



## *Bisnow Briefing Document*

**Speaking Engagement:** [Bisnow: The State of Seattle Healthcare](#)

**Panel Topic:** Healthcare in Seattle Today: Investing in Current Patients and What's Intended for Tomorrow

**Date/Time:** Wednesday, October 13, 2021, 9:00 AM PDT

**Format:** In-Person Panel Conversation, moderated by Rhonda Pollard, Director, Health+Wellness Environments, OpenSquare

### **Panelists:**

- Dr. R. Guy Hudson, CEO, Swedish Health Services
- Dr. Gary Kaplan, CEO, Virginia Mason Franciscan Health
- Lisa Brandenburg, President, Chief Health System Officer, UW Medicine
- Jeff Sperring, Seattle Children's Hospital, CEO
- David Frum, Healthcare Leader, Principal, DLR Group
- VMFH staff contact: Michelle Peterson

### **Program Overview/ Background:**

Bisnow is the world's leading B2B platform serving the commercial real estate industry. From events and news to branded content and recruiting solutions, Bisnow reaches more than 11 million readers and hosts more than 650 events each year. Operating in over 50 local markets across the U.S., Canada, the UK and Ireland, products inform and connect the commercial real estate business to do more business.

### **Questions/ Messaging:**

#### **What is the current state of healthcare in the Seattle region?**

- There is a growing demand for high-quality healthcare in the Pacific Northwest region. As you know, the Seattle region's population boomed over the last 10 years, making it among the fastest growing regions in the nation.
- Our decision to merge with CHI Franciscan was driven by the need to expand care options and access points for patients across the surrounding regions, as well as the rest of the country.
- From a financial perspective, it had also grown increasingly difficult for smaller, standalone health systems, like Virginia Mason, to continue as an independent organization.
- We understood that together, the new organization – Virginia Mason Franciscan Health – would be able to accomplish more working as a team than if we had remained separate organizations.
- Together we are focused on taking the best from each organization to transform health care for the region, while driving efficiency, reducing waste and lowering costs across the board.
- Virginia Mason's management model, Virginia Mason Production System (VMPS), is being implemented across the new organization, and VMPS training is already underway across the organization and we plan to fully train more than 600 leaders.
- Armed with VMPS principles, teams are already at work to improve clinical quality results, elevate the patient experience and reduce costs to deliver more affordable care to patients.

**How do we make priorities and strategic decisions with fiscal performance in mind? How are challenges like insurance reimbursement limitations impacting the sector today?**

- I believe that increasingly we're understanding the importance of value, appropriateness and efficiency. The pandemic has underscored the importance of a systems-engineering approach to healthcare delivery, as we have with the Virginia Mason Production System (VMPS).
- VMPS standardizes work to remove unnecessary variability, reduces the chance for human error, and enables our team to collectively act as a nimble responder to change in crises and non-crisis.
- Appropriateness has been part of our definition of quality since 2003, and I think it needs to be deeply embedded in the medical education curriculum. I hope we are going to be entering a period of acceleration of value-driven clinical decision making.
- My hope is that we'll be increasingly moving upstream so that in medical school, residency, we get exposure to this mindset and thinking to help people understand and deeply embed the opportunities to reduce the total cost of care.
- We need to be focused on appropriate, high-quality care – only delivering the care that the patient needs – rather than on performing procedures that deliver high reimbursement.
- We need to systematically allow our patients to understand their choices and tailor care accordingly. Through a systemized approach we realize a lot of things we thought were necessary were not.
- This is increasingly becoming the basis of evidence-based medicine and guidelines.
- You can perform a high-quality, perfect surgery for someone, but if it wasn't necessary in the first place, it's not high-quality care.
- We've deeply embedded that in our culture at VMFH, so even though we are a fee for service delivery system, we are the least costly, highest value tertiary system in our market.
- That's an example of how you deploy that value added vs. non-value-added thinking that is inherent in the management system to deploy in your clinical decision-making system.

