HEALTHCARE IN THE AGE OF PERSONALIZATION®

2023 EXECUTIVE SUMMARY

GLLG®

LEADERSHIP
IN THE AGE OF
PERSONALIZATION®

GLLG press

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"I can't trust a sick system to make me healthy."

- Kayla Redig, Patient Advocate

Introduction

Imagine getting a troubling health diagnosis. You're suddenly facing a life that looks nothing like you'd planned it. Your treatments will disrupt your routines. You won't feel as energetic as you used to. You might not even be able to continue doing the work you've done for years.

Some people in this situation will tackle the new challenge with urgency. They'll do the treatments, make the changes and adapt to their new realities. Other people will deny the diagnosis and won't be willing to fight the disease because they don't want to disrupt the life they've become comfortable with. They continue as-is, thinking they're maintaining a status quo that they find acceptable.

But what they don't see is that the disease is already changing that status quo for them. Rather than create the opportunity to shape their new reality themselves, they are surrendering influence over their future by not accepting what's really happening.

This is where the entire healthcare industry is today.

Experts are Predicting Doomsday for U.S. Healthcare

More people need care as our population skews older (the 65+ group was the fastest growing age group between 2010 and 2021, with its population increasing 38%).

The Association of American Medical Colleges estimates that the United States could see a shortage of between 54,100 and 139,000 physicians by 2033 (including shortfalls in both primary and specialty care).

Hospitals and urgent care facilities are already losing millions of dollars and closing due to staffing shortages. Or, to stay open, many have to depend on temporary staff, which triples costs. That is not a resilient system.

Healthcare in the Age of Personalization® Virtual Conference

In May 2023, top healthcare leaders gathered virtually for a two-day summit to address these urgent trends. Thirty-two thought-provoking speakers participated in keynotes and panel discussions covering topics such as patient centricity, consumerism in healthcare, data analysis, digital transformation, inclusive patient care systems, and population health management.

The summit opened with insights from Wall Street analyst Nik Modi, from RBC Capital Markets

> "Why is a Wall Street analyst who covers consumer products speaking at a healthcare conference? I study consumers, and patients are consumers. We're dealing with actual people that are experiencing all types of enhanced services and goods and technology — from wearables to shopping online, to getting personalized gifts. Think about their level of expectation as they walk into the hospital or they walk in and have a visit with a nurse. Providers must engage with the communities they serve in much more preventative ways. And the only way you can actually do that is by understanding the individual."
>
> - Nik Modi, Managing Director at RBC Capital Markets

Personalization is the 'Single Biggest Disruptive Force'

RBC Capital Markets says the balance of power is shifting away from traditional institutions into the hands of individuals, calling this likely "the single biggest disruptive force" ("RBC Imagine: Preparing for Hyperdrive"). We see this power shift when we see empowered healthcare workers simply leaving their jobs after the stresses of the pandemic and due to low pay or other indignities.

We also see this power shift in play with more options for patients, who can increasingly approach healthcare as a consumer with more choices. Also, "advancements in science and technology have enabled the movement of devices to retail shelves that were once exclusive to hospitals, allowing consumers to track a large amount of data on their bodies," as the RBC report puts it.

This level of personalization is a completely different approach for healthcare. Traditionally it's been about what matters to the physician or to the provider. Now organizations are much more dependent on getting to know patients (who are now consumers and have purchasing power) and getting to know employees (who don't feel as if their institutions are actually practicing the missions that they signed up for).

We must either create the opportunity to shape our new reality or surrender ourselves to it.

Welcome to Healthcare in the Age of Personalization.

May 3, 2023

Day 1 of the HAOP Summit was filled with valuable insights and thought-provoking discussions, showcasing the **power of personalized medicine** in transforming the industry. Day 1 of the summit was a remarkable success, featuring engaging discussions and insightful presentations:

The summit commenced with opening remarks, featuring an opening interview with Nik Modi. Attendees had the opportunity to delve into the intersection of **consumerism and healthcare**, exploring **how Wall Street is reacting to the changing landscape.**

1. The **PATIENT ROUNDTABLE DISCUSSION** provided a unique perspective, as cancer survivors and healthcare professionals shared what they wish they knew about patients and how to improve patient engagement and outcomes.

2. The **TRANSFORMATION SESSION** highlighted the importance of embracing change as an opportunity for growth.

3. The **NURSE-PHYSICIAN ROUNDTABLE** emphasized the need to prioritize patient-centric care and navigate the challenges within healthcare delivery.

4. A **PHYSICIAN KEYNOTE** address emphasized the significance of putting the individual before the disease.

5. The day concluded with a **FIRESIDE CHAT** with a Chief Nursing Officer, inspiring attendees to move beyond the status quo and drive positive change in healthcare.

Welcoming Speakers from:

City of Hope

NASH UNC HEALTH CARE

CentraCare

LAC+USC MEDICAL CENTER

VINCIBLE THE DOCUMENTARY

UW Medicine UW SCHOOL OF MEDICINE

MAYO CLINIC

PNC HEALTHCARE

JOHNS HOPKINS SCHOOL of MEDICINE

Colorado State University

RBC Capital Markets

OHSU

May 4, 2023

Day 2 of the HAOP Summit was filled with visionary ideas, inspiring attendees to embrace the transformative power of personalized medicine. Day 2 continued the momentum with a focus on further exploring the frontiers of personalized healthcare:

The day kicked off with an enlightening interview with Dr. Greg Brannon, providing valuable perspectives on the future of healthcare and the role of personalization.

1. An **INCLUSION PANEL DISCUSSION** highlighted the importance of leading inclusion as a growth strategy in healthcare organizations.

2. The **ROUNDTABLE ON CONSUMERISM IN HEALTHCARE** explored strategies for operationalizing consumer-centric approaches to enhance patient experiences.

3. The **HUMAN CAPITAL ROUNDTABLE** offered valuable insights into leading workforce transformation during times of disruption, fostering resilience and adaptability.

4. The **HEALTHCARE LEADERSHIP UNDER 40 ROUNDTABLE** showcased the perspectives of the next generation of leaders, driving innovation and modernization in the industry.

5. Lastly, the **HEALTH TECH ROUNDTABLE** explored how technology is advancing personalized patient care experiences.

Welcoming Speakers from:

Phoenix Children's
RWJBarnabas HEALTH
Valley Health System
BEST BUY
The Outcomes Architect
Caldwell Butler
WHOLE PERSON INDEX
Google
TriStar Southern Hills MEDICAL CENTER
League
Concured.
Cottage Health
HCA Florida Lake City Hospital
UPFRONT
OPTIMAL BIO
TuftsMedicine
City of Hope

What Does Personalization Mean in Healthcare?

It's not that the industry hasn't talked about personalization in the past. But it's never fully embraced what it means for both patients and for employees within healthcare systems. One summit speaker summed it up well:

"It means a lot of things ... from a genetic perspective and response to medication and personalized medicine ... to our mental state and the circumstances that lead to that. It can relate to your social determinants of health. It can relate to your belief systems.

Everything I've mentioned affects outcomes in healthcare. And one of the interesting thing is, when I was in medical school, we learned systems, not individuals. And part of that is just the necessity of imparting so much information that you have to learn to be a doctor. But what I've learned over time is that all those things I've mentioned, genetics, physiology, mental health, social determinants of health, your beliefs — all of this is individuality in healthcare."

- Shaden Marzouk, MD MBA, President at GenesisCare U.S.

Personalization Feels Like a Big Unknown

The unknown produces volatility in our workplaces ("Will I get laid off?"), in the marketplace ("Will my company survive?"), in our personal lives ("Is my future secure?"), and in society ("Is justice possible?").

But it's not the volatility that makes an organization vulnerable. It's an inability to respond to the volatility. So, how do you build a workforce that is ready to respond?

