

The Chief (Experience) Officer

*A new light
in health care*

By Gary J. Adamson
and Leigh U. Adamson

It's dark out. Pitch black in some places. The gloom is so thick you can hear it roll in, enveloping our profits, our people, and our prospects. Listen. *It whispers from* the gray-haired CEO who spends a colleague lunch lamenting that the best young talent won't even consider a career in health administration—and from the hospital marketing vice president who quietly realizes that the promise in her ads won't be delivered to the patients in her hospital.

It echoes in the admitting clerk who has to tell another heart patient he'll be on an orthopedic floor "because there just aren't enough nurses to go around"—and in the worn-out RN who tells her husband she's thinking again about changing careers because

nursing has become less healing with more headaches.

It roars from the human resources manager who says he doesn't need another damned report to know that he has the worst of both worlds, escalating costs and downsized employees—and from the middle-aged doctor who wonders if this is as good as it gets, while he sits across from the fourth patient today with an Internet printout in her hands and mistrust in her eyes.

And it cries out from the frightened patient who wonders how on earth something so personal can be treated so impersonally.

There's a black hole in health care, and it's sucking all the light and life out of our industry.

Starmaggedon

Just when we thought it couldn't get any worse, it will. Three highly volatile elements collide and blow up what's left of health care as we know it. The mixing of the baby boom with the proliferation of personalization and the genius of genetics has already begun. With the heat of a little more time, the explosion will be unmistakable.

You've heard it over, and over, and over again: how the baby boom will alter the future of health care. But did you realize they have *already* begun the evolution of health care from a service-based industry to an experienced-based one? *Think about it:* boomers have made experiences out of the only two health care services

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they've touched in any great numbers so far—obstetrics for themselves and hospice for their parents. Having transformed the two ends of the spectrum, they're poised to do the same to everything in between.

As if they needed encouragement, the "have it my way" generation suddenly finds itself in a world full of customized products, individualized services, and intentional experiences. What exquisite timing! Information technology has made this proliferation of personalization possible, and it has

also led to an amazing discovery: customized products can be made and personalized services delivered for less than their mass-produced counterparts. From travel to technology and from fashion to finance, everything is "getting individual." What will that mean to the most personal of all personal services—health care?

In the ultimate irony, the most powerful personalization technology ever invented will come from within health care, not from outside it. It will render today's customization of cars and com-

puters mere child's play. Gene-based medicine will make possible not just the treating of disease, but the treating of disease *in you*. Exactly. Precisely. Genetically. But this genius of genetics will make impossible the continuation of the impersonal experience that is commonplace in today's health care. The treatment we provide will have to be as individual as the treatments we administer. Our time-worn excuses, that there just aren't enough resources to make health care personal, will mock the greatest innovation we've ever created. We will be forced to stop confusing our desire for incremental improvement with the need for revolutionary change.

The Six Ways of the Chief Experience Officer

Chief experience officers won't see health care as only a set of conventional services delivered and paid for in traditional ways. They are not focused on incrementally improving the delivery system, making it a little more efficient, a little less dehumanizing. They are committed to transforming health care into a highly personal health experience, and they realize that while services are delivered, experiences are staged. This requires them to see their work in six fundamentally different ways:

INTENTIONAL. Chief experience officers realize that they can't reach their goal by starting with the current system and incrementally improving it. Instead, they intentionally design the desired patient and employee experience, then engineer everything backward from it. They create a powerful and personal theme to orchestrate around, and they're crystal clear about what's intended. **INDIVIDUAL.** Health care and experiences are both inherently personal. Chief experience officers realize that the demands of baby boomers and gene-based medicine will require health care to lead the movement in personalization of services, not to follow it. In order to "get individual," a health care organization has to be able to do two things: remember the personal preferences and aspirations of each patient and employee, and mass customize a set of services—a unique experience—for each one. Chief experience officers won't rest until they have the kind of organizational flexibility it takes to build "just for me today" experiences. **INTERACTIVE.** Chief experience officers have a field of vision that extends beyond the patient visit or the employee work shift. They use technology, most notably their Web sites and call centers, to develop relationships, not just to transfer information. And they aggressively form partnerships that extend the experience their organization provides, beyond the time and space of the traditional health care encounter. **INTERPRETED.** Once they have developed an experience that is *Intentional, Individual, and Interactive*, chief experience officers realize they must design the stage upon which it will be performed, and they must develop the script, roles, and actors that will determine its direction. These two types of interpretation—architectural for the facility and recruitment/training for the people—are ways chief experience officers embed the experience so it lives in the organization, not just the mission statement. **INSPIRATIONAL.** Chief experience officers are transforming their organizations, making them fundamentally different. They realize that, to do this, all communication must be "aspirational," not just factual. Every memo, meeting, newsletter, and ad campaign must establish the context for the "experience brand" they are developing. Chief experience officers use enthusiasm as one of their vital dashboard indicators because they know without it something great *isn't* happening. **INSTITUTED.** Some chief experience officers will develop highly focused corporate universities to ensure "the way" is spread to every corner of the organization. Others will employ catalysts that make it obvious and financially painful when their organization doesn't live up to its experience aspirations. The best will do both and institute a change that transforms their organization, their industry, and themselves.—Gary and Leigh Adamson

A New Kind of CEO

In the midst of the darkness that is today's health care, a new star of possibility is rising. You can see it in some of health care's most creative CEOs who know that in order to transform their industry they must first transform themselves. As a result, a new kind of CEO is emerging, the chief experience officer.

