

Alison Dean (00:09):

TheoremOne is the leading innovation and engineering firm for the Fortune 1000. We design, build and deliver enterprise-scale technology solutions and are very excited to present the Breakthrough podcast, an ongoing series, where we interview technology leaders to share their experiences and perspectives on what's next in tech. Welcome to the Breakthrough. I'm Alison Dean, VP of Operations at TheoremOne. And today, we're talking with Brian Paradis. He previously served as President of Florida Hospital's Central Region, a \$4 billion enterprise, quite tiny. He wrote an amazingly thoughtful book, Lead with Imagination, and currently is a partner with CSuite Solutions, a national strategic advisory firm. He also, like me, appreciates olive oil and salts on toast. Brian sent me this quote from Henry David Thoreau, "It's not what you look at that matters. It's what you see." So hi, Brian.

Brian Paradis (01:15):

Hi, welcome.

Alison Dean (01:16):

I want to know what that quote means to you.

Brian Paradis (01:19):

To me, it was the essence of imagination. I think I've had this obsession with imagination since I can remember. And imagination as in a simple way, just seeing what's around you and oftentimes thinking in a leadership or business setting, seeing what other people don't see.

Alison Dean (01:35):

I like that answer. Can you tell us a bit about CSuite Solutions and really what led you to this work?

Brian Paradis (01:42):

I spent a long time being a finance officer of that same organization and then made this unexpected jump into operations and did that, but at almost a decade point, you start seeing what you can further influence and what you can't. And so, for me, there was a number of things that I thought healthcare was falling short at, and it was very difficult to go after those things sitting in the day-to-day, the pressure of the 24/7/365 operations, and from the fiduciary responsibility that I would feel sitting in that chair responsible for 4 billion of revenue that the corporate office thought to keep showing up every year and grow it a bunch. And so there were a number of things I thought to go pursue.

Brian Paradis (02:30):

So CSuite Solutions became this sort of interesting grouping of former CEOs coming out of those same types of health systems with a shared vision that there were these two or three or four themes we thought that we could bring something to and bring some new types of thinking and solutions. So that's what led to that jump. It was rather frightening and scary. And for a guy who thought that he was going to spend all his career where he was at that point, it was a fairly significant readjustment to life and thinking and how you get things done.

Alison Dean (03:04):

I'd say the bandwidth that you have to impact more things has increased with this role compared to previous ones?

Brian Paradis (03:12):

Yes, you lose some things, you lose the immediate levers to pull things within the scope of control or organization you have, but much like we said in the quote, if you can see all the other resources around you that may not initially look like resources you can control or have direct access to, then suddenly the whole world opens up. So you're having conversations with people in Asia about a Hospital at Home program that we worked on here that you could take there to do some unique, new things. There's a whole bunch of things that open up like that in a day-to-day operation, you don't have time to think about or even consider it. It's pretty much what's put in front of you almost every day.

Alison Dean (03:53):

I totally get that.

Brian Paradis (03:54):

But it's an adjustment. So it doesn't happen quick.

Alison Dean (03:56):

No way. So since your career began in the accounting realm and there's really no shortage today of accounting-oriented applications that companies can leverage, I'm curious what the first accounting project was that you were part of that leveraged technology as the solution.

Brian Paradis (04:15):

Oh wow. So here's my problem. I'm the guy who's always thinking ahead.

Alison Dean (04:20):

Yeah. No, that's great.

Brian Paradis (04:21):

Almost never spent any time remembering or thinking too much about the past. So you're taking me way back in the annals. I think it was a Lotus 1-2-3 program that might've been my first "IT application." In reality, it was probably a revenue billing system that was a homegrown system that I inherited in my first healthcare job.

