. And then, yeah, I think 22 or 23 years ago, I accidentally landed into a Silva and Columbia University Medical Center with an opportunity and was fascinated by really the cutting-edge informatics research and solutions that were going on there. I was lucky to learn the best ways to conduct informatics research. That was my first foray into learning how the research and informatics solutions go from what you call bench to bedside because we work very closely with New York-Presbyterian Hospital and deliver our solutions there. So right then, within a few years of that, I decided to stay in healthcare and stay in healthcare technology. From there, I switched over to a hospital for special surgery in New York. That was a role that gave me the option and privilege of implementing and managing technology solutions, charts, imaging technology, device integration, and data analytics. But what it gave me was an ability to impact patient care directly because now I am in a part where I take a solution and take it across the whole life cycle and deploy it for our clinicians and want to see an outcome delivered out of it, and had that front row seat of doing that.

**Ed Gaudet:** That direct connection to patient care is exhilarating.

**Inderpal Kohli:** Believe me, initially, early on in my career, I realized how technology could profoundly impact our patient care. We don't work with patients directly, but we work with clinicians who are taking care of patients, and that is very impactful. But as I say, the rest is history. But Columbia and HSS gave me a very solid background to prepare me for my current role, where I utilize all my learning, all my training, and all my experience now to manage all aspects of it.

**Ed Gaudet:** Yeah. So, you mentioned digital transformation. What are some of the projects, and what are your initiatives over the next 24 months?



**Inderpal Kohli:** About a couple of years ago, and after I started with AngloGold, we started our comprehensive digital transformation strategy because we were, like every other organization, being bombarded by vendors and solutions to solve one thing at a time. But we weren't the leadership. We took a step back. We said, let's look at a holistic strategy. So we went through a whole execution or planning and strategizing of a digital transformation. And we developed a short term for the next two and long term, 3 to 5 years also. And so we started a pretty obvious what you say, usual suspects here because the first and foremost becomes your patient engagement. We talk about where reaching patients is concerned, how they want to be communicated with, how they want to engage with their own care, and how they want to engage with the health system. The digital front door becomes a part of it. And then several tools within that proactive communication, actionable communication, running campaigns and trying to close the care gaps with them, and then responding and interacting with the health system. And then the second piece of it is now we are a large hospital network, health system network, 600 providers, 100 plus physical locations where our care is extended to the community, and we are across all specialties, a large primary care base, but also cardiology, endoscopy, orthopedics, all specialties here. So, we are in the best position to offer that clinically integrated care to observation. So, really, the other step we took is yes, we make it easy for you to come and seek services with us.

**Inderpal Kohli:** We hope you have a good experience with it. Now, once you're with us, we can make it even better. If you need follow-up care, let's connect you with that internal special specialist, set up appointments, referral management, and all those things to make it easy for the patient to seek care. And the third aspect was when you're not with us. Once you are not with our four figurative walls or one of our locations, how can we keep checking on you and monitor you when you're not within our four walls or at your home? So remote patient monitoring is one example, but that's just one technology example. The larger example is of chronic care management or congestive heart failure programs, where we have an ability, a care coaching in the play. And then, soon after we finished our digital strategy, just around the same time, ChatGPT became the most common buzzword around, and we were nimble enough that we were able to add some of the generative AI functions as part of our strategy. And I'm not saying strategy is part of our plan right now in execution. So those are the initial focus areas. As we finish this and mature, there are other ways to look at it.

**Inderpal Kohli (cont'd):** More advanced data analytics strategy, hospital home, something we're looking at right now but could be part of our long-term strategy. But one plan is to make it a living at a working document. Yes, that was our starting point. But as things have come up, as we have learned new things, we have adapted our program.

**Ed Gaudet:** Yeah, that makes sense. How did your cybersecurity program change with all of those adjustments that you were making at the strategic level?

