

THE COMBUSTION CHRONICLES

Episode 103

PIONEERING HEALTHCARE TRANSFORMATION

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Shawn Nason
Host

Elizabeth Popwell
Guest

Shawn [00:00:01] Welcome to the ninth season of The Combustion Chronicles podcast, where bold leaders combine big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO of OFFOR Health and founder of MOFI. This season is all about amplifying the voices of badass women leaders in the healthcare industry who are influencing change by thinking big, putting people first and not being okay with the status quo. Experience matters, culture matters, and revenue matters. That's why it's time to unite, to ignite a people-first business revolution, especially in industries that affect all of us through healthcare.

Liz Popwell is the chief strategy and transformation officer for Stony Brook Medicine. In this position, she drives all aspects of strategy and identifies key initiatives to guide growth and transformation. Prior to this role, she was chief strategy officer for Ascension Michigan, where she managed business partnerships spanning M&A, JVs and clinical affiliation agreements. Liz also held several positions at Atrium Health, including VP of Systems Management Chief, Ancillary Executive and Strategy Executive. She's been a healthcare professional for over 28 years and was recognized in 2015 as one of Charlotte's top 50 most influential women. She is a fellow of the American College of Healthcare Association, as well as a senior fellow of the American Leadership Forum. Welcome to the Combustion Chronicles Liz.

Liz [00:01:46] Thanks, Shawn. I appreciate you having me here.

Shawn [00:01:48] Yeah, what a career you've had. And to our listeners, before we started recording, Liz and I were just catching up and had lots of intersections of people here in healthcare. So excited to be able to talk to you. And this whole season is about amazing women leaders and healthcare. And as we heard from your bio, such a great career, so amazing. And what I really love is that your career has been focused on strategy. And sometimes that's such a weird word, especially in healthcare, but yet it's so important to healthcare. So how does your understanding of strategy work change throughout your career and through all these different roles that you've had?

Liz [00:02:35] That's a great question, Sean. You know, strategy for me has always been about differentiation. It's always about how you can make your organization shine

compared to other organizations and what makes your organization truly special. You know, I work with a lot of different organizations, and each one, while the definition of strategy for me has always been the same, there are different attributes that make each particular organization shine. So, for example, the organization I'm in now, the thing that makes us shine is that we are an academic medical centre. We're a health platform. We have five health science schools, so we are all about education, We're all about research and clinical care. So we really leverage that tripartite mission, if you will, to really drive innovations in the healthcare space.

Shawn [00:03:23] To all the listeners, as was my were talking beforehand I was just complimenting with because Stony Brook has a dental anesthesiology program, which is very few in the country. So you talk about differentiation and strategy. There are very few in the country and some of them are even starting to close down. So love it and love that that you are looking at strategy as a differentiator for the organization. So obviously, you know, you need to be able to see how the organization's entire experience ecosystem works to create successful strategic planning. We define experience ecosystems at MOFI as all the touch points that any patient-provider, any person can touch. Right? And I have a background from Disney, so I'm very passionate about experience. How do you see strategy intersecting with patient, family and employee experience in your mind?

Liz [00:04:26] I think it's fundamental to think about all of those elements when you're thinking about your strategy because ultimately your strategy is your roadmap to live out your mission in your vision statements for your organization. Our vision in mission statements for our organization are really grounded in those three elements research, education and clinical care. And it's really to help communities thrive and to help them be healthy. And so that's all about the consumer, that's all about the patient, that's all about the family members. It's about our employees. A lot of them sometimes provide care, but they also receive care in our organization. So it's really about the people that we care for, and it's about making sure that we are driving strategies that are relevant to the different needs of the communities we serve.

Shawn [00:05:14] So I want to dig a little bit further in that because I love what you're talking about community and also within an experienced ecosystem, we see that it's more than just departments working well together. We call that breaking down the silos, which as you know, is healthcare has no silos, right? So we all just get along. But it extends to external partnerships and vendors as well. So how do you ensure that a great patient customer experience is translated to the entire experience ecosystem, including your external partnerships that you work so closely with as the chief strategy officer?

