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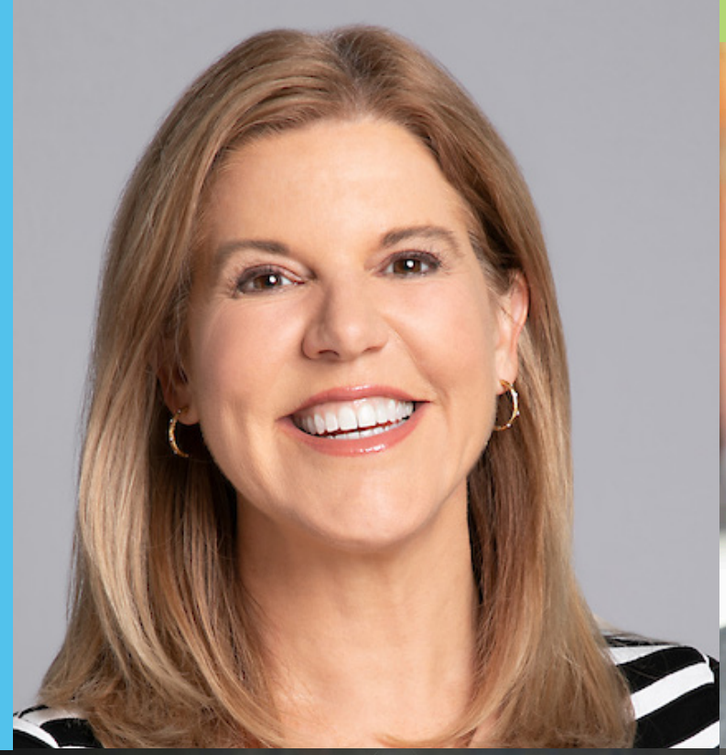
Women in Healthcare Leadership Profiles

Q4 2021



Introduction

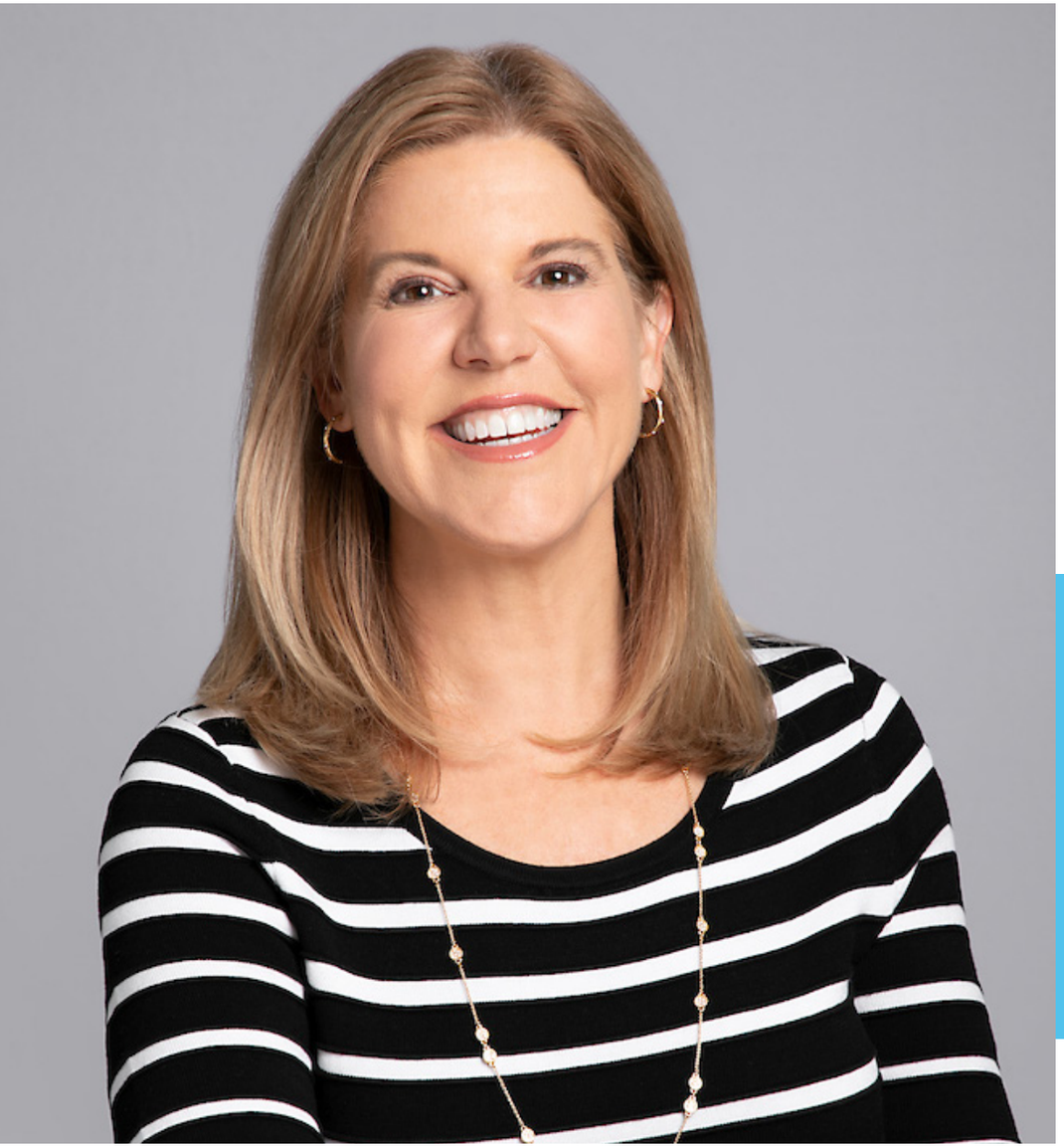
HealthLeaders is proud to recognize women who serve in healthcare leadership, inspiring those in the workforce and driving their organizations to do their best.