**Inderpal Kohli:** That's a question I need to think for a minute about, because cybersecurity, I can talk for a long time, and that's just in parallel to the digital strategy, also. Developed by our comprehensive cybersecurity program space program's initial two-year roadmap, which is ending this year. And then we go to the next level. Your question is, how does it change? So I will say the one way for everything else I deliver through my organization is digital transformation, which doesn't change much, except now we're dealing more with patients. Okay. So, the one thing I would say is that anything we share with patients was already covered as part of my cyber defenses. So, the data is obtained through an authorized portal through two-factor authentication. All that is there. The area that we are now dealing with patients is proactive and actionable communications. And then one of the things is whether it's a text message or an email message. The guardrails are still the same. We're not sharing Phi through any non-secure means, but we are enabling patients to interact with the health system and self-schedule appointments. But all that is still sitting outside of my firewall, so to say. Does it make sense?

**Ed Gaudet:** It does. Yeah. That's great.

**Inderpal Kohli:** The element that got added here is that patients are now more engaged in their care. And for them to be more engaged in their care, they need to have access to that information. And I would say that 80% of that did have to change because access to information was always there and always available to them securely.

**Ed Gaudet:** Yeah. That's great. And then you mentioned AI; what are you looking at, three years?

**Ed Gaudet (cont'd):** I mean, are you starting to plan out a couple of years down the road, how you'll bring AI in, and how will your governance strategies change or evolve to handle that?

**Inderpal Kohli:** That's a very good question, especially the second part of it. A lot of people don't talk about that. So I would say, first and foremost, we are a health system, but we are not a large academic multi-facility health system. Whatever we're going in strategy with AI, we are not the ones who are going to develop our large language models and put money into research and try to figure out what works for us. Our strategy is working with our vendor partners. Epic is a wonderful major vendor for EMR. So, one thing I will add is that we have a single patient record and a single network across all of our locations and all of our users. So it's the same experience across. So, our strategy was to look at the products to meet our needs. It's not shiny, two things. And I think most organizations have gotten to that point. Now, let's find the problems we need to solve and how best to solve them. So we forwarded I as part of our digital transformation strategy because that's where many AI functions were initially coming around patient engagement and clinician efficiency. And I would also add and you were well aware of it, that AI has been there in our environment for many years. I've been using AI cybersecurity and infrastructure tools for a lot of years. An incredible product. But all these buzzes that are generative AI, rightfully so. Our strategy is to see how we can interact with our patients and offer them some self-capabilities. Virtual agents no longer call chatbot gen AI-based virtual agents, initially giving you information. And then, of course, the next step we want to make for that is or proceed with it is a self-service model where you allow patients to do some of those scheduling and self-services.

**Inderpal Kohli:** But then that's our plan. That's what we're evaluating. The thing we are implementing right now is an ambient charting solution for our physicians. Is going live next week as a pilot, a large pilot. To ease up some of the physician burdens, and decrease patient engagement in basket management, Epic has brought on their tools, which create a draft response for an in-basket message, and physicians are inundated with in-basket messages. Again, this is the downside of increased patient engagement. There is a lot of chatter. So we try to create some efficiency tools. We are looking at solutions for our contact center where, again, the first layer could be a generative AI-based virtual agent and then transfer to a live agent.



**Inderpal Kohli (cont'd):** We are looking at solutions for the revenue cycle side with the denials management, whether letter generation or all of those. And some of it is, to be honest, a combination of RPA and AI, but it's really the value of the ability to synthesize large amounts of data within a patient chart. Or on that mention. Something we are exploring as a data pilot is a physician note summary. So physicians overseeing the patient, can go back and summarize the last 30 notes, not possible in the short appointment timeframe for a physician, but something for them to really bubble up at the top. This is what's going on with your patient, and this is what you want on top.

**Ed Gaudet:** And I love that approach to that use case approach where you're not just jumping in; you're being a lot more prescriptive about how you're going to apply AI into your organization. I think that's a smart way.

**Inderpal Kohli:** And I will add that we are one step further into it once they deploy a solution. We have very strict KPIs, which we track to ensure that usage ROI, not necessarily the actual money coming out of whatever the return we expect out of this investment, is being tracked and the usage is conforming to what our business plan was a part of. It is as an organization that's where we are. We want to be we definitely want to be at the forefront, and we want to be very careful about where we prioritize in invest so we reap the maximum benefits for patients and clinicians.

