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Powering the Future Health System "Tech Stack"

SCOTTSDALE INSTITUTE **2022 CTO VP APPS VIRTUAL SUMMIT**

October 27, 2022 | Virtual Event

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workday.

Executive Summary

How are health systems implementing, shaping, planning and paying for digital health—especially when some very foundational pieces (e.g., definitions, parameters, requirements) differ so greatly from organization to organization? It's not just about technology: Building the future tech stack actually requires far more understanding, forecasting and staffing considerations than one might anticipate.

For this discussion-oriented Summit, the Scottsdale Institute (SI) convened 18 Member health systems and special guests from 17 organizations to clarify the many key ingredients that Chief Technology Officers (CTOs) and VPs of Apps need to keep their systems running strong. Topics included:

- **Discussing Digital:** Defining it, creating the retail experience consumers now expect, and determining the right levels of service
- **Impacting Infrastructure:** Considering optimal cloud platforms and setups, enabling greater self-service for consumers and navigating the core platforms and capabilities needed for health systems to evolve
- **Surviving New Staffing Realities:** Getting real about recruitment and retention, outlining managers' roles in long-distance leadership and building culture and care into remote work environments

ROUNDTABLE PARTICIPANTS

Bob Benoit, VP & CTO, MultiCare Health System

Emily Borlas, MBA, AVP-Network Applications, HonorHealth

Bert Chancellor, Executive Director-IS Business Operations, Loma Linda University Health

Lynnette Clinton, VP, Applications, BayCare Health System

Rick Cowan, VP, IS Infrastructure, Northern Light Health

Tejal Desai, System Director, IT Applications, NorthShore Edward-Elmhurst Health

David Fraquelli, Director, Business Operations, UCLA Health

Nathan Hensal, MS, PMP, Adm. Director, IS Operations, UW Health

Christian Lindmark, CHCIO, CPHIMS, RCDD, VP & CTO, Stanford Medicine

Jim Livingston, CTO, University of Utah Health

Joel McFadden, MBA, MSW, System Director–IT Operations, Intermountain Healthcare

Eric Ried, VP & CTO, CHRISTUS Health

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Jeffrey Sturman, SVP & Chief Digital Officer, Memorial Healthcare System

Nathan Taylor, VP IT Infrastructure, University Hospitals

Bill Wilson, MBA, VP & CTO, Stanford Children's Health

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Impact Advisors & Workday Moderators:
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Workday: Matthew Brandt, MBA, MPA, Group VP Healthcare; John Kravitz, Head of Healthcare Industry; John Borkowski, Data Officer

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Introduction

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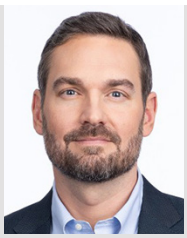
- **Surviving New Staffing Realities:** Getting real about recruitment and retention, outlining managers' roles in long-distance leadership and building culture and care into remote work environments.

In a pre-Summit survey, moderator **John Curin**, VP, Impact Advisors, right, asked a series of questions to gauge where SI Member attendees fell with regard to digital health execution, priorities, definitions, measurement and management. Findings suggested that:

- **Over 80 percent of respondents name Patient Engagement and Virtual Care as their top priorities for 2023;**
- **Over 90 percent rely on improved patient/consumer satisfaction metrics as indicators of digital health initiative success;**
- **Nearly 60 percent expect their Electronic Health Record (EHR)/Enterprise Resource Planning (ERP) vendors to play a dominant role in executing their digital health strategy;**
- **About two-thirds manage their digital health resources and related service demands via dedicated product teams for digital initiatives;**
- **Over 90 percent utilize MS Azure for public cloud/hyperscale environments and describe their current cloud use cases mainly as "minor production workloads;"**
- **Only 40 percent foresaw running future core platforms (e.g., EHR, ERP, etc.) in a public cloud; and**
- **Over 80 percent note security skillsets are in highest demand vis-à-vis hiring and retention, and nearly half expect managed services outsources to augment internal staff around service desk and Software-as-a-Service (SaaS).**