Brian Paradis (04:47):

When I walked in, I saw three months' worth of outpatient bills sitting on somebody's desk and asked what were those? Those are bills we can't send out because the computer is not working. And so walked over to the computer or IT department and said, "They tell me there are three months of bills that haven't been sent out. That's going to be a problem." It was my first entry into what I thought was this funny disconnect in the languages and the problems. And they looked at me and said, "We didn't know that." And so there was some code missing or something that wasn't letting them process, but somehow, that wasn't getting all the way to the people who could fix it. Literally a day, and it was fixed, but it was just maybe my first entry into this strange world.

Alison Dean (05:32):

A strange but amazing world of possibility.

Brian Paradis (05:34):

Yes.

Alison Dean (05:36):

Okay. So when you were with Florida Hospital's Central Region, what was the attitude regarding technology? And how involved were you with technology-driven projects?

Brian Paradis (05:47):

I am not a tech person. And if my kids were listening, they would affirm that. There was a good part of my career, where I had the IT of this organization reported to me and I would come home and couldn't get my computer at home to work. And you know how kids can maybe be, they would look at me and go, "What? I thought you were responsible for running the whole IT department for a hospital, AdventHealth, how can that possibly be a sane thing for them to do when you can't even operate your own computer?" So I'll just confess, I am not high-tech savvy wiring. And I also confess that a good part of my orientation and career has been one of skepticism around technology and frustration with technology. And yet, at the same time, if you ask me some of the things I'm working on right now, I would have to go, "Well, I confess, it's some techie kind of stuff." And I tell you why and what those learnings maybe have been over the years.

Brian Paradis (06:42):

But my first entry into IT was when I was the director of accounting that, we'll call it AdventHealth, in meetings with the other tuning leaders, essentially trashing all of the IT department and the crazy things that they got us into or didn't deliver on or promise, but never got done. That was the primary orientation. And I was made to believe, never believe what IT tells you. They're going to lie to you about the project upfront and they're going to lie to you about how much it's going to cost and they're going to lie to you about when it's going to get done, and they're going to lie to you about what happened, why it's not working when it's done. So that was my first hard orientation into a large system IT kind of model.

Brian Paradis (07:26):

And so at the time, I think the distinguishing thing was that back in those days, they built all their own software. And in retrospect, some of it was actually very, very good, and it was pretty advanced, especially in the revenue cycle over the years, we continued some of that on the revenue cycle. And I would suggest one of the best revenue systems in the country from a health systems standpoint, just couldn't be ported anywhere. It was still so many pieces and parts constructed together that it was difficult to take all the pieces out and replace them. And yet, it was also dying. It was just becoming obsolete. So that was my first orientation.

Brian Paradis (08:02):

And then as time went on and I eventually became CFO, they reported to me. And so that was my first time having IT reports. And it had some of that element still remaining, not all of it. I think the transparency was much better. The performance overall wasn't significantly better. And so there was pretty great frustration throughout the organization. So I think the major thing we did was I replaced the technology head over IT and put a business person in charge of IT. And that was a pretty significant change. At the time we did it, that would have been 15, 16 years ago, might've been pretty innovative. And to me, that was a significant shift in the way we thought about IT, but also in the notions about getting returns and understanding what IT was for.

Brian Paradis (08:55):

And so I think there was some element that IT was its own island and it wasn't necessarily serving the strategic objectives of the organization. Now, in fairness, I'm not sure the organization had clear strategic objectives. And so I think there was a double lose in the way that things functioned and operated to a large extent, but as we tighten the strategic planning and strategic orientation and kept it more and more consistent, then the IT had a better chance to align to it and come underneath as a supporting actor against those strategies and having a business person who was conversant with the larger strategies and needs of the organization. It was his job to then translate that into the operations of IT and the development side of what we did.

Brian Paradis (09:39):

So that was where it led. And then by the time I left, IT was so integral and so at the table on its own at that point that it really becomes a very significant strategic partner to the organization. And there are some stories we can talk about that were quite devastating at the moment that to me were indicators of how tight and how aligned the relationships were between the operation and IT with the typical finger-pointing that would happen when your entire system crashes the same day that the Joint Commission surveyors show up to survey your hospital. It's an interesting day. And not a single person was accusing IT of failing or of not delivering. In the old days, everyone would have been screaming about that.

