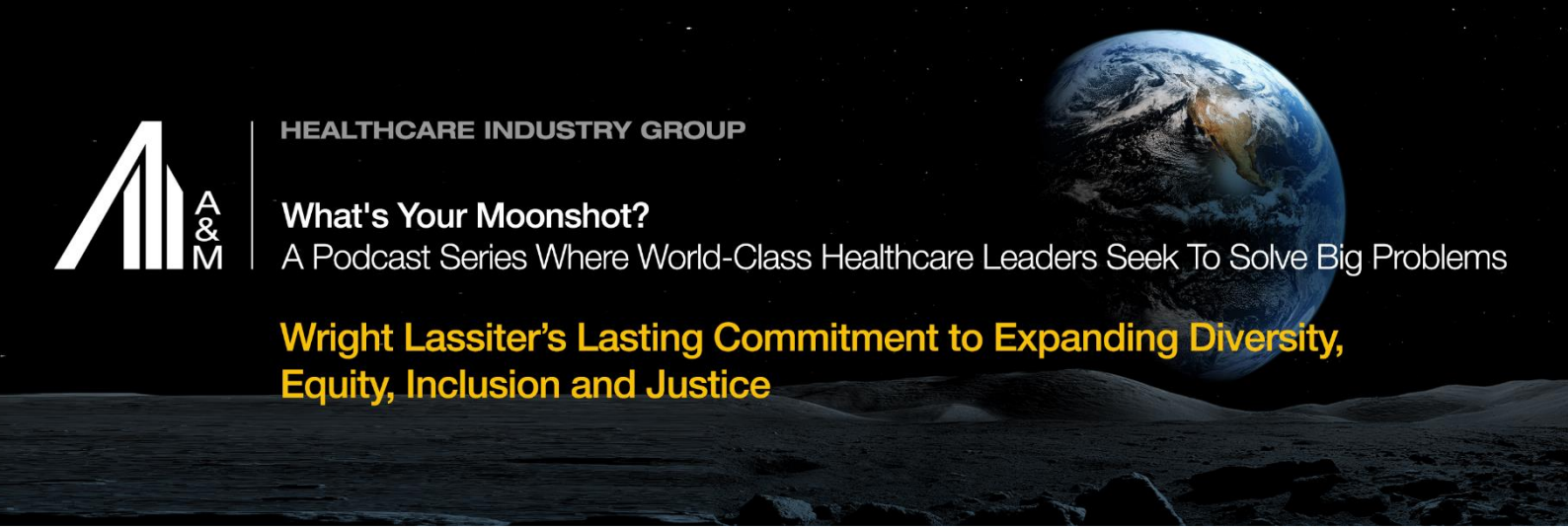

Transcript

[00:00:01] Wright Lassiter III: I've really tried to focus the last couple of decades of my professional life to increasing the amount of impact you can have on the communities that you serve and aspiring to try to achieve the optimal amount of health and wellness that you can achieve in communities. The Common Spirit role gives me the opportunity, frankly, to have about as broad an impact as you can have as a CEO of a healthcare delivery company in the United States.

[00:00:54] David Shulkin, M.D.: Welcome to A&M's *What's Your Moonshot?* Podcast. My name is David Shulkin. I am a Senior Advisor in Alvarez and Marsal's Healthcare Industry Group. I'm really pleased to have to our podcast today the President and Chief Executive Officer of Henry Ford Health System, Wright Lassiter. Now most of you know that Wright took the role as President and CEO in 2016 and has really grown that system. Today, it's a $6.6 billion system that includes five acute care hospitals, three behavioral healthcare facilities, a regional health plan and a whole bunch of ambulatory retail and other healthcare services.

Under Wright's leadership, the organization has grown toward two successful mergers that expanded its geographic footprint and has grown the organization by over a billion dollars in revenue. Now, that's not all that Wright does. Wright is also the 2022 Chair of the Board of the American Hospital Association. That's a pretty significant role that he's assumed. At the same time, it's just recently been announced that he is going to be taking on a new role as President and CEO of Common Spirit, one of the largest healthcare systems in the country. Of course, Wright has been named one of the 100 most influential people in healthcare by Modern Healthcare and a top 25 minority healthcare executive in the United States.

Wright's influence and his ability to lead organizations is really legendary, and that's why we're so pleased that he had the time to spend with me today on the *What's Your Moonshot?* Podcast. Let me bring Wright Lassiter into the conversation now. Wright, thanks so much for joining us on the *What's Your Moonshot?* Podcast. We know that over the past couple of years COVID has really exposed a lot of the problems that we have in healthcare, clearly, one of them is the inequities that we've seen and the disparities that we've seen among people throughout the country. Do you want to talk a little bit about what you're working on, your big ideas, your moonshot for change?

