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Jonathan S. Lewin: Leadership in the Era of Digital Transformation

A Q&A with the executive vice president for health affairs for Emory University, executive director of the Woodruff Health Sciences Center, and president, CEO and chairman of the board of Emory Healthcare

In the eyes of Emory Healthcare CEO Jonathan S. Lewin, M.D., digital has been a central factor to the organization's three-fold revenue growth in the past decade — by creating a better, more engaging patient experience.

Take patient scheduling. Borrowing a page from the airline industry, where travelers go online to choose which flight they'll take on what date and time, Emory is in the process of empowering patients through a new software platform that allows them to find the right doctor at the right time for the right diagnosis with the right level of urgency. The result has been a new process beneficial to both patients and the hospital system.

"Critical for growing our outpatient volumes has been improving our scheduling, improving our patient-facing interfaces and improving the way that we digitally interact with patients and their families," Lewin says.

Lewin is the rare quadruple threat in healthcare: physician; scientist with more than 30 patents; professor; and executive. In addition to his lead role at Emory Healthcare, Lewin is executive director of Woodruff Health Sciences Center, and he is executive vice president for health affairs at Emory University, where he is also a professor of radiology and imaging sciences, biomedical engineering, and health policy and management, and a member of Winship Cancer Institute.

Lewin recently spoke with Greg Vaughn, M.D., of Spencer Stuart about digital healthcare and how it is impacting leadership, patient interactions and innovation.

Q: What is the most important part of being an effective leader in healthcare amid digital transformation and other changes?

A: Being an effective leader in the age of digital transformation requires largely the same skill set needed to be an effective leader in any transformation. It's primarily a matter of creating an empowering culture so that the people who want to innovate in whatever sphere, whether digital or otherwise, can be creative and pilot new ideas. An important factor for healthcare organizations is embracing the idea of "if you fail, fail fast" in a way that doesn't negatively impact or harm patients.

Fortunately, I believe places like Emory are going to lead the way forward. Just like we've done in clinical trials, in vaccine development or in drug development for HIV, I'm hoping to build an infrastructure that puts us on the vanguard of creating digital innovation for healthcare and really helping to disseminate what we learn around the country and around the world.

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Q: How do you effectively lead people and teams for success in tomorrow's healthcare environment? How are the capabilities you need as a leader changing because of new business needs, competitive shifts, digital technologies, etc.?

A: In today's rapidly evolving healthcare environment, it is imperative that leaders stay nimble, empower the workforce and rely on the expertise of their key people to examine all options. Staying focused on our people and our patients provides a basis for decision making amid all the complexity.

It's a challenge, but an exciting one. The rapid changes in the healthcare landscape present new questions nearly every day. In the face of this complex evolution, it is important as a leader that your team has the individual and group expertise in these areas that you mention. In addition, it is imperative to maintain focus on clearly defined strategies. In 2017, we initiated a strategic planning process that would result in our roadmap for achievement over the next several years. Approximately 250 individuals from throughout the health sciences contributed to the development of this transformative plan. Its goals and strategies support and align with those of Emory University and will support the realization of our shared vision for the future.

Q: In building high-performing teams, what skills do you look for? How do you encourage desired cultural traits across a wide-ranging organization like yours?

A: To that end, we work to cultivate collaboration and leadership throughout the organization in order to build a constructive, diverse and inclusive culture. This is built into our strategic plan and is an important part of developing teams that function and innovate across disciplines.

As part of our major effort toward this goal, we are in the midst of a health system-wide transition to a "lean operating culture," which we call "Empower." As we roll out the lean toolkit of visual management boards, daily readiness huddles, value stream analyses and other process-improvement methods, we are intentionally working to "invert the pyramid" in our culture, empowering frontline employees to identify and solve problems in their own work areas and to readily communicate their solutions across the organization.

We are also using this opportunity to create a system by which all 23,000 health system employees can easily escalate problems beyond their local resources for rapid help with specific challenges. We currently have almost 400 daily readiness huddles in the early morning, elevating through a formal structure to a "tier 5 huddle" that occurs in our C-suite every day at 9:45 a.m. We anticipate having 1,000 daily readiness huddles active by the end of the fiscal year, reaching essentially all of our outpatient sites, inpatient units and central services. This structured process has been remarkable in creating rapid awareness and problem solving, and I am delighted by the engagement of our workforce and the early evidence of a cultural transformation as we have progressed on this journey to educate and empower our employees in lean process improvement.

In addition, our Woodruff Leadership Academy, which has been in place since 2003, enables emerging leaders to develop understanding and expertise in the teamwork approach to planning, implementation and problem solving. The program seeks to develop change agents who can lead as well as participate in high-functioning teams that contribute to and advance our mission while helping them further advance their leadership skills.

Q: How has digital transformation played a role in Emory Healthcare’s impressive growth?

A: Most of our growth has been organic — increasing our outpatient volumes, our outpatient capacity and our points of access — and critical to that is improving our digital interaction with patients and their families. We’re continuing to invest in software to allow direct patient scheduling, trying to catch up with what the airlines have been doing successfully for many years.