Liz [00:05:56] Right, exactly. So for us, you know, working the horizontal across the silos. Right. You're trying to pull everything together across those different entities, business units, etc. And, you know, again, for us, it starts with mission and vision. If we have a partner that's not aligned with our mission and our vision, then they're not probably a good partner. And so when we start thinking about the different partnerships and the different models of care that we want to provide that are innovative and disruptive, we really start with what is at the root of that organization is their mission, is their vision align? Is it words on a page or is it something they live out every day? Because we expect it to be lived out through our values every day. And so as part of our strategic plan, we focus very much on the behaviors that we expect that align to where we're headed. And we expect our partners to have those same types of behaviours. And as a state organization, we take care of patients regardless of their ability to pay. We're very focused on disparities of care. We're very focused on the indigent. We're very focused on the marginalized. And we have lots of programs and initiatives that we've put in place to really elevate the needs of the community in new and different ways. And so for us, it's all about making sure that we're aligned in spirit before we actually align in a business model. We call ourselves a healthcare platform because we know we've got to partner with other organizations in order to live our mission. We are looking at care in the home these days. We're looking at virtual care models these days. Everyone's focusing on all these different pathways to provide care closer to home, and that means we have to partner not just with other organizations to make that happen, to have the resources, but we also need to partner with our patients or our consumers to

understand what they need and want so that we're delivering the care in a way that makes optimal sense to them.

Shawn [00:07:54] So let's be real. You call yourself a healthcare platform. You're the chief strategy officer. What does your board think about that?

Liz [00:08:02] It's interesting because we have a unique situation. The way our governance works. Our governance is actually the president of the university. And so we don't have a traditional board, per se. We have a board of advisors and work with our board of advisors and our community. And they understand that our goal is to serve the community. And we have a Long Island very geographically hard to reach area. And so some of our advisors live in those areas and so we're constantly working with them to hear the voice of the customer, the voice of the community through them, and looking at recruiting physicians and other services to those areas. So they're supportive of the vision, the strategy, the mission. We just rolled out a brand new strategic plan. There's a lot of excitement about that. But now the real hard work begins, frankly, because we've got these great aspirations, we've got these great ideas, and so now we've got measurable goals that we've cascaded into the organization. And as I remind everyone now, the real work starts because we've been on this journey for nine months to create the strategic plan, making sure we got buy-in from over a thousand people. Frankly, we wanted to make sure we got that input. But as you well know, the rubber meets the road, right when you get those things implemented. And so creating a cadence of measurable goals is what we're working on and cascading through the organization.

Shawn [00:09:29] Well, I love that you say that because people think, okay, we got the strategic plan in our organization. I created a strategy on a page. I pulled the soap document. But once that's created, then the work starts. You have to do it, that strategy. Right. And that's what I love about what you're saying, and especially in a time let's be real. I just read an article today from Becker's that talked about the C-suite and what's happening in hospitals right now. The longevity of CEOs are going away. We know that across the spectrum, hospitals are suffering horribly financially from some from decisions that happened during COVID. So knowing that COVID has changed

healthcare a lot. Right. How did the pandemic shift your organization's strategy as you launched into this nine-month process to build a strategic plan?

Liz [00:10:32] You know, I think the thing about the pandemic is that it's changed forever everyone's lives and expectations. And I think that that's probably the rallying point for us. You know, during the pandemic, it was all about what we could do to partner with the community and others to make sure we've got enough PPE and other equipment and care spaces. And we delayed the launch of our children's hospital so we'd have space for COVID patients. So it became very tactical day-to-day responses. And this organization is very resilient. And I think a lot of organizations have learned that they're more resilient than they realized as they went through the pandemic. And that really has helped shape the spirit of our strategic plan, which, you know, one of our key priorities is really around our workforce and really around our people and our culture and having that culture of gratitude and making sure we continue with that. Because, you know, we saw a lot of burnout through the pandemic across healthcare nationally. And sometimes we have to go back to the basics and remember that it's about gratitude. It's about the people who are providing the care and focusing on them that helps us to focus on the patients. And so that's a lot of what we've been talking about with regard to our strategic plan and our H.R. department has been phenomenal. They've been doing a great job hiring for us. And so we are very fortunate in our organization. We're fortunate that our volumes have bounced back. We're fortunate that our financials have bounced back. We're fortunate that our H.R. team has been able to replace some of our workforce that's left us. And so I think for us, it's a very exciting time. I know some organizations are not there yet and we hope and pray that they'll get there soon. But for us, we're very fortunate. We're in a good spot and we have a lot of excitement about this new strategic plan and how we're going to be able to move forward.