[00:03:19] Wright: Great. David, first, thanks for having me on your podcast, it's great for you and I to reconnect again and to talk about an important issue. What I would say is this, my moonshot would be getting to a place to where we remove all of the healthcare inequities and disparities as it relates to race and ethnicity and the communities that we serve around the country. When I think about where we are with various issues of disparity and health equity in Michigan, for instance, we are challenged very significantly with issues of high infant mortality in African American community, high maternal mortality in that same community.

For one example, I would say that the mayor of Detroit highlighted about 90 days ago that we have significantly reduced those rates, particularly in the African American community over the last decade, and we all celebrated. What we acknowledged is that the gap between the infant mortality in the African American community versus the rates in, say the Caucasian community are still completely unacceptable. What we've got to do as a healthcare sector is begin working incredibly diligently and focused, problem by problem on how do we remove the inequities that exist in so many communities from existence. You could highlight breast cancer survival rates in Asian women in certain communities around the country that are wholly unacceptable. You could highlight death from prostate cancer in many communities around the country for African American men. You could highlight hypertensive control and so you can go community by community and you can look at various, both geographic or demographic factors and say, "We have the most advanced healthcare system in the world. Yet we have such unacceptable health outcomes amongst gender and class and race in our country that we have to engage."

When you ask me a question, I'm still like what are we doing about that? I think first and foremost, you have to accept and be willing to say that this is not acceptable any longer and if I'm a participant in the healthcare sector, I've got to be doing something both systematically in a focused way to address it. I'd say then secondly, you have to say to yourself, "Okay, you can't boil the ocean and you can't solve every problem at once. How do you get focused on one or two issues and put your resources to bear, to put in place solutions that will make sense?"

Then hold yourself accountable both in terms of an organizational perspective from a board, from a community perspective, elected officials to, we have to solve these issues. We got to create milestones that we measure ourselves against and we've got to force ourselves to make progress. You have to acknowledge that for many of the issues we're facing, all the solutions don't lie within the four walls of healthcare delivery that we know that in many cases, the solutions are upstream.

In many cases, the solutions are "broader than what the health sector can deliver on". We have to be willing to challenge ourselves to get outside our traditional boxes of just thinking that all interventions within the delivery system are the interventions that make most sense or that if you're in the business of healthcare delivery, that your only solution should be those things that you control. That's a bit of a long answer to a short question, David, but that's where I would start.

[00:07:37] David: No, I think that's exactly what is needed right now. I think that this is a somewhat of a unique time coming out of this pandemic and looking at what and should be different. You're wearing so many different hats. I just wanted to take this from a couple different perspectives. One, you talked about some of the progress that was being made in Detroit, which is really pretty impressive work that's being done. I'm sure some people are concerned is that work going to continue with you not staying on in the leadership world, Henry Ford, but I wonder is some of the work that you started with Michigan State University and some of the community relationships that you began in order to address some of this. Do you feel confident that that work's going to continue?

[00:08:35] Wright: Short answer David is that I'm 100% confident that work will continue. I think for a few reasons. One, when you have the privilege of serving in a leadership role you have to work really hard to ensure that there are durable solutions that you put in place, not solutions that are predicated on a person sitting in a chair. I'm really proud of the fact that Henry Ford began its journey around healthcare equity before I arrived and during the time that I've been here, my goal has been to sharpen our focus, to ensure that we have resources allocated as necessary.

In some cases, to elevate the momentum, to elevate our sense of urgency to get more done. The short answer is I don't have any concern that it'll continue. Some of the ways that I would put evidence toward that are a few things. One, I asked our board to go through a process with our senior team to actually adopt as a board action, our five year strategic roadmap for diversity, equity, inclusion and justice. We did that last year as we began to challenge ourselves as a result of some of the racially motivated issues around the country. One of the questions that I asked myself and I asked our team and I asked our board was, are we doing enough? I said to the organization, we got to make sure that we don't put to sleep a little bit by all the awards and the accolades that we get as an organization and we've got to make sure that we're raising the bar. We set a five year strategic plan. We had one of the board's key committees evaluate the work and evaluate the outcomes and the metrics and adopt that last year.

First, I'd say that I have no concern that the board's focus won't stay there because they've approved a multi-year plan and in that plan health equity, reducing disparities and improving health and wellness outcomes was part and parcel of that. That's first answer there. Secondly, when I think about some of the partnerships that we've formed like with Michigan state as you referenced and again, our partnership with Michigan state's a 30 year affiliation that has the full endorsement of both boards.

