Growth leader homes in on key healthcare issues

Transcript

00:00 – 00:14

CHENELL BUNGER: Welcome to the Becker's Healthcare Podcast. I'm your host today, Chenell Bunger, and right now I'm recording live at the Becker's Healthcare 14th Annual Meeting in Chicago, and sitting down with Claudia Douglass, the Principal Healthcare Growth Leader for Grant Thornton. Claudia, thank you so much for joining me today.

00:15 – 00:17

CLAUDIA DOUGLASS: Yeah, sure. I'm glad to be here. Thanks for having me.

00:18 – 00:22

CHENELL BUNGER: Perfect. Well, to get us started, could you please introduce yourself by sharing a little word about your background and current role?

00:23 – 01:02

CLAUDIA DOUGLASS: Sure, sure, I'm happy to. I've been in healthcare for 30 years — a long time. I started when I was pretty young, and I spent half my career in the provider space in strategy and operations leadership roles, as well as half in consulting, so about 15 years in each. I've been at four consulting firms and three providers, and I have watched the industry grow over the past 30 years in many directions and I believe we are going to continue to evolve, probably at a faster pace, over the next decade or two.

01:03 – 01:16

CHENELL BUNGER: Perfect. Well, moving forward into the meat of the podcast, based on your work with healthcare clients at Grant Thornton, what are one or two top trends or developments industry leaders are focused on right now, and what is your approach to helping them navigate these issues?

01:17 – 05:11

CLAUDIA DOUGLASS: So, I would say one of the biggest topics that we've been tackling, obviously post-COVID, is workforce, and it continues. I do think it's alleviating, but even as evidenced by the past few days here at the conference, it's still a hot topic. I think one of the things I'd like to focus on is as we come out of some of the nursing crisis — I mean we still need more nurses, we still need more providers, we still need more support staff in healthcare — however, I do think we've made progress.

Another piece I'd like to focus on is leadership development. I have seen in the market a great opportunity for pairing leadership development with transformation. We all know we have a lot of opportunities in healthcare to improve. We still harm one in four patients. We still have opportunities and experience and access and we're seeing continued disruption in the space by non-traditional healthcare companies, and I think that will continue on. One of the things that I think is a key focus for us in healthcare is helping our younger leaders develop, and staying close to them and pairing them with transformation.

So, what do I mean? When we're doing a transformation effort, let's say it's improving our access, let's say it's improving the stay, it could be traditional things — that's a traditional thing we've been doing for a long time — but doing it differently. And not just giving people metrics — some like to call them "OKRs," some in leadership and planning like to call them "A3s." I would say, giving people the tools to empower their staff, the tools to know how to go bottom-up versus top-down, giving them the support, and I'll call it "leading with love." We've heard some presentations this week from some of our health systems about really getting to the heart of the matter and caring about our people. We did go into healthcare to care and let's bring that back, because sometimes we lose sight of that when we are so focused on the task at hand right in front of us. It is stressful in healthcare — we are dealing with life and death. But let's make sure we're bringing in more of that leadership development training and support to the team. So that's one.

I think a second one would be, of course, the hot topic of artificial intelligence and technology. I like to call it "augmented intelligence" or "assisted intelligence" because a human should always be in the center. And actually, that aligns with some of the earlier conversations around leadership. We have a great opportunity to do things better, smarter and faster in healthcare with technology. We need to have the right governance in place to look at that, whether that's NIST or other areas, we need to brace ourselves for that.

I actually was recently last week with the head of the HHS and all, and learning some of the new things that will be coming down the pike. I think we all should get involved in that and continue to work to push for the right guide rails, but so that we have a resiliency in this. And also we're looking at it from a rational standpoint, but also not stemming innovation. And how can we unburden caregivers at the bedside? How can we unburden staff and solve more problems with it, and really pilot it and try it in controlled settings, but not keep from the innovation out there, not be afraid of it? And I think sometimes words really matter, and using the right words with caregiver teams and support teams is really important.

05:12 – 05:30

CHENELLE BUNGER: Got it. So just to sum that up for listeners, paying close attention to workforce challenges, leadership development and artificial intelligence. And speaking of artificial intelligence, what do you see on the horizon for artificial intelligence and healthcare and what are the most significant ways, good or bad, you think it'll affect providers?

05:31 – 10:04

CLAUDIA DOUGLASS: Sure, sure. So, I would say we've seen a lot in the front and back office. You know, we've seen finance automation that continues to improve, revenue cycle, access, chat bots, scheduling. I think if we look at where a lot of the costs are and where a lot of improvements can happen, it's within the care journey. And so I would recommend — we're seeing a lot of improvements, for example. I'll give you one. I've worked on what I'll call the, whether you want to call it the "ambient" hospital room or the OR, or the "intelligent" hospital room. We are seeing more virtual in the hospital.

Twenty years ago, when I was a chief operating officer, we did Nighthawk for our teleradiology. Australia was reading our images in the Carolinas and in the Southeast at night to help our radiologists. And we had AI embedded in it then. It's a rules engine. At the end of the day, we put fancy names on things as they come out. And it is evolving. Obviously ChatGPT-4 is different. Computer vision is different now. But as we look at the future, I think it's really important to embrace lessons we've learned from 20 or 30 years using this for today.