MODERATORS

Bruce (Skip) Lemon, VP
Impact Advisors



Matthew Brandt, MBA, MPA, Group VP Healthcare
Workday

John Kravitz,
Head of Healthcare Industry
Workday

John Borkowski,
Data Officer
Workday

"There is so much to consider regarding digital; one way to think of it is as an intersection of new models of care, new models of work and increasing consumer conveniences, such as patient self-service and scheduling," Curin recapped. "Expectations are growing alongside technical capabilities and scalability, so there are many angles to discuss and approaches to consider."

Discussing Digital

"When you ask people about how they're doing in 'digital,' the only constant is that it's always a little different from system to system," said **Lynnette Clinton**, VP Applications at BayCare. "Actually, isn't digital what we've done in IT forever? Automation, too? I hear new buzzwords every day for things we've done for many years. Some aspects have expanded, some have a little artificial intelligence (AI) tucked in, but not too much. Let's get beyond the buzzwords into something real."

With $4.9B operating revenue, nearly 28,000 team members and an approximate 33 percent market share, BayCare offers community-based, acute- and post-acute care across 15 hospitals, 177 physician practices and 17 outpatient rehab facilities, amongst other venues. But according to Clinton, BayCare doesn't have a separate digital health division; rather, they rely on all the strategies that make up digital health… without referring to it as "digital health." They do, however, have a Digital Leadership Council.

"Information Services (IS) partners with our marketing execs and others, but there's no separate arm for 'digital,'" she explained. "We just ask ourselves how we can provide the kind of retail experience that patients and consumers now expect."

A DEFINING MOMENT?

In asking participants, *What does digital mean to you?*, Clinton garnered the following answers that varied on facets both simple and complex.

- **Delivering a consumer-centric digital model that will enable a seamless, convenient and accessible experience, positioning our health system to be a pillar of care delivery transformation and innovation for patients and families**
- **Easing access for all patient services**
- **Automating formerly manual, consumer-facing processes**
- **Moving to consumer-centric patient needs**
- **Personalizing medicine through technology**
- **Meeting patients/consumers where they are and in the manner they prefer**
- **Shifting to electronic access on the consumer side**
- **Individualizing experiences and lowering friction**
- **Focusing on 'consumerism' and a seamless digital experience**
- **Integrating Digital 1.0 technologies (i.e., paper to electronics) into transformative patient- and staff experiences**

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Bert Chancellor, Executive Director-IS Business Operations, Loma Linda University Health

"Scottsdale Institute defines a digital health team as including the team that develops and manages the organizational effort to connect with patients/population through technologies like telemedicine, email, mobile phones and applications, text messages, wearable devices, etc. It may also be considered a joint effort with marketing," Clinton described. "As we grow, we may need to think later about centralizing *all* things digital…perhaps by creating an expert group to determine strategy together."

PROVIDING THE RETAIL EXPERIENCE

How do not-for-profit entities provide the retail experience that today's consumers expect? Clinton asked participants to comment on what she refers to as *bridges*, *balance* and *the right level of service*. "How do your teams work together?" she asked. "Do they collaborate or are they separate? And how do you bring your patients into the center of your work?"

For a retail experience, we're trying to focus on education, empowering consumers and giving them choices. When they come to the portal, we show them the types of care available (e.g., urgent care, ED, hybrid) and then send them through that path. It's helping them to make decisions and see cost differences thanks to price transparency.

–Emily Borlas, MBA, AVP-Network Applications, HonorHealth

More traditionally, it used to be the patient needed to be available to meet with the provider when it's conducive to the latter. We're moving away from that: Now, we're aligning capabilities and resources to meet the needs of the patient when they need it.

–Eric Ried, VP & CTO, CHRISTUS Health

There are two hated questions I get weekly: One, What's your digital strategy? And two, What's your cloud strategy? I want to say, "Cloud is a platform: So, what exactly are you talking about?" Also: If we're not serving the patient, we'll be out of business tomorrow. Take the physician to the patient. That's where my mind goes with digital and the retail experience.