Alison Dean (10:23):

So when you made the decision to put the business person as the head of IT, did that start to begin a shift for you with how you perceived IT? So you call yourself an IT skeptic, did that shift at all, or do you still feel like it's just, I'm always going to be an IT skeptic?

Brian Paradis (10:43):

No. There's a flip side of that too, that I should tell you about is that when I became the Chief Financial Officer, there was a great effort by others in the organization to remove IT from me. And I fought like heck to keep it. And it was painful and I was young and new and sort of the wild card into that role. It was an interesting politics within the organization. Some of my team asked me, "Why are you taking these beatings over this?" My answer was, "Because if you want to change the organization, you need to have control of the central nervous system to do that." And so for me, the flip side I would say is that I see IT as the central nervous system. So that's what I say about the skepticism. I'm equally frustrated by it because I need a better central nervous system. On the flip side, I have enormous regard for it because I know that if it works right, it's a strategic advantage and everything will function better.

Brian Paradis (11:44):

So when I said skepticism, I'm skeptical of promises, I'm skeptical of people overselling, I'm skeptical when they devalue people in the process and think it's all about the technology. So that's probably a better description of the true skepticism, but at the same time, I was also the guy fighting to keep control of IT because I thought I had the power to change the organization if we did it right. And so that was what led to putting the business person in charge so that we could improve the central nervous system of the organization. And he had a much better feel about what that nervous system needed to be and function well.

Alison Dean (12:18):

How interesting that is. So given your tenure there, how important was technology to the success that you had?

Brian Paradis (12:25):

I don't want to overvalue it, but I wouldn't undervalue it. I think it was essential in the partnership of how we did several things. From my business side, it was how we allocated money into what projects. And it was a process we built about how to do that across the organization that supported the strategy. We moved pretty heavily towards the operators having responsibility for those choices, essentially. In the old days, it was IT who was responsible for the implementations. And we turned that upside down and we made the operators responsible for both the decisions and leading the decisions about what to do and what strategies to employ from an IT standpoint, but that also then made them accountable for its successful implementation. There really was very little opportunity to point fingers and be away from the solution. In the old days, it was kind of, this was IT solution, not our solution. And we got rid of that approach and thinking.

Brian Paradis (13:23):

So I think several things happened. one, almost all of IT was directly aligned to the large aims we had as an organization, and that the IT groups were extraordinarily gifted at coming alongside the operators, helping them make the right choices, but letting the operators be the decision-maker, if you will—it was a very important function. And that person eventually sat at the senior chair so that their voice was always heard in any decision, even though they still reported to the CFO, they had their own voice and own seat at the table because we did think it was so critical to the success of the organization.

Alison Dean (14:00):

Yeah. Okay. I want to talk about technology-driven projects that you've been part of. What comes to mind first?

Brian Paradis (14:07):

There's one above all others. We did so many. I don't even remember which ones stood out, but the one that was really pivotal for me in my own development and growth, I led the process to do the first major install of an electronic medical record. I guess it would be almost 20 years ago, at the time, the number in my head's about 120 million. That was really small compared to what many health systems are spending to convert to an EMR.

Brian Paradis (14:34):

But for us, it was the first time we were going from paper to electronic, and for us back then, that was a massive price tag. The company that we purchased their system told us it was the single largest install they'd ever done. At the time, we were reading all kinds of stories about EMR installs that were being put on hold, there were revolts, people were being fired over them. So we felt like we had a lot riding and a lot at stake. And it was a really confusing process trying to figure out which system to buy. Back then, there were maybe three or four significant choices. So that was probably the biggest decision. I was pleased

that when we did that, I had put my business leader, he was installed by then when that decision came. And so that was probably the most significant one. Two things happened out of that that for me were learnings.

