

Announcer:

In this episode of Tim Talk, a discussion with Andrew Dees about promoting the desire for action to change.

Tim Dentry:

Thank you for joining us for Tim Talk. I'm Tim Dentry, president and CEO of Northern Light Health. Through this podcast, we hope to break down barriers, embrace diversity, and focus on issues of social and medical justice. We want to find meaningful solutions by tapping into the many voices of diversity that we have across our healthcare system.

Tim Dentry:

This podcast provides a forum for our guests to ask questions of me and for me to ask questions of them. Our goal is to create a collective understanding of the issues that exist and find a better path forward.

Tim Dentry:

I'm joined now by Andrew Dees, the new director of provider network management at Beacon Health. Thank you for joining me here today.

Andrew Dees:

Thanks for having me, Tim. I'm glad to be here and to be with Northern Light Health.

Tim Dentry:

Terrific. So happy to have you here today. So, Andrew, when we first met and talked, you described your youth, growing up in a family and community that valued diversity and taught how to evaluate others based on the quality of the person. You called it the humanity perspective. I really resonate with that perspective and love how you mentioned sometimes there are those who have a less than engaged heart. I'm convinced that we will truly be on a path of oneness when two colleagues connect in positive ways at the heart when maybe they otherwise would be on different islands.

Tim Dentry:

What would you like to say to the persons who do not feel they need to change anything about the way they interact with others who they perceive as being different?

Andrew Dees:

That's a great question, Tim. I think responding to a person with these perceptions has to come from a place of caring. Understanding drivers of one's perceptions can lead you to that person's place of understanding and the beliefs and values he or she holds. Until you understand the drivers of perceptions and how that informs their projections onto one's self and/or others, you cannot really begin the process of engaging change.

Andrew Dees:

I think back to the Prosci model for change which starts with awareness of the need to change and then how you can support that desire. That only comes through a true understanding, understanding what

beliefs, what values, what life experiences have created perceptions of self and how one sees themselves in society around it, whether that be situationally or their submitted self-identity.

Andrew Dees:

So until you get that knowledge, you can't help them know that there is a need to change. I think once you understand that, you can start to educate and create awareness, and then ultimately give that person the ability to see and hopefully have a desire for embracing change. And I think what we've seen in the world today really shows how not only do we reinforce our own changes, but society is ready and willing to embrace an individual that acknowledges and acts in that fashion.

Tim Dentry:

Thank you, Andrew. That's a terrific answer. And I love the way that you were talking about trying to gain an understanding of the other individual's drivers, life experiences, perceptions, et cetera, because I think that's really a component that if we had more of in the world, it would be a less polarized approach or less, "I'm right, you're wrong," et cetera, but let's start with, "I'm trying to understand where you're coming from."

Tim Dentry:

Medical justice issues have been around for a long time, but not really studied other than, I've experienced anyway, in academic institutions and not really acted upon comprehensively anywhere that I know of. We have an opportunity here to change that, but we need to be data driven first. Your career experience will truly enrich our approach to understanding medical access and treatment disparities. Would you please share your thoughts and advice on medical justice and how we can all make a difference?

Andrew Dees:

Well, I think we can start leading where we are, right? A good friend of mine, Dr. Selwyn Vickers, once challenged all of us in the healthcare organization to be a leader where you are. The values that embody the organization ultimately translated to the individual providing service and caring.

Andrew Dees:

So leading where you are allows you to start on this journey of medical justice. At the root of medical justice is the principle of respect. You have to have respect for others. The ethical code that we have all been tasked with upholding in our daily interactions in healthcare, they require this. When we respect patients and their rights, we seek to do the most good for those patients and we do no harm, we are on the right track as individuals to be fair and equal in the delivery of the medical services that we provide.

Andrew Dees:

But data often shows us where our efforts have failed. We may do our part individually, but as organization, we have the ability to look at outcomes to make informed decisions and drive intentional change in the areas that we see less than equitable deliveries. I think that's what I think is the core value and the fundamental element to promoting a just medical environment.

Tim Dentry:

Thank you. That's terrific. I love that. May I use that line, be a leader where you are? I think that's really terrific because that's kind of the message I'm trying to get through to people is that you can make a difference here every day and it does start with the value of respect. And that's one reason why I'm totally dedicated to making sure that we have this culture of caring that we are talking about that is driven by respect. And that's why, this is only my third month on the job as CEO, that's why I'm making this one of my first priorities. So thank you for that. Thank you very much for your ideas.

Tim Dentry:

Now I want to take the opportunity to hear what's foremost on your mind and what you would like to ask me.

Andrew Dees:

Thank you, Tim. As I thought through a lot of these questions, I'd like to start my first question around justice. We've just been talking about medical justice and I'd like to start with a quote from Benjamin Franklin, and the context is really how do we promote a desire for action in the pursuit of change? So Benjamin Franklin says, "Justice will not be served until those who are unaffected are as outraged as those who are."

Andrew Dees:

When I think about the desire necessary to promote medical justice, social justice, and those models of justice that we desire here at Northern Light, I think of two imperatives, one is replacing a mentality of apathy with one of empathy and exposure to the reality of those living in poverty versus privilege.