You need:

- People who see the need to respond and who can make the most of opportunity.
- People who know how to unleash themselves and others.
- People who are not afraid of difference or change.
- People who know they matter.

The big mistake leaders make is thinking that this requires change at the level of the individual – to think that it's up to individuals to already have or obtain these qualities. And to a certain extent, that's true. But most organizations are not equipped to allow those qualities to flourish even when their people have them.

In other words: you need people with those qualities (and those qualities can be developed). And you need your organization to get out of their way so people can actually use those qualities.

It Starts with BOTH the Individual AND the Environment Within our Organizations

Your organization is only as resilient as the least-resilient individual in your workforce.

Your most-resilient individual is only as resilient as the organization will let them be.

This report includes insights shared at the summit and offers a roadmap that identifies five key factors that indicate where organizations and individuals could be more inclusive and more open about how they see each other, how they could make more room for people to be and share themselves, how they could give people more flexibility to do more and to explore their possibility.

We look at these factors from the perspective of how individuals lead their teams and departments (The Individual) and also from the perspective of how the organization functions (The Environment).

Barriers to Operationalize Personalization

- **We start off dehumanized:** talking about patients as disease categories instead of individuals who are likely facing the most difficult challenges of their lives.
- **Shifting the culture seems daunting:** breaking decades of attitudes and behaviors that are deeply engrained in our cultures is overwhelming.
- **People resist change:** we've asked our teams to absorb so much change over the last few years; how do we ask for more and sustain those changes?
- **Entrenched systems persist for no good reason:** healthcare is especially guilty of having systems and procedures in place, oftentimes without any rationale other than "that's the way we've always done it".

Roadmap to Personalization

These are five truths about each of us as humans, and throughout the summit and in this report we examine these truths from the perspective of the individual and from the perspective of the environment/organizational culture.

- From Diversity to Inclusion: We have value, we want to be included.
- From Tribal to Human: We are worthy, we want to be seen in our full humanity.
- From Brand Identity to Individual Identities: We are unique, we want to be ourselves.
- From Mission to Contribution: We have experience and insight, we want to do more.
- From Results to Methods: We have ideas, we want to explore our possibility.

Personalization has the potential to dramatically improve health care as we know it. In the following sections, you'll read excerpts from the stories and insights shared by the summit speakers about how we can work together to create a better, more personalized healthcare system.

1. From Diversity to Inclusion: We have value, we want to be included.

Individual: Who do you let in?	**Environment:** How do you create a culture of inclusion?
Make sure individuals can have a voice in their own journeys.	Inclusion takes training.
	Inclusion is also about who you think of partnering with across and within the organization.
Cast a wider net when hiring.	Pre-existing relationships can be obstacles to personalization.
	You won't achieve inclusion without action.

2.

From Tribal to Human: We are worthy, we want to be seen in our full humanity.

Individual: How do you see people?	**Environment:** How do you create a culture that makes room for personalization?
Personalization comes down to what matters to an individual in that moment in time.	Personalization requires a system that makes room for it.
Personalization requires intention.	Personalization requires a system that sees what individuals are going through.
Personalization requires curiosity.	Personalization requires a system that makes it okay to buck the [non-clinical] standard.

3.

From Brand (or Disease) Identity to Individual Identities: We are unique, we want to be ourselves.

Individual: Who do you let people be?	**Environment:** How do you create a culture that balances organizational and personal identities?
Listen to and believe them when people tell you who they are.	Standards are good, AND they can get in the way. Acknowledge the complexity.
Let people personalize how they approach things.	That complexity extends to our teams and our individual differences.
Personalize where and for how long you treat patients.	Be open to changing standards that get in the way.

4.

From Mission to Contribution: We have experience and insight, we want to do more

Individual: What do you let people do?	Environment: How do you create and sustain a culture of collaboration
Let patients co-design their treatment.	Let people co-design the organizational culture.
Let people co-design the way they work.	See each other's professions more clearly.
Personalization requires curiosity.	Train people HOW to collaborate.

5.

From Results to Methods: We have ideas, we want to explore our possibility.

Individual: How do you let people do it	Environment: What do you reward?
Train people on how to be effective leaders.	Choose your metrics wisely.
Expand your definition of whom you need to care for.	Personalization requires investment.
Respect and seek out the expertise of the frontline.	Another important systemic change: policy.
Let people explore their own possibility.	Make sure people know it's not only safe, but also beneficial, to try something new.

1. FROM DIVERSITY TO INCLUSION: WE HAVE VALUE, WE WANT TO BE INCLUDED.

Individual: Who do you let in?
Environment: How do you create a culture of inclusion?

Inclusion is one of the biggest challenges facing us today. There are two main ways we suppress people when it comes to inclusion. First, we don't let outsiders in. Sometimes we know we're being exclusive, but many times we don't even see it because we're simply following the standards that have been in place for years. The second way we exclude applies to people already on the "quote/unquote" inside – we don't seek new or contrary voices. This can be harder to change because it's sometimes much harder to see.

INDIVIDUAL

Make sure individuals can have a voice in their own journeys.

We have value, we want to be included, and individuals need a voice in their own journeys. Quotes extracted from the summit's sessions highlighted the need for patients to have a voice in their journeys, transparency between patients and providers, and leaders connecting with employees. When patients are given a genuine voice and the opportunity to make decisions, they become empowered and better equipped to navigate their healthcare journey.

"I need a voice as a patient. I've been in so many situations where doctors have made mistakes. If somebody would listen to what's going on, and I don't mean look at your computer and type while I answer your questions so you can check the boxes, but only make eye contact with me once."
- *Cindy Finch, LCSW, Heart/Lung Cancer Survivor, Clinical Therapist and Author*

"I needed to be the one making decisions because I would be the one who had to live with the consequences of them. I quickly learned that to have a shot at being able to shape and chart my own journey, I'd really have to resist the urge to be suppressed by the system." - *Kayla Redig, Patient Advocate*

"I believe in radical transparency. I think patients should have access to all of their medical records, but I think that if we're going to open that door, we need to be more willing to teach and willing to have time for conversations. If we are going to provide the records, then we should also be good stewards and guides. And I think that as nurses and doctors, we have not been oriented into the profession in a way that teaches us to be radically transparent. So that is part of the change that I think is needed at all levels in healthcare is to learn to be uncomfortable, but to talk about things. Just providing people with the data seems like it's being patient-centered, but true patient-centeredness would come with teaching." - *Rebekah Marsh, BSN, RN, CCRN at Harborview Medical Center,University of Washington (UW) Medicine*

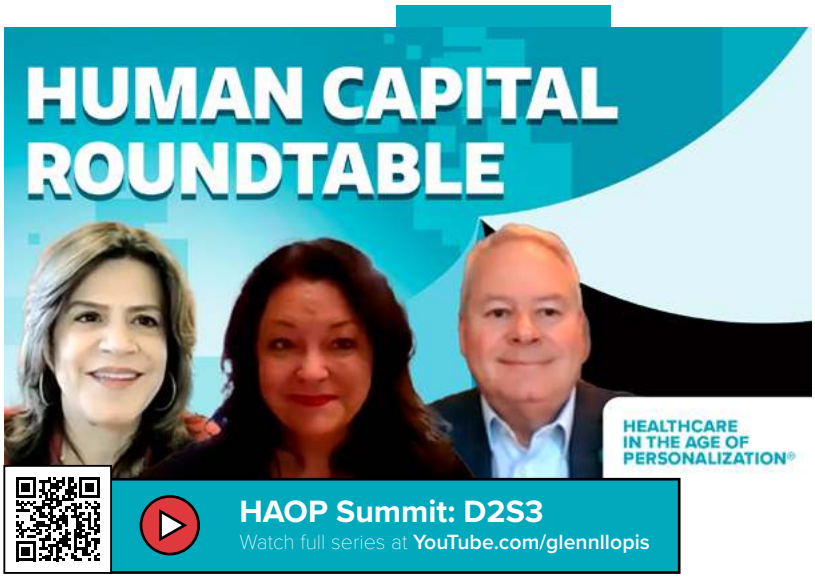
"Leaders are going to have to have the versatility and the agility to be able to connect and work with anyone and have a genuine care for those who have a different background. The only way leaders can do that is really being able to walk in their employee's shoes, but also to take a deep dive to understand what they're coming from and why they're coming from that perspective."

