



A new frontier for health care

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Guests: **Laura Forese**, executive vice president & chief operating officer,
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Burt Rea: Welcome back to Capital H. Our 2019 Global Human Capital Trends Research is characterized by three themes: The future of the workforce, the future of the organization, and the future of HR. All three of these themes, and the trends within them, play an important role in transitioning to the future of work. Our guest today can give us that C-suite perspective on addressing the future of work and the challenges and opportunities that come along with it. Dr. Laura Forese is the executive vice president and chief operating officer of NewYork-

Presbyterian Hospital, where they're meeting the future of work through employee engagement, skill development, and strategic use of technology.

Jennifer Radin (Jen): Good morning. My name is Jen Radin, and I'm a principal with Deloitte Consulting in our Health Care practice here in New York City, and I have the honor and privilege of leading our Future of Work practice for health care and it's such a pleasure to be here today with Dr. Laura Forese of NewYork-Presbyterian.

Laura Forese (Laura): Well, Jen, thanks very much. I'm really delighted to be here. By way of introduction, this is Laura Forese. I'm the chief operating officer of NewYork-Presbyterian, which is a health care system, multiple hospitals, 10 hospitals and more than 40,000 employees working with more than 10,000 doctors, here in the New York City area. I am an orthopedic surgeon by training in the early part of my career and now have been a hospital executive for quite a few years and privileged to work at NewYork-Presbyterian.

Jen: Let's start by talking a little bit, can you share what does the future of work mean to NewYork-Presbyterian?

Laura: So for NewYork-Presbyterian, we have been discussing this topic for a while. As a health care organization, we are constantly challenging ourselves to make sure that we're doing our very best, and it is now very clear to us that technology is going to be critical as we think about our future. Perhaps technology has always been critical in health care. We just think about the advances in terms of medical technology—now we are discussing how technology will let us advance our work, whether it's in the clinical arena or the nonclinical arena—and it's going to continue to evolve, so we've got to continue to evolve our thinking.

Jen: We sometimes think about the future of work as having three major components: The work itself, the workforce, and the workplace. And so I am eager to hear how, at NewYork-Presbyterian, you all are addressing these three different aspects.

Laura: Let me start by talking about people, because one of the things that we think at NewYork-Presbyterian is so critical. We can have all kinds of great strategies, but if we don't have engaged employees who really understand what we are trying to do, who are committed to our mission, perhaps none of this really matters. So this notion of the workforce and engaged workforce is something that we are talking about throughout, every day, all the time. We've been on a journey that we describe as our culture of respect, and that's making sure that everyone who works for us—so the entire workforce—is thinking about respect in everything that we're doing. So as we talk about the future of work, you start with the workforce and say they really have to understand what we're thinking, they need to participate, they need to be engaged in a very important way. So it's communicating to them. Then, of course, as we are thinking

about the workplace, well, that is certainly going to change. Again, going back to how we have thought about work in the past in health care, we used to do certain things in the hospital; now we're doing more in an ambulatory setting. We're going to continue to do things outside of hospitals and health care organizations altogether. So the place of work might be in someone's home, and it certainly is going to involve remote technology. And then finally, as we think about the work itself, we see the opportunity for technology to change the work. Now, we're still going to be delivering health care, but the work itself can look very different, and as long as we're continuing to make things better, it's a great opportunity for us to use technology.

Jen: I think that is so well said. We are, of course, all aware of NewYork-Presbyterian's virtual health platforms and work, and I think you are incredibly advanced in how you're thinking about that. Can you tell us a little bit about ... How did that originate? What was the compelling need there, and how has that changed some of the clinical delivery work, if you will, as we create disproximate locations for people to interact around health care topics and issues and better health, but they are not necessarily collocated?

Laura: Well, we started with the premise that we would want to use technology as long as it was making the care or the delivery of care better. So it's not technology ever for technology's sake, and the notion was if we can improve quality or the patient experience or access, or indeed, if we can take cost out of the system, that we ought to be looking for opportunities to do that. One way that we saw we could think about all of that was to start to think virtually. So we're all so comfortable now doing things virtually in our lives, whether it's the way we're purchasing things or the way we're interacting with each other. We're often doing it disparate or distant from the original ways we were doing that, and we started

to say, well, in health care, how do we think about that? So can we make the patient experience better? Can we make it more convenient for someone? Can we make the doctor or the nurse or the technologist's work easier? Those were the ways we started to do it, and then we developed that into what we call the NewYork-Presbyterian virtual platform on-demand. It's got a lot of different facets, but it came out of our decision to try to make things better.