–Shane Rodabaugh, VP, IT Infrastructure, Baptist Health

I went from CIO to Chief Digital Officer (CDO) simply because it's a more modern title, but most people still don't know what 'digital' means. It can mean anything to anyone. But I think Memorial adjusted the title because roles have changed to be more consumer-centric. You're only a patient when you're inside the walls of our hospital; otherwise, 99 percent of the time, you're a consumer. With more proactive- and home care, a CDO helps to make IT broader than what IT has been traditionally.

–Jeffrey Sturman, SVP & CDO, Memorial Healthcare System

Digital is not something new; it's been in other industry verticals for some time. It's now just coming to healthcare, and it's all brought on by consumer expectations. The pandemic brought it to the forefront: People had to move to that online experience. We've focused for so long internally on clinician EMR optimization; now, we will continue those efforts, but we must become heavily patient/consumer-focused.

–Rick Cowan, VP, IS Infrastructure, Northern Light Health

We say, 'Patients sometimes, consumers always.' Our digital transformation strategy is moving forward with a strong consumer focus. We've established collaborative partnerships across the organization to ensure engagement from all areas, with a focus on clinician engagement. IT plays an important role in the digital transformation strategy, but the business is driving the strategy. We have developed a reference

Lynnette Clinton, VP, Applications, BayCare Health System

Rick Cowan, VP, IS Infrastructure, Northern Light Health

Tejal Desai, System Director, IT Applications, NorthShore Edward-Elmhurst Health

architecture to clearly show how all the pieces and parts of our digital transformation strategy work together. Interoperability is core to our strategy and is the glue to ensure all the components integrate seamlessly and abstract complexity from the user experience. We want to avoid the mistake some organizations make with building a plethora of apps that don't interoperate, which causes additional confusion to the consumer. We have a great process for engaging our consumers and all users to capture their requirements to ensure we deliver according to their expectations.

–Jim Livingston, CTO, University of Utah Health

SPANNING THE GENERATIONS

"Sometimes patients are seeking high-touch, sometimes low-touch. Some want to talk with others, some want to handle everything themselves," Clinton noted. "What are your thoughts? Is there a difference between generational needs as well?"

One thing is to move as quickly as possible away from the phone! We are so dependent on phone calls. Now we're moving to omni-channel environments and need to enable those ASAP. Younger patients don't want to speak on the phone, they want to text, chat or email… and not necessarily during business hours. How can we enable 24/7 contact capabilities for patients at their convenience?

–Rick Cowan

I struggle with this: From a children's hospital perspective, there's a lot more expectation for calls. We do offer chat/texting options, but I think the challenge is to have meaningful conversation between the right caregivers and the families when they need that to happen. There can be degradation of the physician-patient relationship because of moving away from phone calls. Which are the conversations that still need to be had via a call? I think it's less a generational thing and more about what families need at the time.

–Bill Wilson, MBA, VP & CTO, Stanford Health

It's really about seamlessness—the blending of two worlds. We're all facing the same challenges.

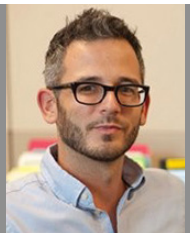
–Tejal Desai, System Director, IT Applications, NorthShore Edward-Elmhurst Health

Impacting Infrastructure

Kicking off the second session, Curin queried attendees around how quickly they anticipated "getting out of the data center business," and the majority (56 percent) responded it would still be more than three years out. With that, discussion host **Rick Cowan**, VP IS Infrastructure, Northern Light Health, shared that they moved to a co-location model several years ago to get away from certain environmental responsibility factors.