- Sam Boadi, Chief Operating Officer at HCA Florida Lake City Hospital

Cast a wider net when hiring.

The HAOP Summit emphasized the importance of casting a wider net when hiring, as evidenced by quotes from Bernadette Finken (Best Buy), Kety Duron (Phoenix Children's Hospital), and Gyasi Chisley (PNC Healthcare). They discussed the evolving role of recruiters, prioritizing candidate experience, and finding talent outside traditional healthcare backgrounds. By adopting these strategies, organizations can foster a more diverse workforce and adapt to the age of personalization in healthcare.

"Back up five years and recruiters were much more order takers. There's a hiring need, we take your order, here's the skills we need, we're gonna go fill that order. It's so much more complex right now in today's talent market. So [hiring managers take on] much more of an advisory role, a consultative role with that hiring leader. Tell me more. What does your team look like? What skill gaps do you have? What's the diversity of experience on the team? Is this a skill that could be trained on the job versus absolutely required? Because if this skill could be trained on the job, it opens up your talent pool and we have a bigger population we can go after." *- Bernadette Finken, Head of Talent Acquisition, US, Best Buy*



"We're constantly being evaluated by our candidates. They're receiving calls from competitors. We need to move quickly, we need to treat them with respect. So let's get there in front of them. Let's be the first to do that."
- Kety Duron, Senior Vice President and Chief Human Resources Officer at Phoenix Children's Hospital

"When I was in running hospitals as president and CEO, one of the things I prided myself on was finding talent in different places, outside of healthcare. Not being afraid to take chances on people does a lot of things. Number one, it demonstrates to your leadership and your peers that you are willing to do whatever it takes to deliver high-quality patient care. Two, for everybody who's looking at your leadership style, it [shows] that you have the capabilities and the chops and the vulnerability to actually be different. And I think that's what's required in the age of personalization." *- Gyasi Chisley, Managing Director & Head of Corporate Healthcare at PNC Healthcare*

ENVIRONMENT

Inclusion takes training.

Speakers highlighted the need for training to foster an inclusive environment, they emphasized the importance of embracing diverse opinions, providing opportunities for voices to be heard, and taking action based on these perspectives.

"When you talk about operationalizing inclusion, it's not enough to just hire and say 'we have diversity, we're inclusive.' It's much more than that. You have to really train the organization to be open to different views and use those views. And you have to also train the organization to not reject differences of opinion automatically. A lot of this involves building a team that reflects the diversity of the population that you serve, and giving people the opportunity to voice their ideas and then see those ideas in action. So the first step is inclusion. The next step is really providing that avenue for voices. And the third and very necessary step is to take action based on these diverse opinions and the, that you're purporting to have. It's really nothing without the action."

- Shaden Marzouk, MD MBA, President at GenesisCare U.S.

"It's much easier to have an organization where it's homogenous, where everyone has the same thoughts, where you don't have to think 'we may have conflict here.' But conflict makes us all better. Diversity and inclusion and equity make us all better. What we've heard from people is, 'I don't know how to do that. I don't know how to have these conversations.' And similar to medicine and any other discipline that you're practicing, you have to stretch that muscle. You have to be trained and you have to practice it. It can't be a one-time training in cultural humility that we then forget about. It has to be interactive training that's ongoing, that you get to practice and you get to fail it. I think we learn our best lessons when we fail."

- DeAnna Minus-Vincent, Managing Director, The Outcomes Architect

Inclusion is also about who you think of partnering with across and within the organization.

Some speakers highlighted the significance of cross-departmental partnerships in promoting inclusion, as illustrated by quotes from Christine Madigan (Tufts Medicine) and Lee Isley (NASH UNC Health Care). They emphasized breaking down silos, such as CMOs collaborating with CIOs or marketing partnering with HR. Moreover, engaging with frontline staff and understanding their challenges can create a stronger organizational culture and inclusive environment.

"I work closely with our HR department. I'm doing recruitment marketing for nurses. We are shooting videos, I'm doing the marketing campaigns. Have I ever done that before? No, I haven't. But it's the number one marketing challenge that we have right now. How can I just walk away and say that that's the role of the HR department? The chief marketing officer should be partnering with the chief information officer. They should be so close because we don't make progress in this industry without digital transformation." *Christine Madigan, Chief Consumer Officer at Tufts Medicine*

"The clinical staff I think sometimes love to put up red lines, whether they're needed or not, so that they keep administration out of the red lines. It felt like there was red lines everywhere. We couldn't go into patient rooms. And I, I really lost touch with the organization and the patients. The staff were fatigued from taking care of patients who were really sick. We were losing staff because of the pandemic. There was illness and sickness inside the workforce. We, the administrative staff, were trying to make sure we had clinicians and that we had the supplies to take care of patients. We were all fatigued. So, as we reemerge, I'm really focused on how I get back out and feel the culture. So one of the personal tactics that I use, which is not unique, is shadowing. Every month I shadow the frontline staff." *Lee Isley, President, Chief Executive Officer at NASH UNC Health Care*

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Pre-existing relationships can be obstacles to personalization.

Tim Alba underscored the potential hindrances that pre-existing relationships can pose to personalization. He highlighted the importance of engaging all levels of leaders and staff in identifying opportunities for change, rather than relying solely on a select few.

"If I were in a three or four different site, three or four different hospitals, and I asked a couple of the senior leaders to identify the most likely managers and directors you have who will excel in this organization — they'll identify their set of three to five. Then I ask: how many projects or activities do you have these folks on? And sure enough, they're on multiple projects or activities — so many that it's actually to the exclusion of others who could potentially participate. [You need] a formal process to engage all leaders, mid-level leaders and frontline staff in identifying opportunities for change and then giving some type of structure resource to support that and, and track it." - *Tim Alba, Partner at Caldwell Butler & Associates*

You won't achieve inclusion without action.

Trevor Brand stressed the importance of taking action to achieve inclusion. He pointed out that while many organizations are hiring chief diversity officers and chief equity officers, concrete action plans are often lacking.

"Across the industry we've seen a big shift in hiring chief diversity officers and chief equity officers. But there's not really an action plan that comes behind it. We have to start requiring that and demanding that." - *Trevor Brand, Chief Operating Officer at City of Hope Atlanta*

Shift #1, From Diversity to Inclusion is a critical step towards creating more equitable and supportive healthcare organizations. As highlighted by various industry leaders during the HAOP Summit, it is essential to foster collaboration across departments, overcome obstacles to personalization, and actively implement strategies for inclusion. By recognizing the value of each individual and ensuring their voices are heard, healthcare organizations can pave the way for a more inclusive culture that ultimately leads to better patient care and overall organizational success.

2. FROM TRIBAL TO HUMAN: WE ARE WORTHY, WE WANT TO BE SEEN IN OUR FULL HUMANITY.

Individual: How do you see people?
Environment: How do you create a culture that makes room for personalization?

The way we see someone affects the way we treat them. It affects whether or not we trust them, whether or not we value them, whether or not we see their full capacity to contribute and their full humanity. We have to start seeing people beyond their role, beyond their groups, and beyond their health status.

INDIVIDUAL

Personalization comes down to what matters to an individual in that moment in time.

During Session 1 of the HAOP Summit, Kayla Redig, a patient advocate, emphasized the importance of asking patients what matters to them and recognizing the value of their lives outside the hospital. Similarly, Kawana Williams, a mental health counselor, shared her experience of not being asked about her preferences and needs during treatment.