Using articles from the HealthLeaders Strategy newsletter series, “Women in Healthcare Leadership,” this special report profiles four women in the C-suite, who share their career experiences, accomplishments, and leadership styles, and offer helpful advice for future leaders.

Read their stories and be inspired by the women who serve in healthcare leadership.

Amy Compton-Phillips, MD

President of clinical care, Providence



Editor's note: *This conversation is a transcript from an episode of the* ***HealthLeaders Women in Healthcare Leadership Podcast.***

Amy Compton-Phillips, MD, has only ever wanted to serve in healthcare. Thirty years ago, she started a practice on the East Coast. In 1993, she joined Kaiser Permanente as a front-line internist and worked her way up. Over her 22-year tenure, she worked as a physician and moved through a variety of administration roles, eventually serving as the physician director of population care, then finally as chief quality officer for the Oakland, California-based health organization.

In 2015, Compton-Phillips joined Providence as the president of clinical care. Among leading healthcare and value outcomes at the Seattle, Washington-based health system, she also led the treatment for the first confirmed COVID-19 patient in the country.

Compton-Phillips, MD shares the health system's COVID-19 learnings, how to improve patient safety and quality, and offers leadership advice.

In a recent interview, Compton-Phillips shares the organization's COVID-19 learnings, how to improve patient safety and quality, and offers leadership advice.

This transcript has been edited for clarity and brevity.

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HealthLeaders: *What are the major learnings that the health system has hung on to since the first COVID-19 patient was admitted to Providence Regional Medical Center Everett in Washington State in January 2020?*

Amy Compton-Phillips: The key lesson was that planning is the antidote to panic. When that first patient hit us, fortunately we had been working with our infection prevention team and our infectious disease clinical decision team monitoring the breakthrough infection in Wuhan, China.

We learned that we had to have a sensing system around the globe after Ebola. We knew we would need to be ready. In fact, because of the breakout infection in Wuhan, we'd even been doing drills at some of our facilities, including at our Everett hospital, to be ready for, when and if, the infection came to the U.S.

When the first patient came in, the nurse practitioner who this patient originally came to, was prepared when he said that he had been in Wuhan, China, and had a fever and a cough. She called the CDC and said, 'What do I do?' That person who saw the patient in the clinic knew to be prepared.

The patient had gone home and then came back to the hospital when the test came up positive, and the entire hospital infrastructure, from the EMTs, to the people in the emergency room, to the people in the clinic, were ready. They calmly were able to handle this person with the breakthrough infection. Back in those early days, we treated every person like they had Ebola, with incredibly high-level infection prevention processes in place. Not very long after that, we had patients on cruise ships that were needing places to go get care, and we also provided facilities for those patients.

> **"As we think about the capacity for [the pandemic] to serve as a threshold event, now is the time for us to be doing the small tests of change to make a healthcare system that's much more distributed, much more equitable, much more focused on getting care to where people live, work, and play."**

We started designing a very patient-centric, person-centric way for people to access care if they had COVID. That kind of human centered design thinking is what has absolutely stuck with us since then, that if we think about it from our consumers', our patients', and our neighbors' perspective, how do we make sure that we make intentional decisions in the healthcare system to be ready for how people want to use our system.