Andrew Dees:

So in graduate school, I had the opportunity to do a multidisciplinary poverty simulation that was an exercise with the schools of medicine and all the allied health professions. The goal was to understand the sacrifices of a family's essential needs in order to cover the basic costs of things we prescribe in the healthcare industry every day. This was a sobering experience.

Andrew Dees:

So my first question is what actions can Northern Light Health take to promote a desire for justice for our patients, providers, and the communities we serve?

Tim Dentry:

Yeah, thanks, that's a great question. And first let me start with saying my hope is that in six months and a year from now when we continue to see each other, you'll ask me that question again and I'll have an even deeper and richer answer for you.

Tim Dentry:

But let me just put it this way. Frankly, what we are doing right now is the best action that we can put toward patients, providers and communities, justice and receiving justice in the way we care, the way we treat and work with everyone. Number one is engaging in multiple ways.

Tim Dentry:

I know when I began this process and I immersed, I call it an immersion, when I immersed myself into this, I had received a communication that went from another health system in New England just to their physicians, and it was written by a group of physicians saying, "We're mad and we're going to speak up." And the leadership felt that that was such an impressive message that they wanted to share it with all the people on the medical staff, not necessarily all of the employees. And someone said, "You know what, Tim, you might want to do that as well."

Tim Dentry:

So again, I was in, by then, what, a month and a half on the job, something like that, frankly, so I thought, "Yeah, okay, that's a good idea. I'll write something and I'll include it in my Friday reflection," because I had started to author those every week, and I thought, "Okay, I'll take a stand on, 'This is what we stand for.'" And we stand for respect in treating each other as brothers and sisters, and that was really the message.

Tim Dentry:

And I will admit that part of it was I wanted to be the first health system in the state of Maine to go on record that that's what we stood for. And I'm sharing that mainly because now I see with this immersion process, that there's so much more to it than that and that I even had a relatively shallow definition of what I would do as a leader for this.

Tim Dentry:

Because then I would get tons of feedback. I probably had 200 or so email responses to that. And I believe 90% of the responses were, "Thank you for bringing this up. This is an important issue. We've never really talked about that, and so I'm glad we're going to talk about that and do something, try to do something about it, try to figure out what that is," but there was also 10% that was sort of polarized, some that said, "Well, all lives matter," or, "It's not a problem here," or that kind of thing, or, "Why make it a problem in the middle of a pandemic and financial chaos? Now you're going to take that on too?" But the other one was, "Yeah, okay, Tim, you're saying what you stand for, you haven't said a word about what you stand against."

Tim Dentry:

And so the more I talk with people, like we had a Zoom room today, and this is the second of three that we have just over the span of about five days. And a lot of staff have signed up for that and they're sharing their experiences. And that's really what I hear more and more in a more just grassroots kind of way is people want to be able to say, you know what, there's two ways that people express either their micro insensitivities or macro insensitivities or what have you, or other definitions that you would use. One is just lack of knowledge, lack of understanding, lack of training, lack of empathy from someone else saying, "Let's talk about this more."

Tim Dentry:

So it comes from that. And that can be dealt with, that can be trained and reinforced and behavioral kinds of things, but the other one is maybe they just come from a bad place in their heart. They just are that way. And we can't let that go. We need to do something about that.

Tim Dentry:

So we are crafting examples where we are going to do things about, for example, I've heard it several times, I didn't realize it existed here, but where staff are hearing or they're telling me stories, these are both people of color and white people saying sometimes patients or families say, "Hmm, I'd like another nurse," or, "I'd like another doctor," and it's strictly because they don't like the color of their skin. And we need to be able to... And I love this one example, the person said, "And the manager might think that they're overprotecting us, they think they're being kind by saying, 'Well, I'll go ahead and do that,' but it's not." It's not overprotective, it's actually disrespectful to that professional.

Tim Dentry:

So anyway, we're finding ways and finding actions and finding solutions based on multiple ways in which we're reaching out to people and talking with them. And also, it's really along the lines of showing that is not going to go away.

Tim Dentry:

I am learning as a new CEO of a system the kind of influence you can have on the culture of the organization. And I am persistent, if nothing else, and this will stay, this will continue to be reinforced. We're going to continue to find ways to engage, new ways to engage. That's why I prefaced this with saying I hope you'll ask me this question again and I'll give you even a richer answer in the future as well, to find actions and solutions that really address that and keep this dialogue going so people realize, "Oh, we're still talking about this."

Tim Dentry:

And my hope is that everyone will then be able to have those magical opportunities where it's any colleague talking to any other colleague at three o'clock in the morning in the ICU at AR Gould or what have you and there's a golden moment where people connect and they're not on different islands.

Andrew Dees:

Yeah. Well, I want to say thank you, one, for embracing and empowering everyone at Northern Light to be able to start having courageous conversations. I think it resonates throughout every part of the organization that I've been a part of, and I think you have to start somewhere. We know there's positive intent with where we want to go and it's really encouraging for me to see our leader set an example and start to model things that are different, but that are really essential in helping us move forward to gain understanding, to learn, and to lead in an issue that is going to take all of us leading on. So thank you.