When asked what matters most to you as a patient: "Well, honestly, that someone would just ask me that question: 'Kayla, what matters the most to you? I want be seen as a person who has a life of value outside of this hospital. And it's important because that value of my life outside actually contributes to the effectiveness of my life inside the hospital and how my health journey is going to turn out. It's always been my responsibility to insist on this. It's been my responsibility to seek any psychosocial support and do my own personal work and take care of myself outside of the hospital. I would even take it a step further though, and encourage that question to be asked of the providers themselves.You know, I was doing a little bit of research and I saw that the number one thing that doctors wish their patients knew was that they're people, that they're humans. And so basically they have the exact same desire as I do." *Kayla Redig, Patient Advocate*

"Nobody asked me anything. Everybody told me everything. These are the treatments you're going to receive. This is when you're going to receive them. This is how often you have to receive them, and this is where you're going to receive them." *Kawana Williams, MA, LPC, RMT, Mental Health Counselor at Colorado State University*

Personalization requires intention.

The HAOP Summit sessions highlighted the need for intentional personalization to create a more inclusive healthcare environment. Speakers like Gyasi Chisley and Mady Jansky underscored the value of building genuine connections with clients, teammates, and patients, emphasizing that intentionality fosters a culture that respects individuality and humanity.

"A personal metric of mine is [that I ask myself]: What have I done either with a client or with one of my teammates to really get to know that person? How much time did I spend? What did we do together? I've got a little notepad that I whip out of my book bag every time I'm on a plane or going home, where I write that down and take inventory. I'm trying to make sure I'm connecting with clients and with teammates, because it starts with the heart." *Gyasi Chisley, Managing Director & Head of Corporate Healthcare at PNC Healthcare*

"When I'm able to spend time with a patient and connect with them, people respond well to that. So just telling like body language, knowing that my patient feels comfortable with me, knowing that we've built that rapport is when I know that I'm delivering patient-centered care. When I'm not, I can tell that sometimes I'm a little bit more short, or I can be flustered trying to get many things done during the day. Sometimes when I go home after a shift with patients and just think, you know, I wish I could have spent more time getting to know that patient or really being there to support them." *Mady Jansky RN, BSN, Cardiovascular Thoracic Unit, St. Cloud Hospital*

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Personalization requires curiosity.

Speakers also emphasized the role of curiosity in personalization, as it fosters a deeper understanding of individuals' experiences and needs. Speakers such as Kerry Weinberg, Brent Walker, and Vaughn Williams highlighted the importance of connecting information from various sources and engaging in genuine conversations with patients and colleagues to create an inclusive healthcare environment that values each person's unique journey.

"When someone moves across the country and finds a new healthcare provider, we need a way of "understanding what has happened to that patient prior to the health system that they're seeing. They're not a brand new person. They come with a bunch of historic information. The more we can link the information — whether it comes from a prior health system, from their interaction with the payer, from previous diagnoses that have been billed, or whether it's coming from a consumer application or their device's data — we'll have more and more opportunity to actually link this information together." *Kerry Weinberg, VP Data at League Inc.*

"We did a study recently and found that 41% of people in America under the age of 45 believe 'Amazon knows me better than the doctor knows me.'" *Brent Walker, SVP Marketing at Upfront*

"As much as we talk about hospital metrics and how do we grow, how do we improve, we also need to ask people: How's your day going? How are your children doing? I heard you just got this new house, how's that going for you? And as you, as people understand that you care about them as an individual, they're more likely to bring their full selves to work and incorporate themselves into the mission. And really the gap between truly exceptional and failure is small. People have to have an environment where they can speak freely and feel comfortable to share ideas." *Vaughn Williams, Associate Administrator at Valley Health System*

ENVIRONMENT

Personalization requires a system that makes room for it.

The HAOP Summit sessions underscored the importance of creating healthcare systems that allow room for personalization. Speakers like Aluko A. Hope and Kayla Redig highlighted the challenges faced by both providers and patients within time-constrained environments, emphasizing the need for intentionality and flexibility.

"I'm wrestling with the tensions. It's hard to listen to a patient for five or 10 minutes and not interrupt. That takes work. And so I recognize that work and I say, okay, that means I'm doing something a little bit hard. It's difficult. It's really hard to see a patient in 20 minutes when you want to spend an hour. You have to be intentional about naming that as an expectation and, and having the system work for you within those parameters. Wrestling with not just the patient but the system to really get what is being asked of me done." - *Aluko A. Hope, MD, MSCE, Associate Professor, Department of Medicine Division of Pulmonary, Allergy and Critical Care Medicine Oregon Health and Science University (OHSU)*

"it's hard for a patient to truly be treated as an individual when I'm not an individual to the doctor. I'm one of a hundred individuals or patients, consumers, whatever word we want to use here, who get a 15-minute slot that week with them. And with these volume-based compensation models, that continues to push toward making me one of hundreds. While I didn't feel the pressure of the clock as much during active treatment, the second they converted me from a cancer patient to a cancer survivor, I quite obviously dropped into the group of individuals that received time breadcrumbs from the system. During my most vulnerable time, this cancer survivorship, I felt kicked to the curb. I heard feedback like, 'We've saved your life, what more do you want from us?'" - *Kayla Redig, Patient Advocate*

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Personalization requires a system that sees what individuals are going through.

Speakers such as Cindy Finch, Marty Sargeant, and Michael Wolf emphasized the importance of understanding and addressing the struggles faced by healthcare workers and patients alike. They stressed the need for empathetic leadership, active engagement, and a supportive workplace culture.

"When you have a traumatized group of healthcare workers who have not been able to reset themselves well after the pandemic, and patients who are grappling with the same things, this is where a lot of friction happens. And guess what? People are leaving the medical field in droves. In droves. They have coworkers sitting right next to them who are making two and three times as temp workers. Nurses were heroes two years ago. Now they're not being taken care of. It's diabolical, in my opinion." - *Cindy Finch, LCSW, Heart/Lung Cancer Survivor, Clinical Therapist and Author*

"Our caregivers consistently, day in and day out, provide this limitless service in a high-pressure environment, yet many really are still reckoning with the personal and some of the professional impacts of the Covid 19 pandemic. So now, more than ever, we're refocusing our investments on purposely engaging with these caregivers, and we're doing it with our leadership development." - *Marty Sargeant, Chief Executive Officer at Keck Medical Center at USC*

"You have to be where the people are, where your people are providing care, where they're doing their jobs — and hear what they're experiencing, hear what their challenges are, hear what the culture is, and get a sense of morale. One of my former bosses would routinely take paperwork to the common areas of our workplace and sit in semi-public spaces to review so that he could hear people moving around and get a sense of the workplace culture and how people were doing." - *Michael Wolf, MD, MS, Assistant Professor at Mayo Clinic*

Personalization requires a system that makes it okay to buck the [non-clinical] standard.

Rebekah Marsh and Katie Kaney discussed the importance of adapting to individual needs, even when it deviates from standard procedures. They emphasized the value of collaborative decision-making and tapping into employee wisdom to create more consumer-centric healthcare systems.

