

Dr. Gary Kaplan's Prep Memo

Description:	Interview with the American Medical Association (AMA)	Dress Code:	Business casual
Location:	To be shared	PR Contact:	Michelle Peterson
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Context & Opportunity

- The American Medical Association (AMA) would like to reflect on your career and discuss your next steps, as well as advice for those new to the profession. For reference, AMA will also be interviewing Ketul Patel in the coming weeks.

Reporter Background



Andis Robeznieks
Senior News Writer, *American Medical Association (AMA)*

Andis covers health industry news for AMA. He particularly specializes in public health, health IT, physician advocacy, healthcare construction, and design. Prior to working at AMA, Andis was a quality and safety reporter with American Medical News. He also covered the same beat for Modern Healthcare.

Recent Stories

- [How to prioritize equity in health care? Watch and learn \(11/8/21\)](#)
- [750,000 COVID-19 deaths a heavy toll. Now we can prevent many more. \(11/5/21\)](#)
- [New group benefits help practices recruit, retain talented staff \(11/5/21\)](#)

Q&A

Career-focused Qs

Q: How have the last two years differed from all the others at Virginia Mason Franciscan Health?

- The pandemic has changed nearly every aspect of how we operate, from our team members at the bedside, to our administrative staff.
- It's been an extremely challenging time for health care workers who are on the frontlines of the pandemic every day.
- We know we will be dealing with the impacts for years to come, so it is a core part of all of our planning conversations as we navigate what a post-COVID world looks like.
- The pandemic has shown the value of our integration.

- Our merger discussions started before COVID and I think in many ways, the pandemic actually accelerated our progress to come together.
- We had remarkable success in our established clinical partnerships prior to our merger, which was evidence we could create something exceptional by forming a new health system to serve our region.
- Washington was one of the first COVID-19 epicenters in our country. We saw our first patient February 28, 2020.
- As more cases began to emerge, we were already collaborating and sharing safety practices, new protocols, and meeting regularly to ensure the best care for our patients.
- The fundamentals were well established for us to successfully move forward with our merger.
- As a unified system, we have been better equipped to weather the pandemic and care for our communities.
- I've been gratified to see how our team members used the principles of the Virginia Mason Production System to rapidly stand up a large-scale vaccination site with Amazon, where we hosted weekend events that allowed thousands of people per day to be immunized.
- One challenge with the merger is balancing team members' desire to integrate quickly, with making sure we are being thoughtful and truly understanding what each organization brings to the new organization.
- As we move forward, we recognize it's an ongoing process to ensure we're combining in a way that honors the strengths of each organization.
- When you combine two large organizations like ours, it takes time for noticeable change—and we want that time.
- We are excited to build on the momentum and progress so far.

Q: Why/when did you decide to step down as CEO? What are your short- and long-term future plans?

- I feel it's the right time to take a step back from the CEO role to spend more time with family.
- The decision to end my time as CEO comes at a natural time, after 43 years of leadership and service to the Puget Sound region and the broader health care industry.
 - This transition has always been part of conversations Ketul Patel and I have had.
 - Given the successful initial integration of our new health system over the last 10 months, I'm confident in VMFH's progress and the system's future as a leader in quality, safety and patient experience.
 - I'm grateful for being part of the successful first year of integration and ongoing adoption of the Virginia Mason Production System quality framework.
- In 2022, I will serve as an SVP for CommonSpirit Health's 21-state national network, sharing expertise in quality, safety, patient experience, while continuing the implementation of the Virginia Mason Production System.

Q: What are you most proud of about your tenure as CEO?

- One of the things I'm proud of in my career is helping to lead an organization and contribute to a movement nationally of learning and evolving.
- I think one of the things I've learned is that we need to be lifelong learners and not say we've figured it out, but build the capacity to learn.
- I'm proud of changing the conversation from health care designed around physicians and nurses to a new way of working and leading designed around our patients and finding new and innovative ways to

listen to the voice of our patients. We've integrated that into all of our processes up to and including convening teams with patients and family members to redesign processes.