The third key learning is that teams matter. We had quickly, like the rest of the planet, shut things down. We went on to video capability, but because we realized that we were all working alone, we had to be intentional about staying connected. We set up a series of huddles. Initially they were every day, then we'd have workgroups during the day, then we'd have our Emergency Operations Center connecting back in the evening again.

HL: *What can hospitals and health systems do right now to improve their patient safety and quality and expand it in the post-COVID world?*

Compton-Phillips: COVID has given us time to think, and pause, and imagine differently than we would have without it. Very often, if you look back in history, pandemics have been threshold events. There's the before and after.

There's the before and after the Black Death. It truly changed the way the society of the Middle Ages moved through the world. The 1918 flu and World War I was happening at the same time, too, but between World War I and the 1918 flu, we went from this era when the world was at war and fighting amongst itself to the roaring 20s, where the future seemed bright.

As we think about the capacity for the pandemic to serve as a threshold event, now is the time for us to be doing the small tests of change and the pilots to make a healthcare system that's much more distributed, much more equitable, much more focused on getting care to where people live, work, and play. That's exactly what we need to be focused on for the next five years, because my suspicion is in 2030, healthcare is going to look very different than the way it does today.

Look at what happened with the regulations on telehealth. The regulator's realized that if we didn't enable telehealth, and we didn't have some kind of way to reimburse for telehealth and simplify the regulations on where providers sit compared to where patients sit, that we wouldn't have had any healthcare at all during the pandemic.

When they realized that and they took away the hurdles that regulatory environments can create, it helped innovation blossom. I hope that now as we move forward, that the regulatory environment and healthcare providers together agree on a few simple rules, but allow for some experimentation, and innovation, and new models of care so that we can take advantage of the incredible digital and technological innovations that are out there. We have to enable innovation, otherwise we're going to keep getting stuck doing the same things over and over again.

HL: *What originally drew you into working in the healthcare sector as a physician?*

Compton-Phillips: I never wanted to do anything else. I think there's a lot of doctors and nurses who were born to be in the profession that they're in, and I'm one of those. From the time I was in kindergarten, I never had an answer that was different than 'I want to be a doctor,' when people asked me what I wanted to do when I grew up.

HL: *What has been your experience working as a woman in clinical care leadership?*

Compton-Phillips: My suspicion is it's not all that far off of any human being who is working as a clinical care leader. Although I do think that it has evolved over the past 30 years.

One thing that is different is that if you look at the healthcare workforce, it's about 75% women, the healthcare leadership is not approaching that. It is, fortunately, getting closer and closer to 50% women.

For women as well as people of color, who have different styles and different backgrounds, we must create room for opportunities, training, and mentorships to help get them in the C-suite. We need to recognize and create the capacity and the ability for people who look different than those that came before to lead into the future. We will get more innovation and a more vibrant community when we do that.

HL: *What advice do you have for women and others who want to serve in leadership roles in the healthcare sector?*

Compton-Phillips: Something that I think is different between women of my generation and men of my generation, is there is a different approach to leadership, that at least it seems to be in my observation, that when there is a big job to be done, I often see men raising their hand, and I often see women waiting to be asked. Even in my career, I've taken jobs because people reached out to me, I can't think of any job that I've taken because I reached out and asked for a different job or asked for help.

If we're a leader looking for women to lead something, or looking for a person of color, or somebody who's not used to taking point on a project, we need to be looking around for leadership and asking folks to step up, inviting them in to lead, and not just waiting for people who raise their hands. It's an important way for us to continue to develop leaders that do look outside of what we might have traditionally seen as a leader in the past. ■

Indu Lew, PharmD

Executive Vice President and Chief Pharmacy Officer, RWJ Barnabas Health

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Editor's note: *This conversation is a transcript from an episode of the* ***HealthLeaders Women in Healthcare Leadership Podcast.***

Indu Lew, PharmD, serves as executive vice president and chief pharmacy officer at RWJBarnabas Health, where she manages the health system's pharmaceutical supply chain and provides strategic leadership over the health system's 25 pharmacy divisions, spanning acute care and integrated services.