Chief experience officers see things in new ways. (See the sidebar, "The Six Ways of the Chief Experience Officer.") But it isn't only what they see that distinguishes them from the traditional CEO; it's what they see beyond. They can see beyond the excuses to the experience and beyond the reimbursement to the reinvention. They can see beyond the information to the individual and beyond the mundane to the memorable. And most importantly, chief experience officers can see beyond the desire to the discipline.

Listen to Philip Newbold, CEO and president of Memorial Hospital and Health System of South Bend, Indiana: "Radical innovation in the health care experience will have to come first from outside the industry. The old saying that the future has already happened, it's just happened somewhere else, is true. The CEO is in the best position to orchestrate and insist on the transformation to experiences. He can insist on site visits in other industries. He can insist on folks tinkering around with new gadgets and technology. He can insist

that people are organized to talk about good and bad experiences and that they identify the common themes and threads. He can create a fund to reduce the barriers or a pool to spur dozens of new experience experiments. He can insist that there aren't four people working on this kind of experience innovation, but four thousand."

Joe Swedish, president and CEO of Centura Health, the largest statewide system in Colorado, puts it this way: "Health care has been ridiculously slow to change. In fact, the only kind of change we've ever demonstrated is an ability for incremental change. We're not at all prepared for the convergence of New Age Consumerism and technology. Winners will anticipate this convergence; losers won't. Look at banking, telecommunications, and information services. What makes us so special that we don't have to change like that? We have to take giant steps forward in mak-

ing an entirely different health care experience, and the CEO has to set the tone. We forget sometimes that we're always on stage, and in our zest for a fashionable, consensus-driven enterprise, we've too often abdicated our role as the leader. Our managers don't have the tools or the training to design and execute a transformational experience. We have to give that to them; we have a responsibility to teach. But the CEO must also hold them accountable for transformational, not incremental, change. The Experience Economy in health care has to begin with the CEO. The CEO can't wilt. It's a tough love proposition."

L. Barney Johnson, the president of Harbor Hospital in Baltimore, echoes the need for the transformation from CEO to chief experience officer when he says, "The CEO must be the primary champion for the change from the delivery of services to the delivery of experiences in health care. He has to

tell a compelling story that transforms the vision, the norms, and the behaviors throughout the organization. He has to be tenacious, challenging everything against a new experience standard. He has to redirect and systematically erase the things that don't fit. The CEO has to build confidence in his team to do it. The change to experience-based health care isn't just a matter of asset reallocation. People will uptake this change at very different rates. It's a change in values, processes, mindsets, and ultimately self."

A Different Focus

As amazing as this might seem, chief executive/experience officers aren't totally focused on the innovative patient experience. "You can't separate it from the new patient experience effort," observes Newbold. "You'll never change the patient experience until you first change it," echoes Johnson. "It's one of

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the top three things I lie awake at night thinking about," adds Swedish.

What's the essential it—the thing so integral to transforming health care into a vibrant part of the experience economy? It's the employee experience.

Steve Altmiller, president and CEO of San Juan Regional Medical Center in Farmington, New Mexico, has begun an intensive effort to design and develop a unique, *personalized* patient experience. His 25-person work group composed of board members, medical staff, and managers have focused from the beginning on the fundamental link between the employee experience and patient experience. They believe in this link so strongly that one of the core beliefs in the new mission statement directing the future of San Juan Regional reads: "We can't consistently provide the most personal patient experience until we can consistently provide the most personal healing profes-

sional experience."

"If you expect to be successful in individualizing the patient experience," says Altmiller, "you'd better get good at individualizing to the employee. Our entire patient experience redesign will start with an exclusive focus on the employee experience. We're going to try to personalize everything from recruitment to retirement because we think it will do more than anything else to help our employees understand what we want for patients. And in these times of staff shortages and heavy competition for the best people, it would be a good strategy even if we weren't planning on doing it for patients. As it is, we've come to believe that individualizing the experience will ensure our future success. You've got to be able to do it not just when times are good but when times are hard. We're not just following a trend; we're putting it in everything we do."

A New Day

So out of the darkness there is a new light. It's the rise of the chief experience officer and a rekindling of what's possible in health care. How bright the future will be depends on how many of these new stars emerge.

Hilel Lewis, M.D., chairman of the Cole Eye Institute at the Cleveland Clinic Foundation, summarizes the possibilities in this way: "Today, medicine is good, but the patient experience is not very good. If that is ever going to change, the CEO must be the driving force. It isn't something you can delegate. If it's not visibly important to you, it's just not going to happen." ■

Gary Adamson is chief experience officer and **Leigh Adamson** is chief development officer of Starizon, an experience design center they are building in Keystone, CO. They can be reached at (303) 221-9473 or at gary@starizon.org.



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