Brian Paradis (15:25):

After about six months of evaluations, I concluded that in many ways, it really didn't matter which system you picked. That was only about 30% of the likely success of the project. 70% was the execution and implementation, because what would happen is you'd go to one health system or we'd take these trips and we visit them, and they would tell us all these bad stories about this product. And then we would go, "Oh, okay, that's good to know." And then we'd go to the next system. And they would tell us all the bad things about the other product. one place would tell you it was great and so was the other one. And so when you put them all in a queue and said, "Let's rate which ones were good and which ones are bad, it just depends."

Brian Paradis (16:09):

So I concluded something that for us is pretty challenging, it isn't about the system. It's about the people who buy the system and how they configure it. So when a health system says, "Oh, they're horrible." Most likely, that was a statement about the health system and their lack of clarity or lack of process or lack of implementation skill and adoption than it was about IT company X or IT company Y. Now, again, I'm not dismissing that IT companies can screw up things and have a B or C team on an implementation, but it's still, to me, I put it as a 70, 30, 30% as the IT company and what they're going to bring to success, but 70% rests on you, the user. That logic then flowed into all of the ways we did IT internally too, it's the user that's going to primarily drive success, not the IT department. The IT department can be great and still have failure if the users don't engage or don't adopt or don't see the return or the outcome they want to achieve from it. That was the big insight on that side.

Brian Paradis (17:10):

Then there was the day that my IT guy came to me, who was a former senior finance officer. So we were colleagues and said, "We need to go through the implementation budget." Say install implementation budget was almost over \$10 million at the time. And so for him, an ex-finance person, I could see his face that he felt really bad that he was coming into my office telling me we needed another \$10 million on top of the 120 to really get this thing installed well. And so I remember just looking at him and I go, "Is this the number that it's going to take to do the work that needs to get done to get this in place?" And he goes, "I believe it is. I've scrubbed it." And I looked at him, I said, "Then go do it."

Brian Paradis (17:51):

I remember him looking at me, like, "Aren't you going to cut 2 million out or tell me I only get this?" But I looked at him and said, "No, I'm not going to do that. We just put a \$120 million check into the software. This 10 million seems pretty small to ensure that it gets done right. And just as a practical matter, if this

goes bad, you and I are in deep, deep trouble. If this goes well, there's not a single person who's going to ask us about the \$10 million we spent in order to make it go well." And so we did. And that went great. They did an extraordinary job putting that in and we had no muss, no hiccups, no major meltdowns, and got it installed. And lots of people on the floors helping doctors every day till it became comfortable for them and lots of shirts and big command center running.

Brian Paradis (18:40):

And I think the thing that struck me was remembering that install and how massive our command center was and the number of people all through the organization holding hands with operators to get through that. And we used that model, the command center, quite a bit over the next years. But by the time I left, we did computer installs. We didn't run command centers anymore. It was just so matter of course, and the processes were so organized and smooth. It used to be every time we installed something new, it'd be a big command center day and we'd get updates all through the day, how things were going, number of outstanding incidents, and there was someone joking years later, we don't even blink anymore when the new installs next month, we'll hear about it, wasn't even an event. It came to be so smooth and with so little friction. So it was pretty incredible.

Alison Dean (19:29):

Okay. I mean, that was obviously very transformative within healthcare. So I'm curious what digital transformation means to you and I'm also curious how it fits into the medical landscape of today.

Brian Paradis (19:43):

That's a really good question. And now you're going to get a little more of my cynicism and skepticism. I mean, almost everything is tech today. So it's hard to even not think of any company doing anything that's got significant tech, but we've really tried to stay away from more traditional software companies. And part of it is because I can't even sort out the language anymore of what people are doing. It's almost like every website I read of a tech company sounds exactly the same and they're rife with AI language, but for a while, it's like I talked to a company one week and the next week, they would be telling me about blockchain. And I'm like, "So over the weekend, you guys built blockchain into your product?" I could feel that skepticism of, "Stop telling me stories because you think that blockchain sounds cool." Now, every company that was doing something yesterday, somehow trying to tag on to blockchain so that somebody will be enamored with it and buy it.