She's a pharmacist by background and has experience working in the pharmaceutical industry and direct patient care. Lew began her career journey as a pharmacy technician at the New Jersey-based health system, left to work in the industry, and came back to the health system to serve as a clinical pharmacist at Newark Beth Israel Medical Center. She's also served as a biotechnology fellow and was promoted to director vice president, senior vice president, and most recently, as executive vice president.

Lew offers insights on what this year's flu season may look like, how the COVID-19 pandemic has affected the pharmaceutical landscape, and offers leadership advice.

In a recent interview, Lew offers insights on a potential COVID-19 and flu"twindemic" we may face this fall, how the coronavirus pandemic has affected the pharmaceutical landscape, as well as shares her leadership style, and advice for future leaders.

This transcript has been edited for clarity and brevity.

HealthLeaders: *What has been your experience leading as chief pharmacy officer during the COVID-19 pandemic? How has the pandemic affected the overall pharmaceutical landscape and the 25 pharmacy divisions that you oversee?*

Indu Lew: One of the things that came to light is how integral pharmacy is in dealing with other divisions. The other thing we've seen is the resiliency of the pharmacy enterprise team with the other divisions. It was a difficult 2020. But the entire pharmacy enterprise came together with the sole purpose of ensuring that we were able to treat our patients appropriately.

What we found is that we needed to shift our way of thinking on how we manage supplies. We found ourselves at some critical medication shortages, and what we needed to do going further is we needed to ensure that we had the adequate supplies on hand. We do that now through a centralized warehouse.

HL: *Recently The National Foundation for Infectious Diseases released data showing that 44% of adults in the U.S. are either unsure, or do not plan to get the flu vaccine for the 2021-2022 flu season, leading to a possible COVID-19 and flu "twindemic" later on this year. What factors could potentially lead us to this twindemic?*

Lew: In 2020, the number of people being infected with flu were historically low. It was probably due to having good infectious disease practices. Because of the pandemic, we were masking better, we were social distancing, and we had good hand hygiene. When people were sick, we made sure that they stayed home. But what happens when we have low cases of flu, in general, is the people within the country have less natural immunity.

HL: *In addition to ensuring vaccinations, what other steps can hospitals and health systems take to help curb COVID cases and flu cases during this upcoming flu season?*

Lew: In conjunction with vaccinations, we have to ensure that people get tested because it'll guide you on the right path. If you do have COVID and you haven't been vaccinated, one of the key pieces that we found is you need to get to a site where they can give you a monoclonal antibody.

"We need to protect hospitalizations. We need to ensure that people are vaccinated. If they're vaccinated, it will decrease the potential strain that the healthcare system will see and will prevent this "twindemic" that could potentially happen. Vaccination is the key."

We know people are getting vaccinated with the COVID vaccine. But people are tired, they have pandemic fatigue. Hopefully what we won't see, is that people will mask less, social distance less.

Every year, the World Health Organization determines which virus will be included in the flu vaccine, and they essentially base it on a couple factors. They look at the viruses that have been circulating in the past two to three years, and they look at what's been circulating in the southern hemisphere in the current flu season. Public health officials don't have much to go on, because there hasn't been much flu circulating globally. Because they don't have much to go on, they're hoping that they're able to manage the flu better with the vaccine.

We're also still battling with the Delta variant of coronavius. We know the Delta variant is more contagious and more transmissible than the earlier virus strain. We know unvaccinated people are at greater risk. We've seen it within our hospitals. For people who are hospitalized due to COVID, a majority of them were unvaccinated.

We need to protect hospitalizations. We need to ensure that people are vaccinated. If they're vaccinated, it will decrease the potential strain that the healthcare system will see and will prevent this "twindemic" that could potentially happen. Vaccination is the key.

Within our own health system, we've seen that we were able to avoid hospitalizations in 96% of the cases if they were treated with a monoclonal antibody.

The same thing goes for flu. If you have the flu, and you're tested early, then there are options for treatment that will shorten the intensity and the course.

HL: *How would you describe your leadership style?*

Lew: The most important piece of my leadership style is establishing a foundation of trust. If you, as a leader, establish a foundation of trust, people will come to you with new ideas and different ideas, and they won't be afraid.

If you establish that trust foundation, you then decrease the power distance. I trust the team, that they will come to me with innovative entrepreneurial types of ideas, and they trust that I will be able to clearly communicate what the strategic imperatives are.

Within pharmacy, pharmacists are considered the most trusted profession. People place their care management in your hands as a pharmacist. So inherently, we go into the profession because we want to help people. We want to be a part of a team. We want to ensure that we are taking care of people.