"In the northeast, Maine is only second to New York in land mass size, but we have a very rural population—one of the oldest in the nation, and one with a lot of chronic conditions," Cowan explained. "We have to be creative in how we serve them. We're largely an integrator versus a developer of solutions. We use vendor solutions and partner with them on their strategies. When we look at platforms, we aim for traditional 'as-a-Service' models. We ask, 'What's the service outcome we're looking for, and where's the best place to put it: Cloud, local or hybrid?'"

Northern Light's ERP environment is run in the Amazon cloud, such that the responsibilities of that cloud



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Christian Lindmark, CHCIO, CPHIMS, RCDD, VP & CTO, Stanford Medicine

environment—the upgrades, failovers and workload upsizing/downsizing—are left in the vendor's reliable hands. If there's a way to put things in the cloud, they do so. They then step down in tiers, asking how they can put operational responsibilities into the hands of their solution providers. Cowan also noted they remote-host with Cerner, who's starting to move their services into the cloud.

"When I started here, a significant amount of our workload ran on site; it was a mixture of data center technologies. Our technology was leading our business, versus the business driving and defining the needs and fitting the right technical solutions," Cowan revealed. "Today, we've moved toward standardization and consistency by implementing a hybrid cloud approach. Many items run in our co-location datacenters, but we now have standardization, with flexibility to scale both up and down."

Northern Light pays for its consumption versus utilizing a more traditional capital model, which helps them stay evergreen while also avoiding a huge technology-debt problem. Anything they can bring in as an 'as-a-Service' solution, they will.

On this facet, Curin added, "We used to have to be worried about resource constraints. Now it's easier—it's totally different with moving to the cloud, but you pay as you go…and we can get ourselves in trouble that way. What have been your lessons learned on this front?"

Members offered the following:

[At Geisinger] I was initially skeptical of moving to the cloud. Migrating to Amazon Web Services (AWS) required an initial investment that was a concern for our budget. It took me the better part of a year researching the cloud and speaking to people who'd made the transition to get comfortable that it was the right thing to do. We all have medium- to large operations, and being able to flex resources is a benefit. For Geisinger, we could spin down our Citrix environment when volumes were lighter at night and on weekends, so we could shut down what we didn't need and stop running the clock on those things. I embraced that over time. Then, when I looked at what we were spending per application in the cloud? It ended up we'd be under budget as hardware depreciation subsided. You can indeed learn to manage the data in the cloud.

–John Kravitz, Head of Healthcare Industry, Workday (former CIO, Geisinger)

Application rationalization—it helps to have a good program in place and keep an eye on it. We had a very big challenge five years ago and put an app rat team together to address it. Four years later, we've built rationalization into our regular daily routine. Our organization has an insatiable appetite for change, growth and improvement. For every application we can rationalize and take out, there are two more waiting in line to fill those workload spaces. No matter whether it's compute, storage or something else, it's definitely something where you need rationalization—and a week-to-week view—to see how you're consuming resources and managing them appropriately. In our first year alone we saved the OPEX budget some $800k.

SOME INS AND OUTS OF INFRASTRUCTURE

We're looking to move workloads to the Cloud. The challenge we have is, how does interoperability work in a hybrid environment? Some legacy systems aren't suited for the cloud. We have to operate those along with systems that are in the cloud, which creates extra integration and security challenges. I don't know that we'll ever get out of having at least some on-prem data center presence.

–Jim Livingston, CTO, University of Utah Health

The cloud is a tool—a way to achieve an outcome. If you've got a great data center capability and a great team, the cloud can be used to leverage that. But if you don't, maybe you should push risk away from the company onto something else. The cloud is a means, not a destination.

–Eric Ried

In our desktop Windows environment, 80 percent of the systems couldn't run Win10. We had to show the organization where the debt was and where it would stop them stone-cold in their tracks. If we didn't deal with it, we wouldn't even be able to run the EMR…just for not being able to move to Win10! It was very eye-opening for them. These are truly ongoing operating expenses we're talking about.

–Rick Cowan

Since then, It's been a consistent savings or avoidance year-over-year. Yes, the org is choosing to put more workloads out there, but we plan for them; it's not an overrun situation.