Brian Paradis (20:40):

So we've almost, after a while, got some more now, we're trying to understand what's real, what's not that we almost said as a firm, we're not capable of engaging with these groups because not willing to take them or represent them or see them as an innovation that we can take the clients. And our work primarily is around growth strategies. And so we're always looking for unique aspects or tools or services that we think can partner with health systems to create growth. You can't do that without talking to tech, but we've

tried to more and more stay away from what sounds like almost only tech or real software-oriented wiring. So I use a language often, if you can get me from confusion to coherency, now I'm interested, because right now, it's just this massive stuff.

Brian Paradis (21:26):

So a recent story this week, working with a company that we think has a really interesting capability of sitting between the physical and virtual world and creating an experience for users and experience for patients. Now that's interesting to us because it can fuel growth. And if you want to have a great patient experience, but you have a really crappy provider experience, then how do you expect a bad experience with your providers that translate to a great experience? We can't. So that got our attention. And so we're digging into that. And so far, everything looks like they've got a great story and they've got a real product and we're getting really pleased with them and see them as a real potential to take to clients, because I think most healthcare is doing the virtual world really big right now. So this is a way to make that be a lot more seamless for users and a lot more seamless for providers and treat the physical world when you come into office integrated with a virtual world where today, it's almost like they're two really different things.

Brian Paradis (22:25):

So we were at a health system and they're going, "Wow, this is so good." Well, then the next day, "Well, but we just bought this system and that does some of that. And we bought this other system and it does a piece of what they do. This looks better, but we already bought this. And so now we're going to have to just wait and see if this would actually works." So to me, it's like every conversation, there's some overlap, some aspect that we already have pieces and parts. And so to me, it just gets really confusing to figure out what part we really need and how do we make sense out of all these now pieces and parts that go together. So as a user side of it or a non-technical person, it just, again, it always feels like confusion. And my plea to the IT people is, "Help me see coherence." Because this feels like lots of different pieces and parts interacting. And I can't tell what's essential and what's really driving, or what's in the way of getting done what we do.

Alison Dean (23:21):

I haven't researched this enough to talk about this at length, but if you're someone that goes to see your doctor regularly, if you're someone that's elderly, whatever that looks like, what would be needed from a telemedicine perspective so that your doctor had all the information that they needed to diagnose or say, oh, you do need to come in, but it prevents them from having to see them in person until they really to see them in person?

Brian Paradis (23:46):

I don't think there's a lot missing. I think most of what's needed is reasonably there. The trick is always how to organize it, how to present it and how to make it not slow the physician down from getting done.

We work with a telemental health company that has an incredibly crazy technology that they've built almost in the garage at some level. And it's some guys that built a billion dollars worth of population health technology and realized how wrong most of it was. So they've taken all what they learned, doing it as good as anyone's done it, and then reconfigured it. And it all sits on the phone. From a patient privacy standpoint, it's pretty crazy because they designed it at the patient level as opposed to figuring out how to backtrack and figure out how to protect data. It's all on the patient's phone. And they've built a little bit of AI into that. And over time, they can turn on 18 sensors on a person's phone and monitor whatever that patient gives them permission to monitor.

Brian Paradis (24:43):

And the bot really doesn't play the role of clinician, the bot plays the role of connector. And so it organizes things, it alerts if you're a person who struggles with addiction and you're standing for five minutes in front of the liquor store, it can geo-fence your phone and then send a note to you, the patient, and say, "Would it be a good idea to keep walking? Is this a time to call your sponsor?" And it will send an alert. So maybe the next week, typically, the clinician will interact with it when the bot gives them sort of a summary of critical events. And when they meet that next week or whatever, they'll say, "So tell me about Wednesday night, what was going on?" So it lets the clinician be way more focused on the issues instead of spending 30 minutes trying to dig out what was going on this week.