While Michigan state is a public university and its board gets elected periodically, our board has at least a nine year permanence with three year terms and so I have no concern that the partnership that we forged with Michigan state and one of the key tenants of that partnership is expanding diversity, equity, and inclusion. We have melded the individual work of both organizations around DE&I and we're very focused on the kinds of outcomes that partnership can drive.

Like enhancing, improving and expanding the number of diverse physicians and other clinicians that are trained in our jointly funded programs. One of the reasons that we have a goal in phase two of our partnership to create a medical school branch campus in the city of Detroit is explicitly to ensure that we're training individuals who mirror the community that they would serve should they stay in Detroit and or Michigan to practice medicine after medical school.

We focused on expanding our efforts in rural communities to ensure that folks who live in non-urban, non-suburban communities have access to the same kinds of primary care that folks might have in urban and suburban settings. I feel very comfortable that those kinds of efforts will absolutely continue because we've got not just Wright Lassiter's platform, but the board of directors of Henry Ford Health that have said this is part and parcel to who we are as an organization and the goals we want to set. Again, very comfortable that we'll live on.

[00:12:55] David: It's such a good point, Wright, that not only does it give that type of foundation when the board owns this and the type of long-term plans that you're talking about five years strategic plans and 30 year agreement. I do think that gives confidence in the way that this is meant to last. This commitment to reducing disparities is in pockets in the country where it really depends whether the leadership has embraced this in the sense that this is happening everywhere throughout the country.

[00:13:34] Wright: I think the best answer to that question, David, is like most things in a large diverse country there's a mix and there's a blend. Some parts of the country that are not very diverse from a racial or ethnicity perspective and so in those communities they may have different challenges to overcome when you talk about healthcare inequities than you might have in urban communities or communities where there's a significant amount of diversity and you see the kinds of challenges with historically marginalized communities that show up in terms of health outcomes and health inequities.

Certainly, I would not say that the efforts are intense in every corner of the country, because there is difference in both the demographics and in maybe leadership perspectives or board prioritization. I would say one of the things that makes me comfortable that we're making great progress here is this, the AHA has recently developed a health equity roadmap that it's put together as a set of both assessment and then sets up tools and resources for the healthcare sector. At our recent board meeting within the last 10 days, the AHA board adopted an action to have 100% participation by all AHA board members to have their organization complete the health equity roadmap assessment so that they could begin to understand how far along the path they are or are not. I think getting 100% endorsement from the AHA board will send a message to the field to hopefully take the journey with us.

The first step in the journey is so to understand where you are to understand what resources exist, what prioritization exists in your organization, what gaps exist in the communities that you serve. The health equity roadmap assessment that we're asking the entire board of the AHA to complete within the next 90 days will begin to give a good swath of the sector a sense of here is where you are and so it's not intended to be a pass or failed grade. It's really intended to give you a sense for where you have strength and where you need to bolster resources both at the executive level, the board level, et cetera. I'm excited by the fact that it was not a difficult conversation. It did not require cajoling by the AHA board to adopt 100% on the assessment.

[00:16:20] David: That's really good to know. I'm glad to hear about that assessment. I think that is a cause that every organization should and can be taking. As we begin to see some of the pandemic subsidies sort of wind down, when you talk about resources needed to begin to start addressing these disparities, are you worried about early financial resources and are you worried that some of these financial **[unintelligible 00:16:50]** may, so even a well-intentioned leader from doing that it's going to take to decrease disparities?

[00:17:00] Wright: Yes. That's a great question, David. I would say first and foremost, I think when you start talking about resources, it doesn't mean you have to spend a lot more money than you're spending today. In my mind, the first step once you finish an assessment that gives you a sense of how your organization is doing in my mind one of the first steps is to start asking for data to be provided to key decision-makers on the clinical front in different ways and they might have gotten it before.

I think that when I was sort of early in my journey as a CEO around understanding health inequities and health disparities, we began asking for data differently and we were surprised to find out that we had significant differences once we began to segregate the data into race, ethnicity, into primary language, there are lots of ways we began cutting our data and that doesn't necessarily require new resources.

It just requires asking different questions. I do think that the first step in the journey isn't necessarily about, oh, hey, Mr. CEO or Mrs. CEO we need $10 million to go invest in reducing health disparities or in improving health equity. Now having said that, I think the point you raised is an important one and that is anytime organizations are under financial stress, it does change behavior and it does tend to have organizations oftentimes batten down the hatches a bit when it comes to taking on something new that that is believed new requires something like some kind of resource allocation that we're not expending today.