And so, during COVID, we saw a lot of virtual and different artificial intelligence starting out in the field and in the home. And then if we look at where costs are high, if we help nurses through virtual nursing programs for physician consults, remote consults, we have computer vision in the room, we have natural language processing. I mean, that's just one use case. But I think there are so many things in the care journey to help consumers and patients as well as caregivers. We still have a caregiver shortage. We still have burnout.

I think those are areas to focus, not that we shouldn't focus in HR, finance, payroll, supply chain, the support service, but I think really focusing within that care journey. And I still think there's a lot of opportunity because you see pilots out there, but I don't know what percentage — it would actually be a fun study to do — of hospital rooms have audio visual (and not just iPads, but I'm talking about cameras in the room with audio). Let's say it's 10%. I think I'll make a bold prediction that in the next three years we'll see that throughout.

And I think one of the spotlights of COVID, a lot of horrible things happen in COVID. I had a few friends pass away during COVID that were my age, and I miss them dearly. Some of the positives of COVID were, it forced us to look at things that we thought were HIPAA or regulatory and actually do things different because we had to. We couldn't always gown up and get in a room, so we started putting audio and cameras and we could talk through the glass and in the ICU and other areas. And we found — wow, our patient satisfaction went up, especially in acute care units. You can be lonely when you're laying in the bed. And you know, if you have a virtual person that could come on and talk to you could help you say,

“Hey, listen, before you get out of the bed, let's get a person in to help you for a fall, or by the way, let's move around a little bit more. You could get a pressure injury, you know, a wound.”

So, I think when we bring these things in and we focus, we have the bedside team or the person closest to the consumer working on these things. Not top-down, not “thou shalt,” and “I'm going to tell you what to do,” but we have them involved in the technology. We have the nurses, we have the housekeepers, we have the food and nutrition team, the transporters telling us what they want and what they need. And then we're designing the system around that. That is when true transformation happens. And that's when we hit what I'll call improvement of quality and safety, improvement and experience. You will see growth because more people will want to come to you. You will see better caregiver engagement and you'll see lower cost.

So, I think there are things we can do that improve — I think sometimes people think improving quality and safety has to cost more. Not necessarily. Improving quality and safety can be reducing unnecessary tests that are expensive, right? Reducing avoidable care that's expensive. So, I think if we focus on things holistically involving the consumer and the caregiver, we'll have a win in transformation.

10:05 – 10:19

CHENELL BUNGER: Absolutely. And moving forward with your three-plus decades of experience, you're the perfect person to ask this question. What is one action step that healthcare leaders can take this year to ensure that they're promoting growth and supporting transformation at their organizations?

10:20 – 12:55

CLAUDIA DOUGLASS: Yeah, sure. So, I think some of them we've just talked about, right? I think one of the things is making sure — I think some people during, during COVID stopped doing some of their engagement surveys because there was just so much coming at people. There was caregiver fatigue, alert fatigue, people were tired. We had people leave the industry. So, I think one of the things is doing more surveys of your team from a pulse perspective. And what do I mean? Not a long 50-question blast that you do in email, but more just surveying your team. Even using AI for that, you can watch and see how many times a nurse is going to a supply closet to find something that they can't find, or different things. Using different ways to find out how people are unburdened and then tackling that. So really just staying close to your team, staying close to their engagement and watching those kinds of things.

I think we talked a little bit about looking at transformation differently. Don't just give people metrics and be top-down and say, “You will do this,” or there will be kind of the, the stick versus the carrot. I think really looking at those things and being focused on, on the people that are closest to the consumer. And then access is a big piece and using technology to advance. So I think those are some key areas that we're seeing.

Of course, there's the cyber monster, right, out there. We all have to be very careful and vigilant and make sure that our systems are ready, especially dealing with patient data and financial data. We're seeing continued work in that.

And then I think one last one is there's still — while we've slowed with some of the interest rate hikes and different pieces and we're all watching, there's still plenty of deal flow out there. I think that we will start to see pickup in the fall and even sometimes this summer. I'm talking to our M&A partners, our transaction partners in both house systems and private equity, portfolio companies. And we're seeing increased interest. It's still always a good time to make sure that you're ready for that, you're ready for either going public or an acquisition, getting some investment money, making investments. Always being operationally solid is always a great thing. But I still think focusing on assets you can acquire that will help you with your mission, vision values or those that you might need to divest. But the whole growth, continuing to move to the home, ambulatory, I think we're going to continue to see that.

12:56 – 13:03

CHENELL BUNGER: Got it. Well, Claudia, I want to thank you for joining me today on the Becker's Healthcare Podcast. But before I let you go, is there anything else that our listeners should know?

13:04 – 13:19

CLAUDIA DOUGLASS: No, I think we covered it all and we're coming up on our happy hour here. I think it's starting to get louder around us. For those of you listening, if you see that we just had Michael Strahan speak, so everyone's really excited. It's been a great conference, and I thank you for your time.

13:20 – 13:24

CHENELL BUNGER: Of course. Well, thank you so much for sharing these insights with us today and for joining me on the Becker's Healthcare Podcast.

13:25 – 13:27

CLAUDIA DOUGLASS: Thank you. Bye-bye.