**Ed Gaudet:** Excellent. You have a lot on your plate and a lot to worry about. What keeps you up at night these days?

**Inderpal Kohli:** Can I not say cybersecurity?

**Ed Gaudet:** Sure.

**Inderpal Kohli:** That's number one, right? That's front and foremost for me because, in the end, I think the essential part you 80% of the work we do is not sexy. It's not what we go and talk about in talks and conferences and all. But that's the most essential work.



**Inderpal Kohli (cont'd):** And honestly, that's what probably keeps up all at night that my system is running the run part of my organization, my infrastructure is running efficiently, my infrastructure is resilient. I spend a lot of time making sure that happens. Proactive monitoring of our infrastructure and the entire cybersecurity program. That's one program I can just anytime in the middle of the night, you wake me up and I can tell you the 12 things you're tracking on that program and then make sure really the so your run part is moving out. And their application, as well as the investment we have made already. Are we maximizing it? Because I just talked about deploying is one thing. Getting its usage out is the most valuable thing. These are. This is what comprises 80% of what I do all day. Right? Aligning things and then the remaining 20% is all the exciting stuff we want to do, whether digital transformation, regenerative AI, or a new cybersecurity tool. But what keeps me up is that making sure this run path is smooth, and I'm also able to meet the growth requirements of the organization. Yeah, and I need to keep track to scale my products and services.

**Ed Gaudet:** Having that strong foundation is critical. I was talking to Dirk Stefano the other day, and he said that he's got this concept of Maslow's hierarchy of needs, where the foundation is critical to that pyramid. Without that, it's hard to focus on the top or tip of the pyramid.

**Inderpal Kohli:** As we will soon find out, with all the generative AI, it is really sitting on a foundation of good, clean, mineable data. Our data is not large language model data because, yes, it gets trained on a good model. That's great. But then the outcomes or the value will derive will be based on other data.

**Ed Gaudet:** That's right. That's where the value is long-term for AI anyway. The proprietary data set.

**Inderpal Kohli:** And essentially. So what we are doing right now is, is relatively low risk. And I will not call low-hanging fruit relatively low risk. We are offering some self-serve capabilities. We are offering clinicians and efficiency tools. But it's still not impacting clinical decisions and point-of-care. So I think next five to 7 to 8 years we will see that shift. And that's where the gen AI will have its most value, where it's again based on the data, your source of truth that is going to recommend in the US, definitely strongly recommend.



**Inderpal Kohli (cont'd):** Other countries may go beyond that point of care clinical decision.

**Ed Gaudet:** And those guardrails have to be there.

**Inderpal Kohli:** Because yes, I remember I never answered your gen AI governance question. So we again, because we are an organization where we say we are going to develop our own model. So, our AI governance is not like an academic medical center, but it's more around that every physician and every leader is being bombarded with this tool. So we have set up a multi-layer governance here, a small informatics and IT team looking at a solution and validating whether there is a value for it. And once the tool and proven a value that we bring it to our IT governance team or digital governance, we are there's an overlap, but they are still separate governance, where we get it prioritized. And then if there's a business case for it that's presented, if the KPIs that those are agreed to, that has been our model. One of the AI tools we implemented was in the HCC coding space. We are actually in listening mode right now, and next week we're going to flip it to our actual production mode after getting it up. It followed the same process. Small teams evaluated our IT governance with and say IT governance and operational teams getting together, agreeing to the value of it, agreeing to the value of the business or the ROI uses, and then deploying in the solution. So our governance is nimble and more focused on vendor solutions, which solve our problems because we're not going the other way around.

**Ed Gaudet:** Yeah, that's great, that's excellent. And that's the right approach. And I often hear that that governance structure that's cross-functional, not only with IT but with the business is so critical to put in place. So outside of healthcare and IT, what are you most passionate about? What would you be doing if you weren't doing this job?

**Inderpal Kohli:** Oh, that's a tricky one for me to answer because I'm a really hardcore IT. This is what I loved all along and I can't think of doing any other job. I will always be associated with something with technology. That is my passion.