An important part of our growth in the last year was our new collaboration with Kaiser Permanente. There, we’re using our digital tools to create an integrated healthcare experience — seamlessly connecting the Kaiser Permanente clinician, the primary care doctor in their offices, and the inpatient or specialty care that we may be providing at Emory.

Mergers and acquisitions have also been a big element of our growth, and they are highly dependent on digital connections. Much of our initial capital investment at our newly merged hospitals is in building out digital infrastructure across a wide area of capabilities, including health records, revenue cycles, scheduling, analytics and flow.

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Q: You mentioned building out the digital infrastructure. Can you tell us some other areas where digital is making a mark, such as your innovation hub?

A: The Emory Healthcare Innovation Hub is dedicated to battling healthcare inefficiencies with digital innovation and digital advances. We’ve collaborated with large

multinational companies that have the resources and software expertise to build digital platforms the right way. The model is to source problem statements from our faculty and staff — general healthcare problems, not just Emory healthcare problems — and then to work with our industry collaborators to ideate, co-develop and eventually validate the solutions.

Digital platforms have also been central to our diabetes management and care coordination relationship with Onduo, a digital platform for monitoring Type 2 diabetes. Onduo helps manage both the technical and behavioral elements of managing diabetes. This means optimizing medication management while also encouraging the right customer activity, diet, etc., which is very difficult to manage through infrequent, episodic visits. The early results show that that the virtual care model with more continuous patient engagement is succeeding in helping patients improve their health and wellness.

Beyond our industry and clinical collaborations, I’m optimistic about the future of clinical trials in the era of digital transformation. In the past we had to manually search through records to find patients who might benefit, and then go through a time-consuming process to tell them about the opportunity and get them consented. Mobile tools today allow us to much more easily find candidates and gain their consent. More people have access to clinical trials, and we as academicians have much broader access to the public. And as wearables and home-monitoring technologies spread, the data we can collect and use for our research will enable us to view a much wider spectrum of outcomes outside of our healthcare settings.

Q: How has your institution organized to evolve and execute digital strategies?

A: Organizationally, the functions of a chief digital officer are spread across several roles: CIO, CMO and the director of the innovation hub. Having people with direct accountability in the areas of primary digital innovation has worked well for us.

While it is accurate to say that leadership shares in the responsibility for evolving digital strategies, it is done with quality and patient outcomes at the center. Digital strategies, tactics and challenges are a regular topic at our C-suite leadership team's biweekly "System Strategy" meetings; as a leadership team, we see the "digital bricks and mortar" as every bit as important as our physical plant. At this point in our evolution, there is a critical digital component to the vast majority of our new initiatives and strategic priorities.

We have also been actively pursuing innovation in our digital toolset. The innovation hub is one good example. Another is our collaborative biomedical engineering program, a joint department between Emory's School of Medicine and Georgia Tech's College of Engineering. The mission is twofold: to educate and prepare students to reach the forefront of leadership in the fields of biomedical engineering, and to impact healthcare significantly by assembling a world-class faculty to shape the cutting edge of research in key biomedical engineering areas.

Q: Looking at this digital transformation era, what privacy, ethical or cultural issues related to patient care do we have to address now that maybe we didn't before?

A: There are certainly significant ethical and cultural issues related to digital tools, and the delivery of care and privacy is certainly one of them.

One ethical issue that we need to be very careful about, fairly unique to healthcare, is how we use the data in digital transformation to ensure that we're not widening the disparities we already see. First of all, digital technologies are not universally available. We have to be sure that we don't leave out any communities who don't have ready access to computers or mobile devices.

Beyond that, if machine learning models are optimized for a subset of the population or if we focus too much of

our effort in patient engagement platforms that aren't uniformly available, we may create a new form of inequity out of a digital disparity. There is an abundance of data that shows that because AI algorithms are based on human-provided input, human biases can easily get built in. So, with AI, we will need to be vigilant in searching for and mitigating biases in the application of AI given a host of important ethical issues that it will ultimately uncover.

Q: What do you see on the horizon for digital healthcare?

A: I think in 10 years, just like we've seen in other industries like airlines and banking, we're not going to be talking about "digital healthcare" — we'll just be calling it healthcare.

To be a successful healthcare enterprise in the year 2030, we must make the whole process seamless for people who choose us as their provider — whether it's finding parking, setting appointments or just knowing where, when and how to engage with us.

Artificial and augmented intelligence will help cut out a lot of the unnecessary work in healthcare. Many digital advances, such as electronic health records, have had the unintended consequence of creating distance between patients and doctors; a generation of doctors has learned their practice facing away from the patient so they can type into terminals in the exam room. The true transformation will be when clinicians can once again turn around and face the patient by offloading clerical and administrative tasks to AI assistants.

In the future, we're also going to get very good at enabling patients to monitor chronic diseases in near real time, whether from mobile devices, wearables or other remote monitoring technologies. The ability to not just see patients once every three months in an office, but really see them continuously through digital technology will benefit them in ways we can only imagine today.

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