HL: *As a member of the Women's Leadership Alliance at RWJBarnabas Health, why do you think it is important for women to be leaders and to lift each other up?*

Lew: It's so important that we grow women in healthcare leadership roles.

Women in healthcare leadership roles brings diversity to the playing field. Diversity enhances the overall functioning of the leadership team. Diversity brings better outcomes, more innovation, more creative solutions, and it allows to have different perspectives based on their experiences.
But diversity needs to be purposeful.

RWJBarnabas Health recognizes the importance of diversity and having women at the table. Recently, the organization promoted six women of various backgrounds to the role of executive vice president, and with that promotion, they are now also included in the CEO's strategic counsel, and they're also included as members of the board.

HL: *What advice do you have for women and others who want to serve in leadership roles in the healthcare sector?*

Lew: Do not be afraid to take a calculated risk. We cannot be afraid to step into a realm that we may not have experiences in. We have to be able to take that risk.

It is critical to develop connections and influences, both internally and externally. We need to look to see at the senior leadership level, who we'd be able to either take on as a mentee or who can we make those connections with to be a mentor.

It's critical to bring your own unique perceptions, your unique perspective to the conversation, and help shape that strategy.

The last important piece is that for any leader to motivate and inspire, to make decisive decisions, you have to listen. You have to listen to the members of your team. They will bring you new ideas, new innovations, as long as they trust that the environment that they're in is a safe environment. ■

Amy B. Mansue

President and CEO, Inspira Health

Editor's note: *This conversation is a transcript from an episode of the* ***HealthLeaders Women in Healthcare Leadership Podcast.***

Amy B. Mansue serves as president and CEO of Inspira Health, a nonprofit healthcare organization serving patients across southern New Jersey through three medical centers, five health centers, and over 150 care locations. She joined the organization in August 2020, with the COVID-19 pandemic well underway.

Mansue's professional background includes working in public service, social work, and healthcare. During her transition to the anchor institute, she embraced Inspira's mission and vision, and the people focusing on the health of the community.

Mansue shares what it's been like leading Inspira through the COVID 19 pandemic, what her main focus points have been as a leader over the past year, and gives us a glimpse into her leadership style.

03

In a recent interview, Mansue shares what it's been like joining and leading Inspira through the pandemic, her main focus points as a leader, and offers advice to women who are interested in becoming leaders.

This transcript has been edited for clarity and brevity.

HealthLeaders: *What has been your experience leading the organization through the past 14 months?*

Amy Mansue: It has been fascinating because there's no time for pretense; you've just got to jump in.

I came in August 2020, so we had had that first wave of the pandemic under our belt. The second wave was bigger for us, and much more challenging in some cases, because the number of staff needed required us to make some difficult decisions in leadership.

I worked hard during those first six months to listen, to meet people where they were, to help them understand where I was hoping we would go as an organization. We decided to take on—even in the middle of COVID—an update of our strategic plan

to make sure that we were responding both to the COVID challenges that were before us, and to look at whether these were still the right opportunities for us, and how do we continue to stay focused on growth and recovering from COVID as an organization.

Something fascinating happened in that process. The staff who we engaged in this discussion through focus groups and surveys, said, "Hey, wait a second. We don't see ourselves specifically called out in this mission and vision. If you don't do that, after everything we've just been through, we're going to have missed an opportunity."

So, we took a step back and updated the mission, vision, values, and the values were put into an acronym based upon the feedback of the staff that says: "I CREATE." Each of those letters mean something else, but the "I" at the beginning is about innovation. It starts with each individual being acknowledged for their worth and value in the organization. For me, it was a turning point. It showed me that the staff were willing to come forward and say, "This is what I need." During COVID, more so than ever, it is important that we develop those trusting relationships with staff.

It catapulted us to a new place in reference to our trusting relationships together and gives us a great framework to continue to build on as we go through COVID as we face the challenges that we all are going to face in healthcare. The latest one, of course, being around staffing, and the need to think about how we support our staff, how we find staff, how we grow our own staff to take on new challenges, and how we recruit new staff, because that is the biggest challenge any organization has right now.

HL: *What other challenges are you looking forward to addressing as we move into the new year?*

Mansue: As we look at the health of our community, some of the challenges that we face relate to that of violence, specifically around gun violence. In Cumberland County, the mortality rate is specifically impacted by losing too many children too young. We have begun conversations with stakeholders, sitting on the sideline, saying, "What is it you need from us?"