Brian Paradis (25:28):

And on top of that, we know that from a mental health standpoint, it's relatively ineffective, once-a-week interaction. And that's not usually when people need help. This way, the AI becomes a bit of a reminder that's in partnership with the patient, honestly, they're given permission. They actually program some of that language into the phone to do it. So from that perspective, I think there's just great promise in that stuff.

Alison Dean (25:51):

Yeah. It sounds intriguing. Okay. So Kelly Huang is VP of Product at Ethyca. She was recently on the podcast and she has this question for you: "As a product leader that has worked in healthcare operations myself, in your extensive experience, how do you balance quality of product, which is exceptional patient care with rev cycle optimization and operational excellence?"

Brian Paradis (26:19):

What I have learned is that they're both critical and they're interrelated too. So I can tell you from my view, the experience continues all the way through the revenue cycle, number one. And I'm also clear that you can do 98% of the process right, but if you blow it in revenue cycle, it's all wrong. You won't get through that. The lasting impression will be the experience they had with revenue cycle. Also think revenue cycle is still a wild Wild West and it's still not done particularly well in most health systems.

Brian Paradis (26:59):

I think a few years ago, I went to the meetings where they have all the finance people in healthcare, which means all of the revenue cycle companies are exhibiting there. And I remember walking through the floor. And again, it's been 12 years since I've been playing finance or revenue cycle. And I was shocked with all of the companies that were in that booth because when you go to the EMR and the clinical stuff, it's a relatively small number of survivors. And so I was looking and asking a bunch of people, "Why are there so many companies here all doing what looks to me like nearly the same things?" And the answer was is because it's still so screwed up that there are still hundreds of little niche companies that are only doing one little thing because they can't figure out how to do that in the main system. So what that means is almost in my world, they're sort of like the core system, but the core system is only about 70% effective.

Brian Paradis (27:51):

Then you have another ring of a bunch of companies around that ring all doing bits and pieces and stuff, but none of them really pay attention to customers very well. And okay, now you have another ring around that, so that there are some customer strategies. And even one of the ones we work on a little bit now is motor vehicle accidents represent only probably 2% of the revenue cycle, but it's horrible the way it gets managed because these are very small groups that got hit by a car, they didn't have insurance and they weren't at fault. And so now what do we do? So if they come to the hospital, they're charity care and can't often get care. So, well, who manages that? Well, hospitals, they just hate dealing with that because it's lawyers and usually lawsuits and they'll wait three years to get paid anything if they get paid and they've got to track it. So the big cases, they usually will hire a law firm who manages that, but anyone under that just gets ignored by the system. And so then there's another ring of opportunity around that.

Brian Paradis (28:50):

So I do think that there's still a great amount of work to do there. And I don't know if one system ever fixes that. I just think you do your best. And I will say a lot of organizations have not invested a lot in that space. And part of what I said about the way we tended to allocate money, we portfolio managed our IT budgets and always made sure some percent went to the back office team, a bunch went to clinical, a bunch went to the customer-facing side of it. And that way, they didn't compete against each other in those things. So probably the answer would be is just making sure that you create the importance of that as a portfolio and then manage it through that way so that you're putting in a reasonable investment. We've done some work with some clients whose revenue cycle was a disaster. And partly was because they didn't staff it well. So I don't know, I like balance. So maybe the answer is balance and maybe the answer is to challenge your imagination not to think as an or, you got to do both well and there's ways to do that.

Alison Dean (29:49):

That's a good segue, Brian, since we're going to talk about your book and imagination. So when someone reads your book, *Lead with Imagination*, what one thing do you want them to walk away with?

Brian Paradis (30:02):

I think I'd want them to walk away maybe with three things. one, leadership is an adventure. So get over yourself, get over thinking it's about you being comfortable, because it's not. Get over thinking you're going to be able to know and control things. The second thing I would say is learn to lead from love instead of fear. I'm sure it's going to sound really weird to a number of your listeners. That sounded weird to me when I first started thinking about it. But I've figured out that we tend to assume to lead from fear. If you look deeply into most executives' psyche, it's avoiding problems and it's self-protection. So we tend to lead from that.