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these kids seen faster smile and these three person care team brings hospital-grade anaesthesia to the dental offices so those kids can be on their way to getting the smiles most of us may take for granted. OFFOR Health, creating connections, improving lives, and care you deserve. Learn more at offorhealth.com. That's. O. F. F. O. R.

Shawn [00:13:11] How did the pandemic change your mindset around strategy?

Liz [00:13:17] That's a great question. So as I was getting Instacart groceries and as I was getting, you know, Instacart and DoorDash throughout the pandemic, I think the biggest thing that changed in my mind is I always knew we needed to be patient-centric, consumer-centric. But I didn't realize just how much we needed to double down on that, especially in this organization. As an academic medical center, we're used to everyone coming to us rather than us going to them. And I think that's what's changed in my mindset and in the mindset of a lot of the people I work with is we have to be in the home, we have to be out in the community. People don't want to drive. They have even less tolerance to drive to a major academic medical center or a major medical office building, etc.. People are less patient now than what they used to be, and they used to. They used to expect, if you will know the Amazon experience, right? I push a button and things show up on my front door. So I think all of those things have culminated into the fact that we have to provide healthcare in a new model, in a new way that's more convenient, it's more accessible, and it takes into account the changes in environment and expectation.

Shawn [00:14:29] Well, and I think what's powerful about your statement there, and I hope the listeners are hearing, I think a lot of organizations, thought they were consumer-friendly and customer-centric or had the customer in the middle. And then all of a sudden you realized, not at all. Right.

Liz [00:14:49] And exactly.

Shawn [00:14:51] Then you were forced to have to do it. And I think that was a big takeaway for a lot of organizations. What's sad to me is seeing organizations, unlike

what Stony Brook is doing that are not doubling down on that and are actually pulling away from that even more and what impact that's going to have on those hospital systems and on what's happening in healthcare.

Liz [00:15:13] Right.

Shawn [00:15:14] I put all over the place with this terminology, maverick-minded and human-obsessed. So here we are talking about it. And I'm obsessed with putting people at the center of decision-making, especially in the healthcare industry. And, you know, I tell my executive team, my job is not to make decisions. My job is to remove barriers and obstacles for you. I know that I hire much smarter people around me than I am. I claim it. I'm not afraid to say as the CEO. But at all that I keep saying to them, we have to keep people in the center we have to. So how do you make room when you're talking about Long Island here and this, you know, you help serve the under-resourced, underrepresented communities. So how do you make room for the voice of the patient to always be front and center in everything you do at Stony Brook?

Liz [00:16:08] Yeah, that's a great question. So there's a variety of ways in which we strive for that. And by no means have we cracked the code on that yet. I mean, it's a constant journey for improvement, right? So we have several things that we've done. We have Patient Family Advisory council. So, for example, our children's hospital has a patient family advisory council. We've got those and a couple of our service lines. We've got market studies that we're doing constantly to understand what is it consumers want, what are they need? We find access is always an issue. Affordability is always an issue and drive times are always an issue, right? So we look at and some of those things are classic, right? They've been around forever, problems forever. But we look at those we do. We've done some focus groups. I actually went out and interviewed several members of the community and leadership to really understand their perspectives on what they think we need and the constituencies that they represent, frankly. I also went out and talked to a lot of our genes and our faculty, and a lot of our students are out in the community. We've got social work students, for example, that go to public libraries and help serve underserved populations. And so listening to our deans and really