Jen: That's so great. I love the origin story there about why, versus ... What some people think about doing is putting a platform in and then sort of figuring out from there, but I think you really were so incredibly thoughtful about the origination of all that work. So we've talked a lot about the workforce and populations and some of the trends that are out there. For example, we know today's workforce is about 50 percent Millennials, and in five years, that goes up to 75 percent. What are some of the experiences that you have had or some of the changes that you may have made at NewYork-Presbyterian to make sure that you are accommodating some of the ways Millennials like to work, which is different than us older generations, shall we say, and they are really looking for using technology when it makes sense, being able to work virtually when it makes sense, a little bit more flexibility and agility, if you will?

Laura: I love the way you framed that, because part of NewYork-Presbyterian—our credo—is about diversity in our workforce, where every role counts, and in this setting, one of the things that has been so wonderful for us is having this diversity of experience. So having Millennials, or people who are very comfortable adopting technology and seeing how to use it and giving us suggestions, has been so helpful.

Jen: I'm so appreciative of guiding principles that you talked about. Another thing that you and I talked about is in the US, within the

next 10 years, there will be an opportunity to automate about 47% of the jobs that are out there. Now, as a society, as a culture, we would never do that. It's not an ethical way to participate in a society, but the possibility will be there, and so I know at Presbyterian, you have made some choices about technologies not to move forward with, because it did not bump up against your guiding principles. Is there an example that you can give us where you made that decision not to do what seemed like a future of work concept that maybe would have saved you some money, but wasn't the right thing to do?

Laura: Sure. I want to give you that example, but let me set a little context first before I get to something that we decided not to do. So again, as we are thinking about the different opportunities as we go forward with technology, what we've said is we're always going to have humans in control of the larger discussions, and so it's not as though there are not going to be humans participating in this. We're looking for areas where technology can make what the human can do better, easier, faster, and more cost-effective, something like that. And so at every level in the organization, in every different job, we're constantly saying, "What could this look like so that we can have the humans doing the things that they are best at?" And perhaps routine tasks, rote tasks, things that technology can help us advance, we'll do that. So think about something like radiology. Now, we're absolutely going to have radiologists in the future, but it's also very clear that the type of work they can do is different than what a machine can pick up on in machine learning. So we're not going to do away with radiologists, but we're going to have their work advantaged by using machine learning and even artificial intelligence. Same might be true for a housekeeper, who may very well benefit from a robot that can help her or him. We're going to let them be the ones who are guiding that robot to clean the room—that's where the human factor comes in—but the robot can do certain things that may be a lot easier

than the human. So it's constantly back and forth—how do we think about that? Now, something that we decided not to do was in the area of hiring. So we looked at some technology. We get tens of thousands of resumes and applications for roles, and it's a lot for humans to sort through. So we looked at some technology at one point that offered to do some of that through artificial intelligence and through observations and really sort of took the human out of that. It sounded, on the face of it, great; when we started to dig into it, we couldn't follow what some of the algorithms were, and we had great discomfort around ... What if those algorithms were set up in a way that didn't comport with our values? So in the end, we decided to walk away from something like that, even though, on first blush, it appeared that that would be so efficient and could make us more productive. That is an example where we really went back to our guiding principles and to our notion around our values.

Jen: That's a wonderful example, and I am so glad you raised the robot and, of course, in that case, we are talking about a physical robot that could assist a human. It's funny, sometimes when we are out speaking about this topic and you ask, "What does future of work mean to you?" often you get the response, "The robots are coming, and there is going to be the robot apocalypse, and they are going to take over all of our jobs and unemployment is going to soar and the costs will be unmanageable." But I think what you are articulating—and I love the way you put it—is future of work is really about augmenting what is uniquely human. And it's not about replacing humans at all, but it's about augmenting the work that we all do, such that we can do better and more of it. I think in health care, it's particularly applicable, because we always talk about the bedside or the human touch and how important that human interaction is in the recovery and the healing process.

Laura: Let me give you an example of how we've been thinking about that, because it's been really interesting how some of this has evolved. So we could see, for our nurses in one of our emergency departments, it was so busy, as all emergency departments really are, but also a lot going on, and there were a lot of alarms. And we were counting on the nurses to be able to sort all of that out and then sort of be present in the moment and then be grabbed over here and over there, and one of the things ... Alarm fatigue is a huge issue in terms of safety. So our team came together, thought about this, and said, "What can we do to make the nurse work easier?" So we decided to move the monitoring of those alarms out of the emergency department altogether, and so we moved that offsite, and we actually took some of the emergency department nurses and had them doing the monitoring. They now are giving us different insights, because they'd been doing that work. We're now able, in the emergency department itself, to free the nurse from some of that burden of having to watch the monitor and be paying attention to all of that. She or he, again, is not disconnected, but knowing that there's a colleague who is watching that remotely—it could really be anywhere; for us, it's another part of New York City—that person then, that nurse then who's doing the remote monitoring is having all kinds of insights, and so you see now all those nurses are now getting a different set of skills, they're understanding, they're making great suggestions, and people have said to us, "I never thought I would be viewing it from this direction. I'm an emergency department nurse. I thought I'd always be right there next to the patient, but I'm loving this experience." And it's very clear that we are gaining insights from that. So that's but one example that I don't know we would have thought of before, and now we're trying to put it all together, teach people some new skills, benefit from it. I have no doubt that our patients ... We have lots of examples now where we were able to intervene on patients, where in a different time you worry that you might have missed something.