–Rick Cowan

As a CTO, from a technical perspective I also need buy-in from our apps partners. I've looked at all the cloud providers, but I can't find the cost-equivalent of what I have on-prem right now. Epic is straightforward for us. We've put some of our workloads there already. I'm more concerned about the other clinical vendors—how easy will it be to get them to join us on this cloud journey.

–Christian Lindmark, CHCIO, CPHIMS, RCDD, VP & CTO, Stanford Medicine

We had to tighten up our retention policies. We used to save everything forever, but our Risk and Legal teams have said we don't want to keep doing that. Big stuff, like images, take up a lot of space. There's a lot sitting around the Epic system that we can migrate now that's cloud-enabled and ready to move. Epic is in our five- to eight-year timeframe. We're focused on all that's around it now.

–Emily Borlas

We are really focusing our cloud journey on consolidation into SaaS platforms to reduce our overall storage and compute footprint prior to moving, lifting and shifting out of our data centers into a public cloud. We have about 40 on-prem apps we're consolidating into ServiceNow, and about 70 targeted for cloud ERP.

–Julia Rosen, MBA, VP, CTO, Centura Health

We too are focused on consolidating into SaaS and retiring tech debt as we move appropriate loads to modern platforms and delivery. We're doing the same with Workday and ServiceNow and retiring dozens of internal systems.

–Bob Benoit, VP & CTO, MultiCare Health System

We have certain workloads in the cloud that make sense (e.g., Data Warehouse, Genomics) but still have a heavy need for our data centers. We're actually in the process of migrating our entire health system to Epic. But after much deliberation, we found it's better for us and more cost-effective overall to have it within our data centers, so we're actually growing our footprint there.

–Nathan Taylor, VP IT Infrastructure, University Hospitals

Surviving New Staffing Realities

Members then answered a poll question asking their preference in terms of where their teams predominantly did their work. Over three-quarters responded that "occasionally onsite" was their top choice…and this set the tone for the Summit's final session.

As the Executive Director-Technical Services for California's Loma Linda University Health, Bert Chancellor shared that his location that particular day was actually in Kentucky. Grateful for the ability to travel to family and work offsite, Chancellor also recognized that, historically, Loma Linda was a very traditional organization full of tie- or dress-wearing professionals regularly.

"But then we all know what happened—the pandemic. What we took advantage of during COVID was that we'd already had some options set up for 'irregular remote work,'" he explained. "We pressed into that more during that time and quickly did what many other organizations did: Stand up telehealth capabilities that had been underutilized, set up Teams and Zoom, and then shift to a full remote model. For us, some will always be onsite, but most now are remote."

Jim Livingston, CTO, University of Utah Health

Joel McFadden, MBA, MSW, System Director–IT Operations, Intermountain Healthcare

Eric Ried, VP & CTO, CHRISTUS Health

Chancellor recalled wryly the pride and excitement their team had over designing a new team space that opened in…December 2019. It was barely ever used: By Q3/2021, they gave up all that physical space and moved to remote roles, utilizing hoteling space as needed in other locales.

"This is one of our current challenges: The reality now is, employees have more choices. How can we help them while also driving down costs? And how can we focus on the truth of what our people—those through whom we get things done and provide services—have been through the past several years?" he asked. "I had a meeting with a project manager who seemed distracted online, and I learned that she was a single mom of three kids under the age of 12 who were doing school from home, all on a single computer. It was a very intense discussion and, at one point, she broke down in tears.

"And *this* is what your people and my people have been through," he emphasized.

DEVELOPING EMPLOYEES THAT "STICK"

"We all know the challenges around what it takes to retain talent, the costs around losing that talent and later having to recruit again. What are your health systems doing?" Chancellor asked. Once again, Members shared transparently.