helping to understand what are they seeing as they're out in the community, I had on you'll like this, I sat on a Shark Tank event just in the last week and it was amazing. We had 15 interns that came in and they were all students of Stony Brook University. They were either nursing or biomedical radiology. There were a variety of them. They broke up into three teams and they're very smart young people. And one of the teams actually pitched to us a project around bilingual services. We've got a lot of Spanish-speaking first-language individuals in our community. We've got a lot of disparities of care in those communities as well. And this team just opened our eyes to just all of the different pain points and all of the different things that made it hard for our Spanish-speaking patients to understand and how they were going to re-engineer the way that we provide care and the way that we can communicate more effectively with those patients. And it was a huge eye-opener. I never expected that that would come out of that process. But just being aware and in the moment and listening as you have opportunities, you learn a lot. And we're learning even from our students what our community needs. So I thought that was special.

Shawn [00:18:37] That's a powerful love that you're doing that with the interns too, like giving them that opportunity. So I want to put this that question to them. How do you make room for the voice of the clinicians? Because we know they have an opinion.

Liz [00:18:53] Yes, they always have an opinion.

Shawn [00:18:55] Always have an opinion and very seldom agree. So yeah, right. So how do you make voice for those clinicians in your strategic plan and all that you're doing there?

Liz [00:19:03] Yeah, great question. A lot of lot of channels you have to use a lot of different channels for feedback, right? The first channel is town halls. We hold staff, town halls, we hold leadership. Town halls. Went out to different departments and met with staff, met with leaders, did a survey, for example, where we asked, you know, we had started to formulate some themes to our strategic plan and we sent those out and got, I think it was 1200 responses back just from that one survey done. Just trying to

listen again to what, you know, what resonates the most, because we did change our mission and our vision statement and our value statement was tweaked slightly through the process. So we wanted to hear their voices. What makes the organization special to them and what resonates to them as caregivers and providers. So did a lot of listening. My first 90 days on the job. I've been here a year, was going out, talking to people, creating relationships. There's a purposeful reason why it took us nine months to build this strategic plan, and that's because we wanted to go out and make sure we gathered as many thoughts and opinions before we draw conclusions. You know, we had a lot of data pointing us in the right direction, and we wanted to validate that, that it resonated with the community, that it resonated with our providers and with our staff.

Shawn [00:20:25] Love it. Such great stuff. Well, as the listeners know, this season has been all about powerful women in leadership, in healthcare. And here has been another amazing example with you, Liz, and what you guys are doing at Stony Brook. So it come to the time in our podcast where we added some new this season is called the two-minute drill and it's around how might we? And for those that aren't familiar, they're listening. We use a methodology called Human Centered design. Some people call it design thinking, but in this process, there's this How might we statements built around solving for problems. So some of the fun we've been having this season with is that I actually put on my clock on my timer here, a two minute timer. I'm going to read the how might we statement and then I'm going to let you start with idea 18 around it and I'll add in. But if you're going, I'll let you go, but would love to just hear your thoughts around this. How might we statement? So are you ready?

Liz [00:21:28] I'm ready.

Shawn [00:21:29] Awesome. So here we go. The two minute drill on how might we? How might we transform the healthcare industry to become a people first business model? Go.

Liz [00:21:43] You know, I think here in the home, what the patients want in the home, understanding the jobs to be done around care in the home, not just around home