Brian Paradis (30:42):

I think I sent you two quotes, my favorite quotes. And the other one is if you're not living on the edge, you're just taking up too much space. And if you'd asked me why I like that quote, it's because it reminds me to get out of my risk-avoiding natural self, and keep taking risks when it's uncomfortable and it doesn't feel natural to me. And I also know that whenever I've made my biggest mistakes, if I can do a root cause analysis of that, it's all fear-based. I got fearful about something, I got self-protective about something.

Brian Paradis (31:14):

And the third one is, be way more curious and actually learn to be curious. It's a learning thing. And there's a science behind it. As you might've, I saw a little blog from Seth Godin today that said, "You can't be furious and curious at the same time." Every time I'm wanting to be angry or react to somebody, I have to start being curious about why am I feeling this way? That's curious. Why did they say that? That's another curious question. And by the time I get through a cycle of that, I'm now actively trying to resolve and figure out what I can learn here. I've got a great partner I work with a lot that uses this language of an expert to explore. And instead of feeling in that expert position and being threatened, I can move into the explorer position and start to figure out some new things and learn some new things. So those are probably the three easier takeaways from what people get from the book.

Alison Dean (32:05):

So, because I thought you might ask me what was the thing I took away, I wrote three things down. Interestingly, one of the items that I wrote was one that you said. So the first thing I wrote was, "Lead with love." Because that was pretty infused throughout the book. The second thing I wrote down was, "Culture eats strategy."

Brian Paradis (32:25):

A 100%.

Alison Dean (32:26):

And the third thing I wrote was: best idea wins.

Brian Paradis (32:33):

Hey, you'll never get to that if people don't feel safe and the culture is not healthy, and is one of my litmus tests. If once a month or two, somebody didn't tell me I was wrong, I got worried because I was fearful that somehow I was creating an environment now where people didn't feel safe to say that that's great, those are all great.

Alison Dean (32:51):

Okay. So I asked Tony Dottino this question who was on the podcast, what are the biggest lessons that you've learned from working with other leaders?

Brian Paradis (33:00):

I think they're not far off of what I've said. I didn't learn any of that on my own. I learned all of that from other people and watching, but probably the one that was hardest for me to learn was the value of people. I learned that pretty early and pretty hard, thinking I was doing a good job and then learning that my team was dysfunctional and disconnecting. And when I forced them all into a room to talk, I had one-half warring with another half, and I thought the problem was them. And when we got to the bottom of it and I hired a facilitator to help us, it was pretty shocking to learn that I was the problem. And it was little things like the office was in an old mansion. And I walked in my door to my office one way, but there was another group of people in the back. I would talk to the people on my way in because

I'm an introvert.

Brian Paradis (33:48):

So back then, especially when I didn't understand myself that much, I just naturally would ask questions, but I never thought they'd randomly wander to the back and ask how they're doing because that was an unplanned, unpurposeful kind of event. And I knew I was doing a good job as the department, we were really not viewed very well. So I thought my value was in making them be valued by the organization. I didn't understand how important it was that they felt valued by me. We had a massive argument early on in our organization where I was leading about where people fit in our strategy document. I just put my foot down. I said, "I value our people, but they are point to serve our customers and patients."

Brian Paradis (34:30):

About two years later, I was at home doing something random and I was listening half-heartedly to a PBS documentary about Herb Kelleher of Southwest Air. In classic Kelleher style, something to the effect of, "Customers aren't always right, sometimes they're damn idiots." Or something like that. My people are what I care about first. And I remember just sitting there listening to that. It was a hard lesson that my team

was right and I was wrong. It was an instant change. So I came back literally the next day after three years of going on with what way it was, and I said, "We're making a change. You guys are right. I was wrong. Our people deserve to be on the strategy map as a critical element." And so that was the only adjustment we really made to our strategy like that in nine or so years, we elevated people.