**How are we defining health equity? How does this go beyond just patients to our teams and organizations alike?**

- Health equity means that every person – regardless of race, gender, socioeconomic status – has access to the same equitable, high-quality care.
- At VMFH we believe in equity, inclusion and respect for people, and I believe we have a duty to ensure that all individuals in our community can thrive.
- We have been on a journey to advance DEI for years, taking deliberate steps to systematize equity across the organization, recognizing it's essential to address the increasing diversity and individual needs that exist in our patient population, workforces and communities we serve.
- 2020 was a year of social reckoning. The protests in support of Black Lives Matter put inequity front and center, making this work even more important than ever for our organization.
- I believe strongly in a diverse team – that embraces values and behaviors like honesty, collaboration, transparency, curiosity, commitment to excellence, as well as continuous improvement and, above all, a passion for health care.
- While our staff diversity is not yet where it needs to be, we are steadily making progress, and we remain focused on ensuring all team members feel valued, included and they belong.
- It is important that our teams are more diverse and reflective of the communities we serve.
- VMFH is partnering with Morehouse School of Medicine – one of four historically black university medical schools. Through this partnership VMFH will recruit more Black residents, clinicians, and faculty to the Pacific Northwest.

**Not to prioritize the delta/COVID topic but how are we strategically approaching the delta so we don't repeat mistakes made last March? How do we come out on the other side intentionally?**

- First, let me recognize and thank all our health care heroes – we are so proud of the hard work of our team members, particularly our front-line team members, the caregivers who every day come to work to do their best for the patients we serve. They have battled this deadly virus for over a year and a half, and we are so grateful for their continued hard work and sacrifice.
- As an organization we continue to learn and improve care delivery since the pandemic first hit. Through new medicines and treatments, improved testing, we can more effectively diagnose and treat COVID-19.
- While we are focused on battling the coronavirus – we must not lose sight of our patient’s overall health and wellness.
- So many patients deferred care throughout the pandemic – and that cannot continue. We have trained for years now to educate patients to look for warning signs and not to wait. Because of COVID-19 and the fear many people have in seeking care, many have waited.
- That’s one of the reasons I’m so supportive of mandatory vaccination requirements across our health system so we can do our part and keep our promise to our patients to keep them safe when they come into our facilities.
- We’ve had very close relationships with our suppliers, and we established mass vaccination programs such as the one between the Virginia Mason Medical Center and Amazon.
- VMFH has distributed over 380,000 vaccines. These things were made much easier and more possible because of our management system.
- We also must recognize that a pandemic of this nature will happen again – and we must ensure we learn from this – so we are ready and equipped to deal with it more effectively when it happens again.
- I think we need to take a close look at how we leverage the lessons from the pandemic – telehealth is a great example – and begin to “pay it forward” so that we can translate that into better experiences for our patients and team members.

**How has demand for alternative forms of care evolved? What are they today and what does that mean for facilities that support them as they currently are?**

- The pandemic transformed care delivery – and we stood up telehealth to make care more accessible. Within weeks, VMFH made the early decision to limit visitation in its hospitals, postpone and reschedule non-urgent procedures and surgeries and set up as many virtual access points and screening centers as possible.
- We facilitated more than 425,000 virtual visits across our health care facilities, and we were one of the first health systems to offer free, virtual urgent care through its established virtual care program.
- For me as a primary care clinician, telehealth has allowed me to have a lens into my patient’s home that I may never have had.
- We know one of the real unfortunate impacts of the pandemic has been a sense of isolation, so with patients living alone you can have a real insight into that.
- If behind your patient is a sink full of dirty dishes, maybe they’re not keeping up or you should explore with your patient what challenges they’re experiencing in their life. This might spark new conversations and provides a deeper understanding of the individual in your care.
- As we recover from the pandemic, I expect the demand for telehealth and virtual services to remain and will allow us to meet the increased needs of a growing population. We must be focused on delivering the appropriate care people need where they live.

## Moderator and Panelist Biographies:



### **Rhonda Pollard**

#### **Director, Health+Wellness Environments, OpenSquare**

Creative Talent Shepard by day, whole-person health fanatic with a flair for storytelling by night. I relentlessly search for ways to use my favorite superpower, advocating for those needing a voice. My professional journey intersected with my personal "why," allowing me a platform to do my part to break down our healthcare system's inequities. I would describe myself as hopelessly in love with the marriage of art+science in place making. I find great joy in sharing ideas with our clients and creating innovative

strategies to do more with less. I spend my free time looking for ways to integrate my love of music, podcasting, and design to raise awareness of the social determinants of health.