- I'm proud of our willingness to look outside of health care for answers. Early on, I personally looked all throughout health care for a management system. This was 2001 / 2002, and nobody had it. That's when we heard from Boeing what they were doing with the Toyota Production System, and we were willing to explore that. I'm very proud that we were willing to embrace principles that did not originate in health care.
- Among the list of accomplishments by applying TPS to health care at Virginia Mason Medical Center are:
 - The time to report lab results to patients was reduced by 85% with the new system, and patient satisfaction with outpatient scheduling had improved from 40% to 85%.
 - VMMC also reduced supply costs by \$2 million through contract renegotiation and clinical procedure standardization.
 - These early significant improvements drew attention and recognition across the country.
- Perhaps I'm most proud that this work will continue as the management system of the VMFH organization and potentially more broadly across the industry.

Q: What has been the greatest challenge during your tenure?

- One of my biggest challenges has been having people act on the call for urgency to change. As a nation we spend hundreds of billions of dollars developing new drugs, procedures and medical devices. Yet we've spent next to nothing deploying a systematic method to determine the most efficient and cost-effective way to deliver all the care people need and only the care they need, at the right time, in the right place, by the right people and in the right way.
- We know that systems engineering has been widely used in other industries, such as manufacturing and aviation, to improve efficiency, reliability, productivity, quality, and safety of systems. We've proven it can be used to improve in health care – Virginia Mason is one example – but it warrants more widespread adoption and implementation.
- Among the barriers that has limited a wider spread of systems engineering in health care is the predominant payment system— the fee-for-service method often discourages efficient care. Providers – doctors, hospitals -- should be paid for value — for example patient health-outcomes — rather than the volume of tests or treatments administered.
- The fee-for-service / value-based dichotomy has so many of our leaders saying, “woe is us we have one foot on dock and one on the boat.”
- We can't be thinking that until we get paid differently, we're going to continue to do the wrong things with unnecessary tests and treatments.
- So even though we're still predominantly fee-for-service, we can bend the cost curve and take the lead on lowering costs.
- It is taking us too long to change the way we are paid. The biggest challenge really has been the unwillingness of the broader industry to change and keep up. There needs to be more urgency and the courage to change from the status-quo to a better model.

Q: Do you have any advice for health care leaders facing similar challenges?

- Be willing to take risks. The status quo way of delivering care is not sustainable. Be willing to try new things, even if they are not initially seen as the most popular approaches.
- Be patient. I think about my duality, and people who know me well know I struggle with patience and impatience. I'm very impatient for change because if it's your family or friend or my family or friend, it bothers me that we're not yet as safe as an industry or as a profession as we need to be. But one of the things I've learned is sometimes you have to go slow to go fast.
- I think you can see that as you look at the timeline of our journey with VMPS and the press clippings.
- Here we were two years into the VMPS, learning that we needed to lower the water level and deeply understand our processes in a transparent way even if we didn't like what we saw all the time.
- Then Mary McClinton died from a preventable medical error. When that happened, I said, "How can we NOT be transparent? How can we NOT tell this story, because if we don't, we are allowing the lessons learned to go unlearned by others and potentially other patients will be harmed."
- So we made the decision to go public and we got negative coverage in the media as a result.
- It was a very sad and difficult time, yet we knew we had done the right thing. One of our team members said the same thing happened at another hospital in our community and it was swept under the rug. Mary might have lived if we could have learned from that incident.
- This was an inflection point that accelerated events that we wouldn't wish on anybody, but that we as leaders needed to learn from – how can we be a catalyst and accelerate this work going forward?
- Transparency is one of the transformative concepts of patient safety, and it needs to be the norm in the industry.
- We've made progress. There is data even the trial lawyers will tell you if you're transparent with an apology, disclosure and communication you can actually reduce professional liability cost. But it's about doing the right thing. And people have a right to know.
- I would tell other leaders that one of the critical forces, whether we like it or not, is transparency. The cloak of secrecy is being removed in many ways.
- That's another element of this journey we've been on that I'm very proud of.
- Other advice I would give leaders is to recognize and appreciate the people on your team. When you are asking people to accelerate efforts or change the way we approach our work and try something new, as was the case with the Virginia Mason Production System, provide constant recognition and appreciation. Go back to the why.
- The greatest asset we have is the ideas of our team members. As a leader, you cannot be successful on your own. Valuing and appreciating others, while giving them credit for their contributions, will go a long way. This is especially important when implementing new processes that change the way things have always been done.
- Ensure that your organization is a learning organization. A lot of our success is based on the commitment Virginia Mason Medical Center has to being a learning organization.
- Be approachable and willing to listen to and implement improvement ideas from individuals at all levels of your organization. After all, those closest to the work know it best and how to improve it.