"Sometimes when a policy or a procedure doesn't fit the patient, we can do everything it takes to make it work and it works out in the end. And you can feel really good when you go home. Even if it wasn't exactly what the patient wanted. The patient was involved, the nurse was involved, the doctor was involved, and everyone came together and made it happen, even if it didn't fit the standard model. But sometimes we let the standard model win because we're too busy, there are too many demands, there's another patient that needs our attention more. And you go home feeling like you could have done more. Even if system problems are a part of that, it's hard as an individual to not feel some responsibility for that." - *Rebekah Marsh, BSN, RN, CCRN at Harborview Medical Center,University of Washington (UW) Medicine*

"Typically, healthcare is the No. 1 employer in a market, right? So not only are you providing healthcare, but you're paying for it and you're paying for it for people who tend to use it at a higher rate than the regular consumer does. So if you can actually wrap your head around how you would [tap into the wisdom of] your own employees ... you can have the help of your team who's going to give you feedback. Not only are you going to be able to apply that to the general population, but you're going to see a decrease in what you're paying for healthcare. So there should be some things lining up there within your own healthcare systems to help have some incentive to make some of these changes to be more consumer-centric." - *Katie Kaney, DrPH, MBA, FACHE, Author, Founder of Whole Person Index, Retired C-Suite Healthcare Executive*

Shift #2, From Tribal to Human, emphasizes the importance of recognizing and valuing the full humanity of every individual within the healthcare system. By fostering intentionality, curiosity, and empathy, and by creating a supportive environment that allows for personalization, healthcare organizations can shift from a tribal mindset to one that genuinely sees and respects each person's unique journey. As we move forward, it is essential to prioritize these principles to create more inclusive, compassionate, and effective healthcare experiences for patients, employees and providers.

3. FROM BRAND OR DISEASE IDENTITY TO INDIVIDUAL IDENTITIES: WE ARE UNIQUE, WE WANT TO BE OURSELVES.

Individual: Who do you let people be? Environment: How do you create a culture that balances organizational and personal identities?

Once you've got people on board who might think differently and bring an outsider perspective, and you've started seeing them beyond their roles and groups, the next place to assess is this: have you created an environment that allows those innovative thinkers to be themselves? Or, once you hire them, are they pressured to be just like everyone else? We must learn to let people evolve and make it safe for them to be and share themselves.

INDIVIDUAL

Listen to and believe them when people tell you who they are.

Speakers like DeAnna Minus-Vincent, Sam Boadi, and Ed Kim highlight the importance of truly listening to patients and acknowledging their individual needs and experiences. By paying attention to each person's story, healthcare providers can better understand and address the unique challenges they face.

"I had a heart attack last year. And I said to my provider, my blood pressure hasn't been normal. My arm is numb. My hand tingles. 'You're fine, you're fine. Your blood pressure is perfect. It's 120 over 70. That's perfect.' I said, it's not perfect for me. It's normally 80 over 60. I knew my baseline. Maybe they could have done something different as opposed to looking at the standards. So how do we create standards, but then listen to the patient — navigate a really complex system while also listening to the individualized needs of our patients." DeAnna Minus-Vincent, Managing Director, The Outcomes Architect

"There's a lot of common values we share, there's a lot of common hobbies, things that we like to do, you begin to break the ice and then you realize, oh, they're just like me. But they just came from a different ethnic group, or they just have a different belief system. But at the end of the day, we all share a lot of the same things. And I think if we can get just to the granular of that, I think we can really make some change within the industry." Sam Boadi, Chief Operating Officer at HCA Florida Lake City Hospital

"I hear the word cancer patient, lung cancer patient, breast cancer patient. That sounds fine, right? That's not what defines the person or the patient. We need to use the terminology, the patient with cancer, or the person with cancer, because they are the center. They are the ones we focus on." Ed Kim, MD, Physician-in-Chief, Senior Vice President at City of Hope Orange County

Let people personalize how they approach things.

Kayla Redig, Aluko Hope, and Sunnie Southern discussed the benefits of allowing patients to personalize their treatment experiences and empowering them to engage with information in ways that meet their unique needs. This approach fosters a more inclusive and compassionate healthcare system.

"I hit the point in my chemo treatments when I was going to pull the plug on that and not do it anymore. It didn't seem worth it. So, [my friends and I] turned chemo into theme-o, and so suddenly all my chemo treatments became theme parties. And while it was a problem for me to have that many people come sometimes, and we had to have a rotating schedule, they were in the end very accommodating. And after a while, the hospital staff would ask me, 'Hey, what's the theme next week so we can participate too?'" Kayla Redig, Patient Advocate

"Clinical trials are great for groups of patients, but gives us very little information about what to do with the individual patient in front of us. And that does require a lot of more high-touch interpretation and values-based decision making." Aluko A. Hope, MD, MSCE, Associate Professor, Department of Medicine Division of Pulmonary, Allergy and Critical Care Medicine Oregon Health and Science University (OHSU)

"The world is changing faster than ever before, and it's more important than ever that we empower people to engage with information and each other in ways that meet their unique needs in a unique moment in time. We then need to make it not only easy, but the norm for these unique needs to be respected and heard. This goes for our patients and our employees." Sunnie Southern, Healthcare Insights Portfolio Outbound Product Management Lead at Google

Personalize where and for how long you treat patients.

Gyasi Chisley and Ed Kim emphasized the importance of providing care at the most suitable location for each patient and supporting them throughout their entire journey. By personalizing treatment settings and durations, healthcare providers can better address the vulnerabilities and challenges faced by individuals.

"True transformation happens at the bedside, and it doesn't necessarily mean a bedside within a facility that you have created for sick people. It means bedside wherever that person wants and needs to receive care." Gyasi Chisley, Managing Director & Head of Corporate Healthcare at PNC Healthcare

"We have to be part of their entire journey. Anyone who's worried about cancer all the way to curing it, we want to make sure we can address these vulnerabilities and make sure that people feel personalized not only during their treatment, but in their recovery, in their walk back to a new normalcy. We have to not only cure them of their disease and their illnesses, but get them back to a point where we support them back into society, back into their family." Ed Kim, MD, Physician-in-Chief, Senior Vice President at City of Hope Orange County

ENVIRONMENT

Standards are good, AND they can get in the way. Acknowledge the complexity.

The HAOP Summit explored the importance of standards and protocols in healthcare, while acknowledging the complexities they can introduce. Rebekah Marsh and Andrew Benedict-Nelson discuss the necessity of providing evidence-based care but emphasize the need for flexibility when patients don't fit neatly into these protocols. Recognizing the delicate balance between structure and adaptability is essential in providing personalized care.

"There's a protocol for everything, and it's really good when you're new to have standards. It's impossible to know everything that you need to know in healthcare today. You learn to read protocols and, through them, you can get an outline of a safe evidence-based way to do the thing that you need to do just in time. But not every patient fits these protocols. For patients in the hospital, we come to take their daily weight at 6 a.m. You would think that the nurse could just use their clinical judgment to say, well, I'm not going to take the patient's weight at 6 a.m., they need to sleep. But the doctors are waiting for that weight and the doctors round early in the morning. And if the weight isn't taken at that time, it can mean that the patient has to stay in the hospital an extra day because they didn't get to see the weight in that moment, evaluate it and make a treatment plan. So it's just one small example of how everything that the nurse does is scheduled. And if you vary from the schedule, it not only impacts that patient, but potentially other patients as the domino effect happens. And the structure of how nurses' time is allotted is a real challenge." Rebekah Marsh, BSN, RN, CCRN at Harborview Medical Center,University of Washington (UW) Medicine

"These professions have bodies of ethics because it's not just, 'Oh, you're such a nice person and we've also taught you a bunch of science.' There are ethical questions that are bigger than ourselves and the patient involved, where we have to say, all right, that doesn't feel right to me, but I know there's a good reason why it has to be this way." Andrew Benedict-Nelson, Healthcare Futurist and Social Change Specialist

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That complexity extends to our teams and our individual differences.

Lee Isley highlights the importance of embracing the unique strengths and differences that each team member brings to the table. By recognizing and celebrating these individual qualities, healthcare teams can foster a more collaborative and effective working environment, ultimately benefiting patient care.

"We also bring the strengths of each of our individuals who make up the team. And sometimes this makes us uncomfortable and makes the team uncomfortable, because our differences and our strengths, our differences are our strengths. If we bring those together, and build off of them and find balance, they benefit us as a team." Lee Isley, President, Chief Executive Officer at NASH UNC Health Care

Be open to changing standards that get in the way.