Andrew Dees:

My next question, I'm a data person and I'm encouraged by how data driven and evidence-based medicine standards tells us about meeting the needs of our communities. I think about the work of Don Berwick and the Institute for Healthcare Improvement and early studies of Jack Wennberg and the Dartmouth Atlas of Health Care and how they've described the diverse areas of care and paved the way for modern quality pursuits like population health management and high reliability healthcare.

Andrew Dees:

So my next question is how is Northern Light Health's population health strategy developing knowledge and capabilities to ensure the best outcomes and the best care while meeting the needs of our diverse populations where they live?

Tim Dentry:

Thank you. A great question and there are key words that jump out before I explain are strategy because it is a population health strategy. Developing knowledge has to be a precursor and really making sure we are meeting the needs of diverse populations.

Tim Dentry:

So first, advancing the electronic health record. Only really in the past year have we advanced it to the point where our clinical electronic health record, it was eight or nine totally different platforms and a lot of them didn't connect and didn't communicate and that kind of thing, and now we're about 80% to one unified electronic health record. And this time next year, [foreign language 00:16:33], which is a Arabic word, but we will be able to have one electronic health record.

Tim Dentry:

So that's really, really key, to be able to harvest data or really to have the kind of data elements from which you can ask questions and really learn along the way. That's really important.

Tim Dentry:

So right now, for example, in the electronic health record, we have consistent screening protocols, and that obviously then generates data because then you can say, "Okay, how well did we follow those screening protocols? What were the outcomes?" And with our ability to harvest data differently, we can include race and ethnicity and determine how not only were outcomes different, but was the treatment different? Were the screening protocols, et cetera, done differently?

Tim Dentry:

I had one physician again on the chat room that was saying, "I look at the data that I have and I'm distraught that I'm not having a greater influence on the health outcomes and I'm not as consistent as I should be on screening." So that's really great because then it's not a corporate-driven kind of thing. It's the providers really using it as they're face-to-face with their colleagues and with their patients and families. And that's how you create change. So advance the electronic health record.

Tim Dentry:

Second, we're leaps and bounds ahead of the methodology by which we would approach learning about these social determinants of health, if you will, that are a critical part of a population health strategy, and that is something called the Community Health Needs Assessment. Well, that's a process that's mandated I believe by CMS, by Medicare and Medicaid services. And it's a standard form that's filled out, and we all do it and we put our best into it in a positive way. And each hospital develop their own community health needs assessment. And there are some things that come out of that, but it isn't really as data driven as one might think.

Tim Dentry:

It's kind of like, "What are your challenges?" "Well, food insecurity." Okay, well, what does that mean in your particular communities? What are the health outcomes that happen as a result of food insecurity and does it differ by race, ethnicity, et cetera? So the fact that we're going to have an electronic health record is going to be far better than that kind of subjective once a year and put it away on the shelf kind of thing.

Tim Dentry:

And that brings up my third point to your question, and that is it's not only a culture of caring. If you work backstream, if you will, it's a culture of caring for one another, absolutely, and that's how you and I started this conversation, and that is the cultural aspects I'm trying to influence with this immersion, with this initiative. A culture of caring for one another obviously comes from a culture of caring and that is a critical part of a culture of quality.

Tim Dentry:

So I want to make sure that Northern Light, which has very good quality, we can be so much better, and there are some areas where we must get better that we aren't as good.

Tim Dentry:

We have a new chief quality officer that's going to be joining us at the end of this month and I've already told her that very much a priority is culture of quality, but also the medical justice issues. So let's make sure that we're designing reports, designing systems, and designing performance improvement that will be able to address that.

Andrew Dees:

Yeah. Great points. I think about data and its ability to inform the provider. The heart of the provider is really if we could get an EMR that could extrapolate the heart of the provider, health equity, population health management would not be a problem.

Andrew Dees:

I think to your point, having a single source of truth and being able to leverage information that's coming from all of these different providers in near realtime is going to give us insights that will allow us to provide the most impact to those disparate groups.

Andrew Dees:

As you were saying that, I did a little study of some of our [inaudible 00:20:54] and some of the population of Maine. And generally speaking, I'll just say 80% of Maine is white. And when you look at dispersing some 20% of other minorities across a very vast geography, there are going to be localized differences that are going to take the need to collect that data in a good way and from a central source.

Andrew Dees:

And so I'm really encouraged that we're going to have providers, this new chief quality officer, and all of the providers that she's going to be leading to look and share and find those things that we can do to maximize that quality where we find need.

Tim Dentry:

Great. Thank you so much. And that will wrap up this episode of Tim Talk. Andrew, thank you for joining me here to continue the conversation.

Andrew Dees:

My pleasure, Tim. I'll hold you to that six months by the way.

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Tim Dentry:

Absolutely, every six months, if not more frequently. And thank you to you, our podcast listeners as well. Until next time, I'm Tim Dentry, encouraging you to listen and act to promote a culture of caring, diversity and inclusion.

Announcer:

Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast and would like to learn more about the subject, you can find additional information at northernlighthealth.org/podcast. We welcome you to join us for a new episode of Tim Talk every two weeks.