Q: Where do you see the patient-safety and health care quality-improvement movements headed?

- I think we are having many of the right conversations about quality improvement, but we still are not taking action, on a large scale, fast enough.

- I'm happy that Virginia Mason Franciscan Health has launched the Virginia Mason Production System as our organization's management system to move this work forward.
 - More than 60 VMFH leaders are already undergoing training with VMPS
 - The goal is to train 600 leaders in total in the next several years
 - VMFH established a central, systemwide Kaizen Production Office (KPO) with four satellite KPOs driving local implementation
 - A pilot is already in place at St. Anne Hospital, where a team leveraged VMPS to develop a two-year work plan addressing access to specialty care
 - Through the Virginia Mason Institute, we have already successfully deployed VMPS at peer health organizations – we have a proven blueprint for implementation and we are confident this will drive results
- And I am grateful that, though my new role with CommonSpirit, I will have an opportunity to further spread the Virginia Mason Production System and have a bigger impact on health care quality, safety and patient experience at a larger scale.
- It will take a large and organized effort involving many health care providers pulling in the same direction to really impact patient safety and health care quality improvement in a meaningful way.

Q: What has been the most overrated or overhyped development in health care that you've seen during your career?

- I'd like to answer this question by talking about some things that I'm disappointed haven't come to fruition.
- Universal coverage:
 - I would have liked to see movement toward universal health coverage so that all individuals and communities receive the health care services they need without financial hardship.
 - At this point in time, given all of the resources in the United States and -- for example -- the implementation of the Affordable Care Act in 2010, I would have thought that we would have found a way to provide care to all Americans without risk of bankruptcy and without discrepancies in the quality of care afforded.
 - With universal care, I believe that our nation and society would see so many desirable benefits:
 - Lowered overall health care costs.
 - Much lower administrative costs.
 - Standardized service.
 - Lowered future social costs.
 - People making healthier choices, with more information provided by the health care system.
 - healthier workforce.
 - Too many people do not receive the health care services they need. Many are pushed into extreme poverty each year because of out-of-pocket spending on their health care. As a country, I am still hopeful we can come up with solutions to this problem.
 - For this to be a reality, we need people to have access to high quality health care so they can take care of their own health and that of their families, health care providers who provide high quality, patient-centered care and policy-makers who are committed to moving universal coverage forward.