Jen: That's so wonderful and, of course, nursing is such an important workforce in health care. I mean, it's not only frontline for patients and families, but it's also the largest workforce on the balance sheet, if you will. So we just completed a study—as you know because you participated in it, and we thank you very much for that—where we surveyed over 100 COOs and CAOs of health plan and health care provider organizations, and what we found in our study, interestingly, was at least 80 percent were doing something in the future of work, which is great to hear, very exciting. I would say about 20 percent of those folks would say they had a strategy laid out and they had started doing some initiatives and some pilots, and then on the other end of that group were folks who were just maybe exploring a little bit, sort of dabbling with AI a bit or with a little bit of telehealth, if you will. What advice would you give to a leader or leaders at another health care organization around three or four things they need to think about in terms of getting started, getting people engaged, getting this at the top levels of the organization, maybe even the board? Because you have done that so well, and I think folks would really benefit from any advice that you have.

Laura: I suppose I would start by saying it doesn't need to be perfect, to have this perfect plan, because things are just going to pass you by. So if, instead, it became "We want and we aspire to continue to take care of our patients and to provide our services in the best possible way knowing that the environment is continuing to change; let's be part of that." So I do think it's discussing it at all levels. I certainly think that boards can and should be part of this discussion, and I'm sure they're very interested in the people strategy, but I also think, again, we've talked a few times today about going back to that front line, making sure that it's the front line also feeling very involved. So I think for us, it's been not waiting to have a perfect strategy but to know that this is going to continue

to evolve. But I'll also go back to something that we talked about a little bit earlier, which was for us this notion that it was also about our values, that anything that we are going to decide to do as we think about the future of our work really has to comport with our culture and the values that we talk about. That's been so helpful as a guidepost. Just this past week, we brought in a team that's focused at a major university on the ethics of AI. There are no clear answers, but we wanted to spend several hours thinking about this. Are there things that we might miss, are there things that we have to talk about? That was the start of an ongoing conversation, that's not one and done. So as we're thinking about the future of work, there are so many different ways to explore this and to really feel like we're making a difference in health care.

Jen: I'm glad you raised the topic of ethics, because I think it's so important in health care and so important the way we make these decisions. So let's talk a little bit about preparing the workforce for the future. So we talked about some of the interesting changes that one could make, but we also, I think, have an ethical responsibility to truly prepare our workforce, and of course, you have a huge one in NewYork-Presbyterian here in New York. We've done some studies—and I know we've talked about this as well—where we said, "So let's say the machines do all of these things, they are cognitive, so they're really good at analytics and planning, and a lot of the executive functions, if you will, and they learn; but what are those skills that are innately human, unique to the human being, that machines likely will not be able to replicate?" So we think about things like creativity, empathy, teaming—to your really good point—collaboration, communication. How do you see some of those weaving their way into both your ethical principles around technology and just some of the talent and workforce strategies that you have at NewYork-Presbyterian?

Laura: It starts by saying that technology is not just neutral. We have some control over the way we are going to use it, and some of the characteristics you just described are critically important. So again, saying, "If we are going to use technology in the future, where does that fit in? What are things that we won't give over, what are decisions that we wouldn't allow?" And I think, again, as this continues to evolve, there's got to be this notion of "Let's stop and check and discuss and let's hear from different viewpoints." It is, of course, about the individuals who are doing the work, but it's also about the way people are experiencing that work. So let's go back to our customers, our consumers, our patients. How are they viewing all of this, and how do we hear their voices? Machines are not going to do that for us, and we shouldn't be thinking that we are going to allow some of that to happen. We need to remain in control of the way we think about our work.

Jen: Laura, thank you so much. This has been such a fantastic conversation, and I know we talked about and touched on so many different aspects of the future of work. The work itself, technologies that are useful to enhance the work and enhance the human interaction; workplace, and how we can think, particularly in health care, challenge ourselves to think about how can we do disproximate work and what needs to be collocated; and, of course, the workforce, our people, which is an incredibly important component in any industry, but I think particularly in ours. So I really appreciate your time today. Thank you for joining us.

Laura: My pleasure. Thank you.

Burt Rea: We'd like to thank our guest, Dr. Laura Forese, for her behind-the-scenes look at how NewYork-Presbyterian is meeting the future of work. Join us next time as we dive into more topics and trends that focus on putting humans at the center of work.



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