*Note: Rhonda Pollard works for OpenSquare. In 2019 One Workplace, of Santa Clara, California, acquired OpenSquare at 126 S. Sheridan in Spokane, and OpenSquare's flagship office south of downtown Seattle. The Spokane and Seattle companies are now known as OpenSquare, a One Workplace Company*



### **R. Guy Hudson MD, MBA, FAAP**

#### **CEO, Swedish Health Service**

As the Chief Executive Officer of Swedish, Hudson represents a new generation of leadership in health care. His vision for Swedish includes providing the best possible patient experience, creating a work environment that's "a home away from home" for his team, and using innovation and a learning culture to continuously improve Swedish as the community's health system.

Prior to being named CEO in 2017, Dr. Hudson served in several leadership roles at Swedish, including Western Washington Chief of Physician Services, Chief Medical Officer for Swedish Medical Group and Executive Director of Pediatrics for all of Swedish. Dr. Hudson is a pediatric urologic surgeon with a master's degree in business administration from the University of Washington. He earned his medical degree at the Indiana University School of Medicine and completed an internship and residency at Oregon Health and Science University (OHSU) and a fellowship at University of California at San Diego.

Dr. Hudson and his family live in Ballard. His wife, Dr. Carmen Hudson, is also a graduate of OHSU. They have two teenage children. He focuses his free time on fitness, reading and family. Dr. Hudson was a collegiate swimmer at Indiana University, where Dr. James E. ("Doc") Counsilman, considered the most innovative coach in U.S. swimming history, served as Dr. Hudson's swim coach and mentor. According to Dr. Hudson, Doc emphasized patience and adaptability, along with hard work and dedication – qualities that will serve Dr. Hudson well in his CEO role.



### **Lisa Brandenburg**

#### **President, Chief Health System Officer, UW Medicine**

Lisa Brandenburg is Chief Health System Officer for UW Medicine with responsibility for the operations of UW Medicine's clinical entities, including Harborview Medical Center, Northwest Hospital & Medical Center, University of Washington Medical Center, Valley Medical Center, UW Neighborhood Clinics, UW Physicians, and Airlift Northwest. Previously, Lisa was President of Seattle Children's Hospital, where she deployed innovative lean methodologies to improve everyday processes for employees and

customers while achieving double-digit growth in patient volume. Lisa also played a key role in the formation of Seattle Cancer Care Alliance, and she served as Senior Advisor for Simpler Consulting, where she led both

academic medical center and pediatric healthcare system practices. Lisa holds an MBA and a Masters in Public Health from the University of California, Berkeley



**Jeff Sperring, MD**  
**CEO, Seattle Children’s Hospital**

Jeff Sperring joined Seattle Children’s Hospital in 2015. Prior to Seattle Children’s, Sperring served as president and CEO of Riley Hospital for Children at Indiana University Healy, one of the largest and highest acuity children’s hospitals in the U.S, from 2002 2015. In his role as CEO, he provided pediatric strategic and policy oversight within the 18-hospital Indiana University Health system and developed the framework to transform Riley from a children’s hospital to a statewide children’s health system. He also managed the completion of the 750,000 square foot, \$500 million Simon

Family Tower and implemented LEAN-based process improvement programs, among other accomplishments. Prior to taking the role of president and CEO, he served as Riley’s chief medical officer, associate chief medical officer and director of pediatric hospital medicine.



**David Frum**  
**Principal, DLR Group**

David Frum heads Salus Healthcare Architecture – Seattle-based healthcare design firm and the only Puget Sound architecture firm exclusively dedicated to healthcare design. In May 2021, [Salus Architecture](#) joined DLR Group. Salus is exclusively dedicated to healthcare design, specializing in the design of complex acute and ambulatory care facilities.

Salus was founded in 2014 by R David Frum, FAIA, FACHA; together with Dale Anderson, AIA, EDAC; and Douglas McNutt, AIA. Salus operates its healthcare practice as DLR Group | Salus, serving the needs of healthcare clients in the Pacific Northwest.