**Ed Gaudet:** How about hobbies? Do you have any hobbies that are?



**Inderpal Kohli:** Yes, definitely. As you may know, being in this role consumes you for the better part of the week, but definitely right. I have a relatively young family spending time with kids, their activities, dinners out, and all that. I definitely also enjoy being a member of a congregation, so we get that spiritual connection with my peers. Community service is really valuable because that is, I think that keeps me centered and keeps us focused here. So that's definitely part of my weekly routine. I love gardening, I think there's something about digging a soil and planting something and watching it grow. This kind of slows down the whole perspective of things. And so I think these are the good things to clear your mind. Occasional golf I will not call myself an avid golfer, but the occasional here or there, and concentrating on that small ball also is a good distraction and focus. Overall, that's what I would say. I don't have any crazy skydiving kind-of hobbies or something.

**Ed Gaudet:** What type of gardening do you do?

**Inderpal Kohli:** I just want to be honest: I plant mostly just flowers and the markets. I just don't do the heavy lifting part of the weekly maintenance stuff, thankfully, so it's that nice. I do like planting, definitely planting flowers in spring and summer and taking care of them.

**Ed Gaudet:** Excellent. Yeah, I do a little bit of gardening myself, mostly flowers. I love that if you could go back in time, what would you tell your 20-year-old self?

**Inderpal Kohli:** Oh, I think I will. As I said, I was a hardcore technology person, and sometimes you think technology's everything. This new product, a solution, or a project you're deploying is everything. But I will go back and tell my younger self it's about the outcomes. Your technologies should exist to solve a problem or help develop or help with a function that needs to be an outcome for it. Back then, I don't think I had that keen awareness of how will this be used? And user experience is always something that all of us got criticism for and maybe still get it. And you have to do more awareness, because I would say until I moved into healthcare, I didn't have a good knowledge of what user experience means because when the financial industry was very different, the vice president comes and tells, this is our trading system we're going to use and everyone gets trained and use it. Nobody bought the workflows, artworks in the workflow, and regular.

**Inderpal Kohli (cont'd):** So that was, you know, that slowed it down for me, like a project which would otherwise be delivered in six months may take 18 months here, but for the right reason. Technology is not everything yet. Technology is one of the tools for clinicians to take care of the patient. So that's what I will tell the other piece I think I will say is communication, effective communication. Again, I have learned over the years, I have learned with some formal education. But if you can communicate effectively to all stakeholders, that's the best tool to have. Best skill to have.

**Ed Gaudet:** Yeah, that's so important. I would be remiss if I didn't ask you this question. This is the Risk Never Sleeps Podcast. Yeah. And what's the riskiest thing you've ever done? I know you haven't been skydiving. You mentioned that already. How about whitewater rafting or those?

**Inderpal Kohli:** Things I've done, those things I've done now. But those are calculated risks. Unfortunately, I cannot say that at work. I have done it at a big risk with a project. Yes, there's always that risk. But then you have a plan around it. You say this is again more personal. I went back to school after a gap of nine years and that was my first formal education in this country. My undergrad was in India. So that change, along with a full-time job with an already two-hour one-way commute into Manhattan as part of my job. And then we were expecting our first child. So, all these combinations were risky, in a way, to start at that time. And to make it worse, I told everyone that I'm pursuing a master's from Columbia and then I can't back off.

**Ed Gaudet:** That's right. Once you put it out there you make it.

**Inderpal Kohli:** And she told me, if you ever have any doubt, put it out there.

**Ed Gaudet:** That's right.

**Inderpal Kohli:** It was risky at that time. But it's something that has been an immensely rewarding experience. While I was pursuing that degree, but also since then. Also, it's just the communication, the peer group you make, the connections you make, and the learning from the discussion. I think first six months I was wondering what did I get in?

**Ed Gaudet:** I love this question. This is a little off the beaten path, but if you were on a desert island, what five movies or record albums would you bring with you?