By being open to change and adapting standards when necessary, healthcare providers can better meet the individual needs of their patients, ensuring a more inclusive and supportive system. Nancy Blake shared an example of how challenging conventional policies can lead to more compassionate and patient-centered care. Nancy said their institution's chief medical officer encouraged staff to challenge a policy if it doesn't meet the needs of our patients.

"The example I have is a 75 year old man who needed a GI procedure and he had no family to drive him back and forth [but the policy is that he needs] someone to escort him and drive him home. He didn't have that. So we sent that patient to the recovery room for another hour until he was awake and alert and could sign off and say he was good to go home. And then we called a health Uber that took him home. This was a challenge for the organization because people were saying, that's not what's recommended. That's not what we've done. But this man did not have the resources for that. We need to meet patients where they are. We're providing evidence-based practice, don't get me wrong, but is there something different we can do?" Nancy Blake, Chief Nursing Officer at LA General Medical Center (formerly known as LAC+USC Medical Center)

Shift #3, **From Brand or Disease Identity to Individual Identities** highlights the importance of creating a healthcare system that embraces the uniqueness of each individual, while maintaining a balance between structure and flexibility. By fostering an environment that encourages collaboration, innovation, and personalized care, healthcare providers can better address the diverse needs of patients and create a more inclusive and compassionate experience. As we move forward, it is crucial to recognize the value of each person's unique journey and adapt our strategies to support their individual growth and well-being.

4. FROM MISSION TO CONTRIBUTION: WE HAVE EXPERIENCE AND INSIGHT, WE WANT TO DO MORE.

Individual: What do you let people do? Environment: How do you create and sustain a culture of collaboration?

Now that you've welcomed more people, you listen to them, you see them and let them be who are they – now what? Too often we suppress people by leaving no room for them to explore their possibilities, or by setting their course for them rather than letting them chart their own course. We have to learn how to set people free to explore and expand, and give them the freedom to stray from paths set by others. And we can't just assume that people know how to collaborate in productive ways: we have to train people for it.

INDIVIDUAL

Let patients co-design their treatment.

"My self-advocacy [as a patient] is rarely perceived as collaborative, and instead I'm labeled as difficult." Kayla Redig, Patient Advocate

"People who have medical degrees feel like that degree gives them the room and the reason to believe that they know more about you than you do." Kawana Williams, MA, LPC, RMT, Mental Health Counselor at Colorado State University

"Nobody knows their body more than they do. Our job is to explain the science." Greg Brannon, MD, FACOG, Medical Director, Optimal Bio

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In response to a question about including patient advocates in research teams. "I was a very young scientist and physician at the time, and I remember thinking I like the idea of including the people who are affected by what we're doing. And at the same time, I was thinking, but what are they going to contribute? They don't know any science. They don't know anything about the rigor of research. The first time I was in contact with patient advocates, I was so impressed. I think they knew more than I did about the problems. They were so vocal and, and smart and compassionate. A patient of mine ... she is so well versed now on everything about ovarian cancer. Sometimes I call her to ask, 'What do you think about this? What do you think we should do after five years? It's so wonderful because now it's a partnership. And I think that can be translated to everything in any type of company or institution. You need to have the people who are going to be affected by your decisions at that table." Lorna Rodriguez, MD., Ph.D, Professor, Division of Gynecologic Oncology, Vice Chair of Faculty Development, Department of Surgery at City of Hope

"Build relationships [with patients] through trust, and specifically trusted content. When I talk about content, I'm referring to things like blog posts or articles, informative videos, research publications that could be shared with patients — not necessarily when they need care, but also in advance of that, before they even walk in the door, or after they've experienced some care to accompany them on this care journey before, during, and after. So the trust can be built by having high-quality content. The frequency of the content can keep the brand of the healthcare organization top of mind. The personalization of that content in terms of when it arrives and when it's distributed, if that can be on an individual basis with personalization, that's really hitting the nail in terms of building that trust." Tom Wilson Ph.D, Chief Technology Officer, Concured

Let people co-design the way they work.

Bernadette Finken shared her insights on how organizations can adapt their work environments to better suit the needs of employees. By redeploying resources and conducting in-person exit interviews, companies can gather valuable feedback to improve the overall employee experience and encourage a more collaborative and inclusive culture.

"As hiring has slowed down significantly, we have some capacity with our recruiters that we can redeploy to other areas. We've got a handful of recruiters who are great at interviews, so we've deployed them to do in-person exit interviews. So what we've found is that people are much more willing to really speak their mind if they're human to human versus through a survey. And a lot of times, those exit interviews would be done by the leader themselves or their HR business partner. And we've often heard that those people are almost too close to the work. So to have an objective recruiter ask questions about why people are leaving the company, we've gotten some really interesting feedback so far." Bernadette Finken, Head of Talent Acquisition, US, Best Buy

ENVIRONMENT

Let people co-design the organizational culture.

Quotes from Gyasi Chisley, Lee Isley, Shaden Marzouk, and John Baldwin emphasize the need for leaders to connect with their teams and empower middle management. By getting to know team members at all levels, organizations can better understand their unique contributions and remove roadblocks for growth and success.

"Healthcare is my ministry. It's the way that I impact social change. And I've been doing it now for 27 years. So what I'm about to say, I'm actually complicit in. There are a lot of things that came out of the pandemic that are still with us to this day, that are acting as really good agents for better care. Telehealth, legislation and policy across states and caring for underserved populations, community health and things of that nature. However, we failed quite miserably because we had an opportunity to take a very broken system and not be so reactionary. Healthcare is extremely reactionary. We had an opportunity to really break down a broken system, build it back up and base it on personalization and not so much standardization. It's still based on volume, it's still predicated on fee-for-service. And we had an opportunity to change it. And I just think we failed as an industry." Gyasi Chisley, Managing Director & Head of Corporate Healthcare at PNC Healthcare

"Our middle managers, how do we develop them? We're so transactional. While you're with the patient, [we need critical thinking] to identify other needs that the patient or their family has. [But too often] we're in there to check the box, do the task, and move on to the next patient. We've gotta unlock that." Lee Isley, President, Chief Executive Officer at NASH UNC Health Care

"You have to get to know people. And the way to empower the middle, is to get to know your team from the top all the way through the most junior ranks. And that definitely includes the middle. And when you get to know middle management, not only do you have a chance to understand what specifically they're bringing to the table, but also how to empower and what roadblocks are part of their day-to-day. So middle management is crucial to any organization. It's the area that touches everything." Shaden Marzouk, MD MBA, President at GenesisCare U.S.

"How are you connecting with your people? How are you putting strategic plans in place to be able to develop someone from your frontline all the way up to the leadership pipeline?" John Baldwin, Chief Operating Officer TriStar Southern Hills Medical Center HCA Healthcare

See each other's professions more clearly.

Rebekah Marsh's highlighted the importance of fostering a deeper understanding across different healthcare disciplines. By promoting open communication and partnership between professions, healthcare providers can better address the complex needs of patients and improve overall care.

"There are levels of care in a hospital system. Most people are aware that the intensive care unit or the critical care unit is where the sickest patients are, but that we also may have medical wards or acute care floors where you can still be staying overnight, but you're maybe not as sick. A nurse in an ICU or a critical care unit will have fewer patients so that they can spend more time with those patients. And a nurse in acute care will have more patients because they're not as sick and they don't need as much of that nurse's time. Where the patient sleeps at night, whether they're in acute care or critical care, is determined by the doctor — related to how sick the patient is, how many medical orders the patient needs, which drugs they need, which interventions they need. And that tells the doctor how sick the patient is. But on the nursing unit, they may be sicker than the medical interventions are required. And we often are beating heads against each other. This patient is sick, the nurse says, the doctor says not sick enough. The nurse says, no, they're too sick for my area, not sick enough, the doctor says. And so it's to see each other's professions more clearly is so needed. We need more partnership and discussion across the disciplines. We don't spend nearly enough time knowing each other's work." Rebekah Marsh, BSN, RN, CCRN at Harborview Medical Center,University of Washington (UW) Medicine

Train people HOW to collaborate.