Brian Paradis (35:18):

A more recent learning in this world, there's a hardscrabble world of understanding how the techs can interact with people. And most people don't want to do that work. And so, and my view is they will always fail if they don't do that work. And so the one reason we love this company that does the telemental health is because they get it and they can describe how painful it is. So make a thousand mistakes to figure out how your technology is going to interact with the people it serves and the people who use it.

Brian Paradis (35:48):

So I don't know, maybe the answer is all of that is people and maybe the last piece of that coming out of COVID, I think it's even more acute for me is that if organizations aren't taking care of their people and they're not moving from the sort of old-style wellness construct to a wellbeing construct of really understanding the whole of a person. If you're not doing that, you're going to lose in the talent war that's coming. I would say it's coming. Most people I'm talking to, I think it's already here. For many, I mean, I've had law firms telling me they're having to rethink everything because right now, there's so much legal work out of the pandemic that they can't keep up, but people are different coming out of this thing. And so I think any organization, especially IT as mobile and as telemeeting because we are for that, if you're not having a very coherent, very clear and articulated wellbeing strategy for your people, you're going to lose in the talent war pretty quickly as well. So that's the three takeaways.

Alison Dean (36:47):

The answers are coming in threes.

Brian Paradis (36:51):

Yes. Sort of my wiring.

Alison Dean (36:52):

So we've talked about future innovation, but where do you see things progressing? What is really super exciting for you where you cannot wait to see it in action?

Brian Paradis (37:03):

I am not smart enough or tech enough to probably give your very tech-savvy readers something really specific. I mean, it's clear to me, AI is going to continue to find its value. I don't think it's there yet. We're using it in funny ways, but I think there's something there that's going to develop. But most of my career

has been this construct of data to information, information to knowledge, knowledge to understanding, and then understanding to wisdom. It's been a hard driver for me. And the first four are about doing it right and wisdom is about doing the right thing. So what gets me really excited is when technology and/or people together start to cross that chasm, getting from the understanding to wisdom as a Grand Canyon, it's not a direct link, but I start to see insight and analytics tools that bridge all kinds of systems and data.

Brian Paradis (37:58):

So where I get most excited is when the locked-in EMR systems or the locked-in proprietary systems can be extracted to a higher level and therefore, make data and insight and analytics and prediction all available so that we can intervene with things before they become problems. So much of healthcare has been historically reacting to the problem, both in our psyche of how we practice medicine. But I think the world is going to move from this sort of acute care oriented to a more well-being preventive kind of mind-frame that's going to take a different kind of analytic and a different database wiring to do that.

Brian Paradis (38:38):

So I've seen a number of things that look different than anything I've seen and are starting to use those ontologies. And so again, this is where I get real trouble using these ontologies that used to be really fragile and couldn't handle data at scale. But now there are new patterns and tools out there that are moving these to a scalable model, which means that we can take multitudes of databases, load them into the cloud very efficiently, very effectively and not have to do the pipe to pipe transfers. That's probably one of the key things I see maybe happening. And that makes me think maybe we're going to get something that gets closer to wisdom doing the right things, not doing a bunch of things right.

Alison Dean (39:15):

Time will tell. Okay. Can you speak about a breakthrough that you've had recently?

Brian Paradis (39:20):

I think this issue of wellness to wellbeing. I mean, I know it's not a tech thing, but to me, that's the big breakthrough in the future is that when we start thinking at scale about communities choosing different levels of wellbeing. There's an economic driver to that, there's a life vibrancy to that. That to me has been a breakthrough thinking that that's possible. And it's possible at scale and it's possible economically doable.

Alison Dean (39:45):

Right. I dig it. Thank you, Brian. How was that?

Brian Paradis (39:49):

It was awesome.

Alison Dean (39:51):

Oh, good. Thank you for tuning into the Breakthrough, brought to you by TheoremOne. Make sure to hit that subscribe button and leave us a comment. You can find us wherever you listen to podcasts. And for more great content, follow us on Twitter and Instagram @breakthrupod. That's break T-H-R-U-P-O D. I'm your host, Alison Dean. Until next week.