That certainly is a worry because it's an intellectual distraction. At times it can be a resource distraction. There is a concern there certainly but I'm a believer in that data is power. Oftentimes the more data you have, what you realize is that you're actually wasting resources because you're approaching a problem with sort of the meet **[unintelligible 00:19:01]** approach. You're presuming that everything is the same. Oftentimes when you do that, you're actually wasting resources.

What I'd say to my colleagues who would be really worried about resource allocation is the first thing to do is just get the assessment done so you understand where you have strengths and where you have opportunities. The second thing to do that doesn't cost a lot of money is to start aggregating your data in a way that allows you to understand whether you even have some of the inequities in delivery that you might not even be aware of.

Those first two steps don't really require any budgetary commitment on behalf of an organization. Then I think once you do that, then you can begin to say, okay, so how do I then solve problem X or problem Y and maybe that problem solving requires resource investment maybe it doesn't.

[00:19:52] David: So glad that you pointed that out. I think about my own experience in the department of Veteran Affairs, that I used to think that if you don't understand your own data and you don't talk about and tell people a problem that you're trying to solve, people don't understand certain things. Then, secondly, they don't know how to help. I think with your approach that's important.

The piece I would add, I don't know how you feel about this, I think we need more transparency in health care today. Once you have that data, I think making that data transparent for the community to see and to hold people accountable, I think can often be a powerful tool.

[00:20:32] Wright: There's nothing, David, ever wrong with increasing transparency. Particularly in really complex areas, transparency is both useful and, I think, an important motivator. I think the challenge sometimes that organizations have is, unfortunately, we're a little bit more in a "got you" culture than we were at some point in time in the past. Obviously, organizations are nervous at times about, "We're happy to share if it's going to be used productively. We're not happy to share if it's going to be used to indict us." I think that's the only challenge.

I'm certainly not opposed to transparency because I do believe that the more you engage the community in understanding what the challenges are in that community, the easier you can solve the problems. Oftentimes, we're a little too sheepish with full-blown transparency, and as a result, you create challenges around trust. That's one of the reasons, frankly, that some of the issues that exist in our community is just because there's not enough trust, there's not enough trust for institutions, there's not enough trust for governments, not enough trust for the establishment.

[00:21:47] David: I think that's a fair and balanced approach. I do know that when you have tough problems like these, it sometimes does take a little risk taking, and not everything always works out exactly the way that you intended, but thinking it through thoughtfully, like you did, makes sense. The last question I think I'd like to wrap up here with is you're about to undertake one of the most significant leadership roles in health care today in a very mission-driven organization that clearly understands and has a responsibility for many communities across this country.

Maybe you've just telegraphed to your incoming organization some of the ways that you're going to think about things, but do you have any hopes and aspirations in taking on this new leadership role on the impact that you could have in terms of this moonshot for decreasing disparities?

[00:22:53] Wright: David, I appreciate that question as a closing question. I think the way you framed it is exactly right. I've really tried to focus the last couple of decades of my professional life to increasing the amount of impact you can have on the communities that you serve and aspiring to try to achieve the optimal amount of health and wellness that you

can achieve in the communities. The Common Spirit role gives me the opportunity, frankly, to have about as broader impact as you can have as a CEO of a health care delivery company in the United States.

I look forward to, one, understanding all the communities that we serve, understanding our role in driving both access and health equity in those communities. I think, yes, you're right that I do expect our organization to understand our data well and understand what opportunities and challenges-- that all the communities that we serve across 20-plus states, what those opportunities present to us, and then how do we do as best a job as we possibly can with not only utilizing our resources to reduce the disparities and improve health equity, but also to partner in all those communities that we serve with other entities, because it's really not just about the health care delivery system.

It's about public health infrastructure, it's about community health centers, it's about social service agencies, it's about, frankly, empowering consumers to take as much of a role as they possibly can in their own health and well-being. It's not just one person's role, but obviously, with an organization that has the span of touching communities as Common Spirit, what I'm looking forward to is an opportunity to be able to support our organization in meeting needs as broadly as we possibly can, and, frankly, also in serving as a driver of transformation.

I think that, and you alluded to this earlier in our conversation, there's so many things that are great about the US health care system, but there are other areas where we need transformation to really drive improvement and access and drive reduction of health care disparities. My sense is I want to partner with my new organization to do the best that we can with what exists today, but then also to lead a charge to transform in ways that it will allow us to serve the communities even better tomorrow than we're doing today.

[00:25:36] David: Thanks for the time on the podcast today, and my best of luck to you as you move forward.