Aluko A. Hope emphasized the value of training healthcare professionals in collaborative decision-making and empowering them to express their concerns and challenges. By equipping individuals with the tools and knowledge to work together, healthcare organizations can create a more inclusive and effective environment for patient care.

"I have these two roles in the ICU. The challenge is you have 16 beds, you've got maybe an eight- to 12-hour day to make a lot of different decisions for very complex patients. And even if you go in trying to do collaborative care, integrated discussion with all the members of the team, different hospitals, different cultures, and how empowered the different members of the team are. So then if you go in and you're like, I've got to make 15 decisions for this patient in 15 minutes and I really need my nurse and I need my patients and I need my families to really speak up about what their challenges are. But if they haven't really been taught how to speak up, it might take 35 minutes to flesh out what they really mean or what they're worried about. Teaching clinicians and physicians how to work in collaboration with their teammates that they have available to them to make better decisions is a promising avenue." Aluko A. Hope, MD, MSCE, Associate Professor, Department of Medicine Division of Pulmonary, Allergy and Critical Care Medicine Oregon Health and Science University (OHSU)

Shift #4, From Mission to Contribution highlights the importance of fostering an environment that encourages collaboration, empowerment, and understanding among healthcare professionals. By co-designing organizational culture, promoting open communication across disciplines, and investing in training for effective collaboration, healthcare organizations can better address the complex needs of patients and improve overall care. As we move forward, it is crucial to create a more inclusive and supportive system that values the unique contributions of each individual and empowers them to work together towards a shared goal of providing exceptional patient care.

5. FROM RESULTS TO METHODS: WE HAVE IDEAS, WE WANT TO EXPLORE OUR POSSIBILITY.

Individual: How do you let people do things? Environment: What do you reward?

Are you holding people to outdated standards? Are you dictating how people do things? If so, you're suppressing them as individuals, and you're cheating yourself and your organization from the unique contribution that these individuals could be bringing to your mission. We have to train ourselves and others to be immune to the standards of the past, and to trust people to do things their own way.

INDIVIDUAL

Train people on how to be effective leaders.

Trevor Brand and Michael Wolf discussed the importance of investing in leadership training and creating space for individuals to grow and find their unique place within the organization. By fostering a culture that encourages learning and experimentation, healthcare providers can better support the development of effective leaders.

As leaders under 40, "we're trying to find our place. We're looking for an organization that sees us for who we want to be and for who we want to become." Trevor Brand, Chief Operating Officer at City of Hope Atlanta

"We need to carve out space for this. We need to be willing to be uncomfortable, give opportunities to try things and fail, look outside of our silos. A lot of this comes down to leadership. I think that's an area that we have struggled with in healthcare. I think the healthcare business model is challenging. There are a lot of Type A people in healthcare, and we haven't always fostered or trained leadership skills." Michael Wolf, MD, MS, Assistant Professor at Mayo Clinic

Expand your definition of whom you need to care for.

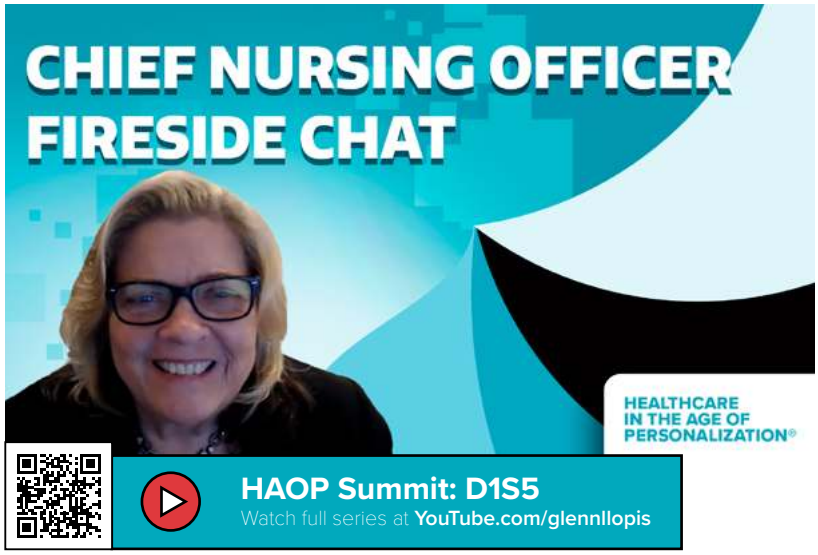
Cindy Finch highlighted the need to shift our perspective on patient care, extending support to families during the post-discharge phase. By recognizing the challenges faced by both patients and their families, healthcare organizations can provide comprehensive psychosocial support and improve overall well-being.

We need "a shift in how we see the discharging family. A lot of healthcare organizations see their work as done, but for the family, discharge is really where their journey begins, because now they're going home without this supportive cocoon of medical care. And it's really where much of the mental health struggles and crises really get unleashed within the family. There's a large proportion of patients who have catastrophic illnesses or lifesaving surgeries who develop clinical PTSD. So the important thing to know is that their family members do, too. The patient and family's journey starts when they leave your hospital. And if you don't want them readmitting because of unmanaged pain, out-of-control anxiety, where they're gonna come back through the ER, then there needs to be a supportive psychosocial support brought around the family system, not just the patient." Cindy Finch, LCSW, Heart/Lung Cancer Survivor, Clinical Therapist and Author

Respect and seek out the expertise of the frontline.

Nancy Blake and Ed Kim emphasized the importance of respecting and seeking input from frontline staff. By tapping into their valuable insights, healthcare organizations can identify areas for improvement and develop cost-effective solutions to enhance patient care.

"If you want to know what's wrong with your organization, you can go to the frontline staff. And if you want to know how to fix it for very little money, the frontline staff can help you there. You have to be empathetic." Nancy Blake, Chief Nursing Officer at LA General Medical Center (formerly known as LAC+USC Medical Center)



"You hear terminologies like 'patients fail treatment.' That's insulting. Patients do not fail. Treatment fails patients." Ed Kim, MD, Physician-in-Chief, Senior Vice President at City of Hope Orange County

Let people explore their own possibility.

John Baldwin and Lee Isley discussed the need for organizations to be fluid and dynamic, allowing individuals to explore their own possibilities and develop their leadership skills. By coaching and supporting employees in their personal and professional growth, healthcare providers can foster a more adaptable and innovative environment.

"The younger generations want specific career ladders. They're wanting to have the mobility to move within an organization and having the opportunity to have different experiences. Organizations have to be fluid. We have to be dynamic and understand the trends. And, and in order to do that, you have to understand your people." John Baldwin, Chief Operating Officer TriStar Southern Hills Medical Center HCA Healthcare

"You have to coach your team, right? You have to purposefully interact with your leaders and put in your coaching sessions with them about the strategy of personalization of change and leadership. Leadership is not easy. I think sometimes we underestimate how difficult leadership is." Lee Isley, President, Chief Executive Officer at NASH UNC Health Care

ENVIRONMENT

Choose your metrics wisely.

Lee Isley and Brent Walker emphasized the significance of selecting meaningful metrics that align with the organization's values and contribute to patients' well-being. By focusing on value-driven outcomes, healthcare providers can avoid micromanagement and foster an environment that prioritizes patient satisfaction and loyalty.