They've asked for our EMS team to begin to put together a program to teach how to keep safety within the potential of gun violence. That's not something we would have thought about or talked about, but we are having those dialogues with the school district now. That is an example of how we're trying to stretch to meet not only our needs, but the community's needs, because improving the safety of children is important. And that violence rolls over into our emergency rooms, so it's important for us to be able to keep our employees safe as well.

> "We're trying to break down any barriers that exist to communication. That's the key; that's the way I as a social worker would do my assessment. I get feedback, I take in data, I decide what is the best course of treatment for this patient or this group."

HL: *How would you describe your leadership style? How has your background in public service and healthcare helped define that?*

Mansue: You always go back to what you know. I trained as a social worker, and you start with the assessment. What's the assessment of the situation? What does the organization need, not necessarily what is my leadership style. At this point, the organization needed somebody to wrap their arms around it and make sure that we were being completely transparent, especially in COVID, about what our goals were for the future.

> "I would say to my colleagues who are women, none of us are ever ready. If somebody taps you on the shoulder and says, "It's time, I think you could do this job," or "I've got this new opportunity for you." Do it."

I had the privilege of having an amazing team of people around me. We do weekly videos, internal videos as well as external videos to the community. It gives me a real opportunity to share where we are, what the COVID numbers are, the challenge for the week, the latest mandates from the state, great things that happened in the organization, and safety stories. We encourage our community members to see themselves in our patient stories so they will come back and get care. We are seeing a high rate of individuals who have delayed care, and it's so important that we are taking care of them and our internal staff.

We're trying to break down any barriers that exist to communication. That's the key; that's the way I as a social worker would do my assessment. I get feedback, I take in data, I decide what is the best course of treatment for this patient or this group. That's what I've tried to do. The only way you do that is by listening. You've got to be able to be open to and be vulnerable, candid, to take both the positive as well as negative, and then be able to respond to it.

HL: *What advice do you have for women who want to serve in healthcare leadership roles?*

Mansue: I would say there is no one straight path. I didn't set out to be a CEO.

Becoming a leader requires you to double down on the amount of work that you have to do internally, yourself as a leader, making sure that you're constantly asking, "am I creating the right environment to help people grow and flourish," because that is our goal. My role is to make sure that there's somebody in line to replace me, that we have provided the opportunity for growth and talent throughout the organization.

I would say to my colleagues who are women, none of us are ever ready. If somebody taps you on the shoulder and says, "It's time, I think you could do this job," or "I've got this new opportunity for you." Do it. They're not going to put you in a situation you could fail.

My message to women is take the risk.■

Penny Wheeler, MD,
CEO, Allina Health

04

Editor's note: *This conversation is a transcript from an episode of the* ***HealthLeaders Women in Healthcare Leadership Podcast.***

In September, Allina Health announced that Penny Wheeler, MD, who has served as CEO of the health system since 2015, will retire from her position at the end of 2021.

Wheeler will remain on the board while Lisa Shannon, who currently serves as president and COO of the Minneapolis-based health system, will succeed her.

Wheeler shares the organization's succession planning and her decades-long career journey with the health system.

A self-proclaimed "accidental CEO," Wheeler has served in several roles at Allina for decades, including working as a physician, and leading as president of the Abbott Northwestern Medical Staff, serving as CMO of the health system, and becoming the first physician and first woman to lead the organization.

In a recent interview with HealthLeaders, Wheeler explained that her decision to retire was a combination of stage of life for her and Lisa Shannon's readiness to step up in the role.

"When you have somebody internally who's ready, you don't want to stand in their way or lose that person," she said. "Those all influenced it: stage of life for me, and the readiness of Lisa Shannon, who I felt very confident in moving forward and coming into this role."

Wheeler also shares the organization's succession planning and talks about her accomplishments during her decades-long career journey with the health system.

This transcript has been edited for clarity and brevity.

HealthLeaders: *What was the organization's succession plan and how will you work with Lisa Shannon during this leadership transition?*

Penny Wheeler: I recruited Lisa as a chief operating officer for our organization. It's hard to lead and run things at the same time, so her role was to help us run things and help us integrate things, and she did that exceptionally well.

In the background, our board was going through a process somebody called "a master class in succession planning." Every board meeting, HR, and comp committee meeting, we were bringing up anticipated needs, character traits, who internally might be a fit, and development plans for that person.