**Inderpal Kohli:** So now it's an era of streaming and seasons.

**Ed Gaudet:** I know.

**Inderpal Kohli:** Do all seasons of Breaking Bad still count as one?

**Ed Gaudet:** Yeah. That's good. I like Breaking Bad. Yeah. It's good.

**Inderpal Kohli:** I love it. Yeah.

**Ed Gaudet:** You could take all of those.

**Inderpal Kohli:** Yeah, I'll take that. Among the movies, I think the first one that always shows up on my radar is A Few Good Men. I just love that great movie. I love listening to this particular brand of music which originated from India. It's called ghazals. There's a poet from, I think, late 19th century, Mirza Ghalib. His compositions have been recorded by various artists. I love listening, so maybe I'll take that.

**Ed Gaudet:** Yeah. Would you send me a link to that? Sure. Yeah, I would love to. I actually.

**Inderpal Kohli:** It's a little intense, I can tell you that.

**Ed Gaudet:** It's okay. I love all forms of music, and I actually write poetry.

**Speaker3:** Oh, excellent.

**Ed Gaudet:** I would love to. I would love to listen to that. Yeah. Excellent. The hardest lesson in your career?

**Inderpal Kohli:** Hardest lesson is I think a famous president once said trust but verify. I have been in situations where I'm accountable for a delivery and I'm counting on someone else to deliver that. And when the time came, there was no there. So since then, I just tried to validate more than just count on yes, it's being done. Yeah, because that wasn't the best situation for me on a certain day not to show up at the deliverable.

**Ed Gaudet:** No. Those failures, though, are so important to the development of one's career. And thank you for sharing that. What advice to young professionals that want to come into health care or come into IT or cyber, would you give them?

**Inderpal Kohli:** One advice will be the same as what I gave to my younger self: as you launch into technology, think about how it will benefit your potential users of technology. Either it's solving a problem or it's fulfilling a function. And how does it make life better for what you're solving for? So it's very hard for a young person who starts in the field of technology to really comprehend that. How will this Java program or whatever program and writing will help someone, right? So that's definitely one in someone starting in cyber, I would guide them on one thing cyber professionals take great pride in their tools, and how well they can shore up our defenses, and tackle any risks, which is great. We need that. But always think about tools is just maybe 40% of what cyber is. The remaining 40% is the process and methodology around it. So, how is a tool utilized, and what processes have you put in place to monitor, remediate, and look for anomalies? That's important. And the last 40%, which is the riskiest, is end users. When you're learning, when you're trying to be in this field, of course, you need to be master in your tools, but you always be thinking of deploying from the perspective of the weakest link, which is human beings.

**Inderpal Kohli:** And lastly, to anyone entering healthcare, I would say this, which I firmly believe in. You are here for a larger cause. Half of my team here and half of the team in any healthcare IT organization can work for any industry. Your infrastructure, cybersecurity, desktop, end-user computing all could be, they could be industry agnostic and maybe have a little better quality of life or work-life balance. But we are here for a larger cause. If you enter into healthcare, the most important piece is to connect with the mission of the organization.



**Inderpal Kohli (cont'd):** Once you connect with the mission organization, then you will understand that the technology you're deploying is really benefiting a patient in the end because the clinician is able to better serve that patient, and that connection is very important. I tell my new members who come in from outside healthcare this lesson, to please walk the floors. Please interact with our users, and you will understand how what you deploy is so important. I think that's the number one goal message I have for anyone trying to beat healthcare IT, or planning to be in healthcare IT to just think it's a larger than job mission.

**Ed Gaudet:** Sage advice. Thank you, Inder, for joining the program today. This is Ed Gaudet from the Risk Never Sleeps Podcast. If you are on the front lines protecting patient safety and delivering patient care, remember to stay vigilant because Risk Never Sleeps.

**Intro/ Outro:** Thanks for listening to Risk Never Sleeps for the show notes, resources and more information and how to transform the protection of patient safety, visit us at CENSINET.com. That's c E N S I N E T.com. I'm your host Ed Gaudet, and until next time, stay vigilant because Risk Never Sleeps.



# Censinet RiskOps<sup>™</sup> Demo Request

Do you want to revolutionize the way your healthcare organization manages third-party and enterprise risk while also saving time, money, and increasing data security? It's time for RiskOps.

**SCHEDULE DEMO**