"Leaders influence direction — not make decisions for our teams. That's sometimes uncomfortable for our teams. And sometimes it's uncomfortable for us as leaders to do that as well. And so we have to make sure that we manage the metrics, and we have to pick those metrics that are the most important for our community and our organization. What brings the greatest value to our patients and our communities, and to our organizations? We lead by value, and if the team's meeting the established and agreed-upon metrics, then we don't need to micromanage on the how or the path." Lee Isley, President, Chief Executive Officer at NASH UNC Health Care

"What's good for the patient is good for providers and actually their business. Let's start with patients. Personalization's a sign of understanding and respect. And if a patient feels that they are respected and understood, it leads to higher satisfaction and loyalty. But also, deep personalization engages and activates patients 40% better on average. So more activated patient behaviors, the better the outcomes." Brent Walker, SVP Marketing at Upfront

"We're not talking about health inequity because it's the right thing to do. We're talking about health inequity because it has an economic impact to it." John Baldwin, Chief Operating Officer TriStar Southern Hills Medical Center HCA Healthcare

Personalization requires investment.

Lorna Rodriguez discussed the benefits of personalization in healthcare, such as the use of patient navigators, but acknowledges the challenge of financing such solutions. By seeking innovative ways to invest in personalization, healthcare organizations can enhance patient experience and outcomes.

"Some places have what is called patient navigators, and I think they're very helpful. It's costly to the system: if every single patient had their own patient navigator, it would be difficult to finance. But it's very useful, especially for serious illnesses. To navigate the healthcare system is difficult, particularly if you need to have 10 tests every other week. And offering patient navigators is one solution, but I haven't figured out how to finance that solution." Lorna Rodriguez, MD., Ph.D, Professor, Division of Gynecologic Oncology, Vice Chair of Faculty Development, Department of Surgery at City of Hope

Another important systemic change: policy.

Stacy Bratcher highlighted the importance of policy change in creating a more inclusive and effective healthcare system. By advocating for reimbursement adjustments and focusing on well-care and prevention, healthcare providers can drive systemic change for the betterment of patients and professionals alike.

"Our biggest lever is with government. The largest payer in the country is Medicare. And Medicare policy is set by a group of appointed individuals called MedPAC. If MedPAC, for example, increased reimbursement for behavioral health providers, we would not have a mental health shortage in this country. Unfortunately, that group has prioritized proceduralists and procedures. So if we advocated for reimbursement for well-care and prevention, you would get more of that. And as Medicare goes, so will the rest of the reimbursement. So I've gotten into government relations in the last couple of months and I really am convinced that without policy change, these things are just going to be bolt-ons and not systemic change." Stacy Bratcher, Vice President and General Counsel at Cottage Health

Make sure people know it's not only safe, but also beneficial, to try something new.

John Baldwin and Shaden Marzouk emphasized the need for leaders to create an environment where employees feel safe to try new ideas, even if they fail. By promoting a culture of experimentation, collaboration, and continuous improvement, healthcare organizations can unlock their full potential and drive lasting change in the industry.

"As a leader, you have to provide psychological safety. I think that goes under talked about so often is you have to be willing to create environments where failure can occur and people can still maintain their jobs, maintain their viability, because, you know, in order to achieve innovation, to achieve greatness, you have to fail multiple times at things." John Baldwin, Chief Operating Officer TriStar Southern Hills Medical Center HCA Healthcare

"We have to be unafraid that the first time we try something, it's going to be messy. It's not going to be perfect. There are going to be iterations. Not everyone's going to be happy. And if you free your mind of having to be perfect right out of the gate and really instill in an organization this message: 'We're going to try these things, we understand it's not going to be perfect, we're going to work through it together, it's about collaboration.' That spirit of trying and iterating can drive organizational cooperativeness. But you've just got to start." Shaden Marzouk, MD MBA, President at GenesisCare U.S.

Shift #5, From Results to Methods underscores the importance of fostering an environment that encourages innovation, personalization, and growth in healthcare. By carefully selecting value-driven metrics, investing in personalized patient care, advocating for systemic policy changes, and creating a psychologically safe space for employees to experiment and innovate, healthcare organizations can unlock their full potential and drive lasting change in the industry. As we move forward, it is essential for leaders to cultivate a culture that prioritizes well-being, empowers professionals, and embraces new ideas and methods to better serve our communities.

Stop Suppressing and Start Unleashing

There are at least two major ways we suppress individuality.

- We inadvertently keep people functioning far below their full capacity.
- We fail to see and support each other's dignity.

When you lead in the age of personalization, there is no one single way to meet the metrics. There is no single annual evaluation on which you'll be judged. It's a process for continuous learning, evaluation, growth and evolution.

The process itself helps leaders learn how to practice inclusive working and thinking because it's designed to get people interacting with each other, proactively seeking places to constructively interrupt their own preconceived notions about who belongs where, doing what and how. We all have those preconceived notions. We should just admit it, and work continuously to interrupt them. It's more of a habit—a process that must continue indefinitely as part of the culture.

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GLLG Resources and Expertise

To get started, follow these steps:

1) Establish a baseline for you and your organization:

- Does the organization know how to see and seize the right opportunities?
- Does the organization unleash people or hold them back?
- Is the organization inclusive or not?
- Does the organization encourage diversity of thought?

Unlock your organization's true potential with GLLG's Proprietary Assessments, designed to promote inclusivity, diversity, and innovation. Experience a private personal dashboard, fast and reliable assessments, in-depth analysis, actionable feedback, and practical coaching with immersive learning tools. Establish a baseline for your healthcare organization and create a thriving, collaborative workspace. Visit **GLLG's Proprietary Assessments** now and embark on a transformative journey towards success in the healthcare industry!

2) Examine and empower individuals:

- Learn **how to see and manage opportunity** (this expands individual capacity, creates individual accountability and helps prioritize short- and long-term strategies).

- Discover individual purpose and **develop their personal brand** (this emboldens leadership identity, broadens self-awareness in pursuit of managing equilibrium, and further elevates individual accountability).

- Practice **specific strategies for implementing and sustaining proficiency** in what they've learned (this ensures the required behavior change to achieve the metrics and self-directedness to operationalize the desired equilibrium and accountability).

Elevate your healthcare organization's performance with GLLG's Leadership and Workforce Development Training Programs, tailored to the unique needs of the healthcare sector. Experience highly-rated in-person or virtual transformative sessions, personalized coaching, collaborative group sessions, on-demand interactive masterclasses, individualized assessments, and personalized feedback reports. Transform your healthcare team into a strong, capable, and accountable workforce with GLLG's innovative training programs. Visit **GLLG's Leadership and Workforce Development Training Programs** today and take the first step towards a thriving, high-performing healthcare team!

3) Examine and evolve the organization's environment:

Examine the ways people work, lead, and conduct business across all stakeholders, to better understand how they can more effectively contribute to the metrics and desired outcomes.

- GLLG has a method for discovering where the organization limits how people can contribute and be accountable.

Thank you!

We would like to extend our heartfelt gratitude and appreciation to all our sponsors for their invaluable support and generosity in making the Healthcare in the Age of Personalization Virtual Conference a resounding success.

Your commitment to advancing healthcare innovation and your unwavering dedication to improving patient outcomes have played a pivotal role in bringing together leading experts, practitioners, and visionaries to discuss the transformative power of personalization in healthcare.

Your partnership has not only elevated the caliber of this event but has also facilitated the exchange of knowledge, ideas, and best practices that will shape the future of healthcare. We are deeply grateful for your contributions and look forward to continued collaboration in our shared mission of delivering personalized care to patients worldwide. Thank you once again for your unwavering support.

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"It has never been more important to embrace personalization, regardless of industry," said Edward S. Kim, M.D., M.B.A., senior vice president and physician-in-chief, City of Hope Orange County, and vice physician-in-chief and professor, City of Hope National Medical Center. "At City of Hope, deeply personalized care has always been at the heart of our approach. We demonstrate this not only in the way we care for our patients but in our precision medicine breakthroughs. Each person is unique and we know that the best care focuses on treating the whole person – mind, body and spirit – rather than the disease. This puts the focus on what matters most to people: healing, quality of life and getting back to the lives they led before they were 'patients.'"

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