Lisa was running things and integrating at the same time we were looking at the succession pieces, and she was fitting the bill for all of those things. About a year and a half ago, she got a broader title of president because she addressed strategy, and because I wanted to get her in the running for CEO. It's been very methodical process and we have always been able to be direct with each other.

We're going to make sure that I finish my work, and she will get to her work. Part of that transition is about introducing her to a lot of external relationships that I have and things like that.

The fortunate thing is that I know what the role delineation should be between CEO and board. One of my favorite quotes about board service is, "you've got to get your arms around things without getting your fingers inextricably in them." I know enough to keep it at a governance level and not get into managerial decisions. I think that's a testimony to our relationship that I will continue in that role and that she is open to it.

I can tell you, too, the last thing people here need, after all that they have done and been through, is a lot of disruption in leadership. We're committed to a smooth leadership transition.

HL: *What is the organization's COO succession plan?*

Wheeler: Lisa is doing a little bit what I did. I flattened the organization to understand it well before I then decided what we needed in that role. She's going to take a look at that and over the next six months value it whether there's a replacement role or a different structure that's going to come into play there.

She's elevated a lot of our clinical talent. Without an MD sitting in this chair as CEO, she's done a methodical job of hiring a great chief medical officer, Hsieng Su, MD, and she has elevated many of the clinical positions around her. I'd say her top priority was elevating some of the clinical leadership and voices she needs in the organization, and then she is going to spend some time evaluating whether the COO role needs to be replaced or there needs to be something different.

HL: *What are your priorities and what are you focusing on accomplishing before the end of the year?*

Wheeler: I have to preface this with that I'm proud of the quality of care that these incredible 29,000 people give at Allina. We were named as one of the top fifteen health systems in the country by IBM Watson Health.

We are delivering high quality and have good performance, we have been moving in a direction where the most vulnerable, be they people have who have been traditionally left out because of race and ethnicity, or disability, or mental health issues, has been a focus of our organization. I'm proud of what we've done there and proud that we've moved toward getting rewards for outcomes.

Some of our biggest contracts now are rewarding us for how well we do things and how affordable, rather than how many. We have a huge contract with BlueCross BlueShield, we formed our own Allina Health Aetna plan, and we have payer partners that are transforming us to value.

"The last thing people here need, after all that they have done and been through, is a lot of disruption in leadership. We're committed to a smooth leadership transition."

When you get more contracts that reward you for outcomes, you better be good about how you serve the population instead of just reacting to them when they're sick. So, how do you keep them well? I've got quite a bit of experience as the previous chief clinical officer, so I'm helping with the population health initiatives as part of my priorities.

Another priority is on philanthropy. We are moving from site-based philanthropy to system wide philanthropy because you can't solve a community wide mental health crisis by doing things hyper locally. You need both local and system initiatives, so I'm working on that.

I'm focusing on external relations and introducing Lisa to those external relationships.

Also, we're integrating some of our service lines, and there's some specific ones that I'm working on for our clinical service lines, primarily helping with cardiology.

HL: You've spent decades working at Allina Health, including serving as a physician and multiple leadership roles. What are some accomplishments you're proud of reaching during your tenure?

Wheeler: I'm proud of how we've dealt with the people who traditionally have been left behind. We've got a lot more to do. George Floyd was murdered eight blocks away from our headquarters. We knew there was work to do and we've deepened those efforts in several ways. We've looked at how can we be a better employer and encourage people, how can we be a better provider of care and eliminate health disparities and systemic racism. We got 32 other healthcare organizations to sign on to a diversity, equity, and inclusion pledge.

I'm proud of the people who work here. What they do for other human beings—despite the odds, the pandemic, the civil unrest, and even a shooting in our clinic that made us lose one of our care team members—is phenomenal.