health, but around hospital at home, urgent care at home. How do we think about education? We use a lot of language and speak that patients don't understand. So how do we make it easier for them to understand how to take care of themselves after their care? How do we use plain language? How do we use design thinking sessions to drive our consumer journeys? We don't do enough of that collaboration. How do we collaborate across those silos that you talked about and even reach into the industry? You know, there's a lot of disruptors out there that are not in healthcare, not providing clinical care that are out there and coming into that space, right? You've got Amazon now in the space. So rather than thinking in traditional partnership models, how can we think about nontraditional partnerships and how can we leverage companies like Best Buy, and companies like Amazon that are known for distribution systems and processes, and how can we learn from that? And then really, you know, take our antiquated processes and systems and make them better for the consumers? And how can we make sure that we're connecting with those patients and hearing their feedback, getting their reviews? We have a new process that's called binary fountain software and it gives us real-time feedback. So how can we really not just get the feedback, but how can we activate on that feedback and how can we make sure that we're learning from that feedback, I think is a big opportunity for us. So gosh, there's so many different ways that we can do that and we've got so many generations of patients and different needs within those different generations. We've got so many different types of consumers and how do we make sure that we're listening to and meeting their specific needs and making sure that we're communicating that to the care team that's providing that, whether it's a care or procedure or whatever, it is.

Shawn [00:23:39] Awesome. I love it. I've always wanted to say one, if we could just, you know, because we learned this from the pandemic a little bit, but. What, if or how might we just shut down a hospital for 72 hours and make care at home happen?

Liz [00:23:57] That'd be amazing.

Shawn [00:23:58] People would be like, Oh, my gosh, you can't do that. But can we? I think we can. We learned a lot of the pandemic. Like you said, we're a lot more resilient than we thought.

Liz [00:24:07] We are.

Shawn [00:24:08] People are more open to healthcare in other places now because of that, because they saw that you could still get effective healthcare and not have to be walking into a hospital. So.

Liz [00:24:19] Exactly.

Shawn [00:24:20] Okay. Well, in his come to the last part of this recording and this is called the combustion questions, we randomly selected questions that my human iRobot sends to me via text. I get this, a magical text that comes on. I have not read these three combustion questions at all. So when I read them to you and it'll be the first time I've heard them as well. So for your combustion questions.

Liz [00:24:47] I'm ready.

Shawn [00:24:48] All right. Combustion question number one. What was your favorite toy when you were a kid?

Liz [00:24:55] Oh, my gosh. I would say my McDonald's playland. When I was young, we used to have the little McDonald's, and it had the little trays and little cups and all of that. And then my first cat I got when I was young, my brother and I would play with that thing and we put the cat in the McDonald's, and that was my favourite toy.

Shawn [00:25:15] Who needs a Barbie Dreamhouse when you have a McDonald's alarm? I always remember those. Totally remember those. Awesome. Question number two Would you prefer breakfast for dinner or dinner for breakfast?

Liz [00:25:31] Breakfast for dinner.

Shawn [00:25:33] And what's your favourite breakfast food?

Liz [00:25:35] I love omelettes.

Shawn [00:25:38] Love it. My wife loves. I read that my wife would probably say dinner for breakfast because she loves cold pizza in the morning.

Liz [00:25:46] Oh, there you go.

Shawn [00:25:47] I don't like it. Only if I've been out and I don't do that as much anymore, so. All right. Combustion question number three, what do you think about elephants?

Liz [00:25:57] You eat them one bite at a time. Yeah, I think of that old quality joke, you know? How do you need an elephant one bite at a time?

Shawn [00:26:07] One bite at a time. I love it. Well, Liz, thank you so much. I love hearing about your spirit and your passion and what you want to do at Stony Brook. And I love hearing what's happening there. So I'm assuming it's for people to get a hold of you, reach out to you, follow you is LinkedIn is the best way. You're out there. I follow all of my guests. So if you can't get to her, follow me and I'll make sure you get your send me a message. But thank you again, Liz. And until we meet in person, stay safe and be well.

Liz [00:26:42] Thanks so much. Appreciate it.

Shawn [00:26:45] Thanks so much for listening to this episode of The Combustion Chronicles. If you've enjoyed this episode, please take a few minutes to subscribe, rate and review. Remember that I'm always looking to meet more big-thinking mavericks. So let's keep the conversation going by connecting on LinkedIn. If you want to discover more about human-obsessed, maverick-minded leadership, go to mofi.co or go to experienceevangelist.com. To learn more about my mission to challenge leaders to blow up outdated siloed systems and rebuild them with an aligned human-first approach. You can also learn more about OFFOR Health commitment to reimagining outdated

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shit up.