- This will not be an easy task, but we must find ways to prevent and treat diseases and illnesses, while improving the wellbeing and quality of life for everyone.
- Providing universal health coverage would reduce the risk that people will be pushed into poverty because of unexpected illness that requires them to use their life savings, impacting their futures and often those of their children.
- With universal health care, we also would have to determine what would need to be done to continue to make health care a desirable profession for practitioners. I'm thinking of such things as free or steeply discounted medical education costs for nurses, physicians and clinicians. And finding more ways for the health care system to reduce the stress and emotional burden on practitioners.
- Direct to employers contracting:
 - My hope was that more employers would have taken health care cost savings into their own hands through direct to employers contracting to lower overall costs by making pricing more transparent and reducing the control of health plans and brokers that may be barriers to better managing health care. Doing so opens a direct conversation about costs and quality.
 - These contracts lower costs without compromising quality, improve price transparency and establish an aligned interest between employers and providers.
 - Companies that purchase health insurance can drive change in health care. They want high quality health care and predictable costs, but it hasn't happened enough.
 - An example is our Centers of Excellence program.
 - In 2012, Walmart designated Virginia Mason as a Center of Excellence to provide cardiac surgery and spine procedures for its employees at bundled pricing arrangements.
 - Virginia Mason was also designated as a Center of Excellence by the Pacific Business Group on Health Negotiating Alliance to provide knee and hip-replacement procedures for employees of Walmart and Lowe's.
 - In 2016, the Washington State Health Care Authority named Virginia Mason a Center of Excellence for total joint replacement.
 - In the arrangements, Virginia Mason assumes financial risks to complications and infections.
 - Also, I'm disappointed that the interplay between insurers and care has not improved. Anyone who has dealt with our health care system understands the complexity and challenges that often accompany care as a result of the way American health insurance functions.
 - The current dynamics of contracting between insurers, hospitals and clinicians is overly complex and does not necessarily benefit the patient. It needs to be changed.
- Prescription drug costs:
 - Part of making health care affordable is making prescription drugs affordable.
 - Sadly, many low-income individuals cannot take their prescriptions because of costs. They should not have to make a choice between feeding their families and maintaining their health by taking their medications.
 - I'm glad to see our current Administration sharing a plan to lower drug prices. It will require negotiation, competition, transparency and innovation in the health care industry, but we still have a long way to go.

Other potential topics:
COVID Capacity + Staffing

What kinds of staffing challenges (and space as well?) are you facing?

- Like other hospitals across Washington, we are experiencing high hospital and emergency department patient volumes, and we had a significant spike in COVID-19 cases. This is in combination with a severe staffing shortage in health care throughout our region and our country.
- We are carefully monitoring these factors across the hospital system to ensure we provide our patients with the care they need. Hospitals are continuing to share resources as a system including safely transferring patients to nearby hospitals when appropriate or needed for their care.
- Our Mission Control system is instrumental in coordinating our response.
- We are also offering incentive pay in some cases for workers to continue to ensure we have appropriate staffing levels.

Employee Vax Requirement

Q: Does Virginia Mason Franciscan Health require vaccinations for employees?

- Virginia Mason Franciscan Health requires COVID-19 vaccines for employees and all who work in the facilities.
- All employees currently working at any Virginia Mason Franciscan Health facilities are in compliance with the vaccine requirement, meaning they are fully vaccinated or have an approved exemption.
- It's a necessary step to keep patients and team members safe, and to ensure our communities have full confidence in the safety of their care environments.

Q: What will happen to the remaining employees who are not in compliance?

- Employees who declined to be vaccinated or receive an approved exemption were immediately placed on leave and are ineligible to work until they become compliant.

Q: What are staff experiencing with respect to caring for ill COVID patients?

- I am extremely proud of our staff and the dedication they have shown to the community. They have been working above and beyond throughout the pandemic, but the recent surge has been very hard on our frontline health care workers.

Youth Vaccines

Q: What is the status of 5-11 vaccines in the VMFH system?

- Virginia Mason Franciscan Health is providing vaccines across many of our pediatric and primary care clinics for our current patients.
- We are partnering with Amazon and several other organizations through the City of Seattle to offer another vaccine clinic geared toward youth vaccines.
- We are also working with the local health departments who are ready and have been planning vaccination events with most if not all school systems across our counties.

Q: Should a parent consider getting their child vaccinated for COVID-19?

- Yes. We believe that there are many benefits.
- Vaccinations for kids have been shown to be safe and effective. All children who are eligible should get vaccinated. While most kids who do get infected are not hospitalized, one child hospitalized over COVID is one too many. Additionally, children can spread to other vulnerable populations and their vaccination is a vital piece to help control the pandemic.
- The vaccine also helps prevent or reduce the spread of COVID-19: Like adults, children also can transmit the coronavirus to others if they're infected, even when they have no symptoms. Getting the COVID-19 vaccine can protect the child and others, reducing the chance that they transmit the virus to others, including family members and friends who may be more susceptible to severe consequences of the infection.