The last two years have been very unique. At the same time, our economy was the strongest it had been in a long time. Employees had many options since the labor market was so strong. It was difficult for employers to find and retain good talent.. The tide is shifting a bit in the economy, and should stabilize the workforce in terms of employers finding it difficult to retain employee's. But for them to want to stay is less about retention and more about how to build the culture we all want, especially in hybrid- and remote work scenarios. I don't necessarily have the exact answer for that, but I think it requires some "in-person" time; is it once a week, once a month, once a quarter? We believe hybrid and remote work are important as we think about our future, but we've got to balance that with bringing people together, purposefully, throughout the year at Stanford Health Care to help build our culture.

–Christian Lindmark

We've done similar things—offering flex work policies, market rate adjustments and lots of roles that are 100 percent remote but with in-person events. Yet we have an engagement survey every year, and the culture section always scores the lowest. People always think culture is all about the fun, but really it's all around transparency and communication. Recently we had some staffing reductions and took a different approach: We told everyone the layoffs were coming, how many positions we were reducing, etc. Even though it was a hard message, we got so much positive feedback. People just want militant transparency around hard topics.

–Julia Rosen

We're in a different world with the amount of remote work going on. In the Bay Area, where there's a high cost of living, it's a huge issue. We're now also seeing major companies return to work—Facebook, Google—and offering great work packages. It can be hard to compete on that front. But we also require employees to go on clinical rounds—to remember the why behind why they're here.

–Bill Wilson

Shane Rodabaugh, VP, IT Infrastructure, Baptist Health

Julia Rosen, MBA, **VP**, **CTO**, Centura Health

Melek Somai, **MD**, MPH, Assistant Professor of Medicine-CTO, Froedtert & Medical College of Wisconsin

ADJUSTING MANAGEMENT STYLES PER MODEL

"As you navigate a team through the new waters of hybrid/remote work, how do you handle onboarding, welcoming new employees and connecting with culture? How do you even drive connectedness, or measure productivity?" Chancellor asked. "At Loma Linda, there were no specific allowances for irregular work/remote, and not really a whole program around it for long-term, permanent options."

Despite myriad discussions with Legal, HR and others to develop an enterprise-wide policy, Loma Linda is still trying to find its footing, like so many other health systems on this new peri-pandemic frontier. But one interesting nuance is that Loma Linda doesn't allow people who reside permanently in other states to become employees; they must live somewhere in California. On another angle, Loma Linda has had to qualify their requirements for camera use during remote work. So many of the changes concerning the increase in remote workers fall into the laps of managers to determine requirements and guidelines and guide their workers through. Chancellor challenged attendees to be specific around their use of, and requirements for, video; with such decisions, employees then don't have to guess at what to do.

"With all these new rules, I don't want to lose sight of the big picture, which is, how well do we understand our employees and how tough might it be for them? How do we know what's going on?" he questioned. "An example: There's lots of research now on the effects and expectations of camera use, especially for females. I've joked that I don't devote a lot of time in the morning toward doing my hair (because I have no hair)…but I understand better now there are those who feel they must, especially when camera use is mandated."

TOUCHPOINTS: ON CONNECTION, RETENTION AND INTERACTION

I think two things are especially critical: Creating a culture toward psychological safety and belonging, and giving people the opportunity to design and build their future. Don't use consultants for that work.

–Bob Benoit

We've been doing three primary things that I think have had a significant positive impact on retention. One, providing a completely flexible approach to onsite versus remote work; employees can choose their location and schedule without rigid guidelines or rules. Two, allowing employees to live out-of-state, which was a major change for us because we're a community-based health system. Three, keeping employees strongly connected to the mission of the organization and reminding them of the impact of their day-to-day work on our end users and patients through rounding, customer kudos, patient impact stories, etc.

–Emily Borlas

We spoke of digitization early on as it related to our patients and consumers. I believe equally we have to think about it in terms of staff experience (onboarding, collaboration tools, etc.). We have to make it seamless to work in the various settings we're now allowing and make them secure.

–Christian Lindmark

We have stressed that onsite days should be structured differently from everyday remote work. Interactions and team meetings, including across teams, are positive examples of why we're onsite.