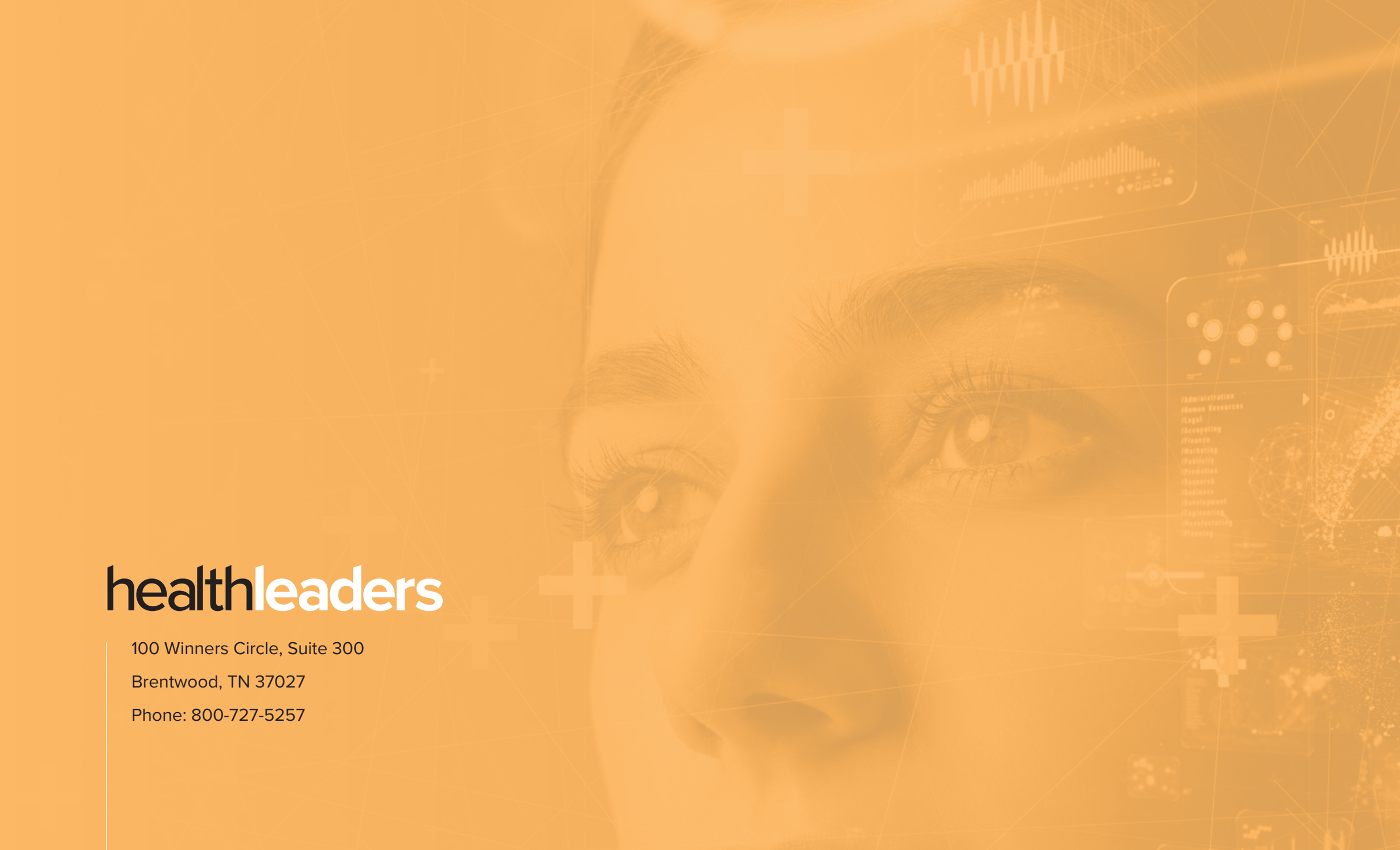
I'm proud of how we've advanced care for the whole person. At Allina, we think healthcare is not just the absence of illness, but how you are doing socially, emotionally, and what connections to community you have. I'm proud that we've dealt with things like health-related social needs and connected people to community-based resources when they're struggling with food insecurity, or transportation needs, or violence in their home. We've screened over a half a million people for those needs.

Everything we do hangs off our desire to be about whole person care and the decisions are made with that as our centerpiece.

HL: *You were the first physician and woman to lead Allina Health. What has been your overall experience working in healthcare and leading the health system over the past seven years?*

Wheeler: When I first came in as chief clinical officer 15 years ago, and I sat around the executive leadership team table, and I thought, "What did I do?" I left patients that I loved and the relationships that I've fostered and loved for 20 years, and now they were talking about things like enterprise risk management. It's changed since, but I was the only clinician in the executive leadership team, and I know and have learned from my patients what they value and need, and I know what it's like to try to scramble and take care of people as a physician. So, I hope I brought that in.

Ultimately, it's a privilege of a lifetime making a difference in people's lives, and it would have run hollow if I had other work that didn't matter so deeply and so purposefully as healthcare. I've been here for a long time; born in one of our hospitals, practiced for 20 years, on the leadership team for 15 years, and spent the last seven as CEO. ■



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