–Bill Wilson

In our standard meeting templates that we send with invites, we have a checkbox for 'camera on or off' meeting options.

–Julia Rosen

In my location we're responsible for most of the organization's infrastructure resources. We don't have any mandatory days; some come in all the time because they choose to, and others work 100 percent remote. One thing we've done recently is host a monthly lunch where the leadership team blocks the calendar and we gather with any team members who choose to come in for that day. We've only had a couple of events but they appear to have been very successful. There aren't any topics; it's just an open lunch forum…but watching the team interactions before, after and during has been rewarding. We're finding that leadership team access is important to many if not most employees.

–Nathan Taylor

I'm glad to hear more about the human connection. I just returned from a two-day workshop with consultants to improve the onboarding process. The primary focus was not on workflow and gaps, but rather on how to connect with colleagues, patients and others.

–Joel McFadden, MBA, MSW, System Director–IT Operations, Intermountain Healthcare

BUILDING CULTURE AND CARING

To strengthen staff connection to their ultimate purpose, Loma Linda has incorporated "mixers"—an old-fashioned word that simply means spending quality time together, usually including food or music. These, plus regular rounding, intentional connection and scheduled, virtual "open door" time, have all contributed to a deepened commitment to the overall cause.

"We feel strongly that connections matter. We want our staff to feel their purpose and have an opportunity to connect and understand why their work is so important and has so much value," Chancellor revealed. "Another thing we do now routinely is bring customers into our calls so they can talk about the importance of our efforts—to really drive home that what they do matters deeply." Loma Linda is especially concerned that their staff is healthy and doing well, especially in areas regarding mental health. With remote work, when the water cooler conversations and connections are no longer regular, it becomes more difficult to know what's going on in employees' lives. Chancellor believes that both individuals and organizations need to be transparent with each other, reinforce the mission of their work and give grace to each other.

Members shared similar stories:

We try to schedule the teams who need to be together at the same times. It's not a random thing, determining who's in the office at once. Recently we started doing one day per week in the office, and the staff was really excited. We don't want to bring folks in only to go into a cube and get on a Zoom call with their teammates. It's still not 'business as usual' per the last two years, but we've asked people to be creative, to have a three-minute hallway conversation and solve something in person that would have taken two weeks online.

–Bill Wilson

We're playing around with different ideas to have purposeful time together for our people to connect when we come to the office, like allowing teams to leave the office at 2 or 3 pm one day to do an activity together, and empowering managers to spend some money on those kinds of connecting events. In the past, I've felt we've thought of team-building activities as after-hours, but these activities don't have to be after-hours and, arguably, shouldn't be.

–Christian Lindmark

It's important to engage employees in these kinds of conversations; leadership shouldn't just decide everything. And: All kinds of employees should be consulted. Some people need to be online; others don't. We've asked our staff to help us solve for some of the problems we've discussed here today; we're engaging them and getting ideas, which is very important.

–Emily Borlas

Jeffrey Sturman, SVP & Chief Digital Officer, Memorial Healthcare System

Nathan Taylor, VP IT Infrastructure, University Hospitals

Bill Wilson, MBA, VP & CTO, Stanford Children's Health

Conclusion

Briefly touching on automation before closing, Chancellor said he believes the types of work and IT skills that were needed between 2010 and 2015 will be far different by 2025 through 2030…so how should we work with employees on development, to get them where they need to be?

Part of this is far less skills- and training-based than one might think. Chancellor shared some wisdom he received about the cultural and spiritual challenges his work entails—that it's far more different and difficult to be a manager at Loma Linda than at other places.

"Anywhere else, you get a project done on time and on budget, and you've done great," he explained. "But at Loma Linda, it's tougher: You have to do those two things **and** keep your people whole.

"I have a belief that my responsibility is to keep people whole—not just patients, but employees. It's my most sacred responsibility," Chancellor shared. "Some organizations won't care about what happens to your marriage, your finances or your emotional state. But we do. We *must*."

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