

THE COMBUSTION CHRONICLES

**EPIISODE SEVENTY-SEVEN
SHIFTING FROM PATIENT
EXPERIENCE TO HUMAN EXPERIENCE**

**HOST: SHAWN NASON
GUEST: NICOLE CABLE**

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Shawn (00:01):

Welcome to the seventh season of The Combustion Chronicles podcast, where bold leaders combine with big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO, and founder of MOFI. As a maverick-minded, human obsessed, experienced evangelist, I believe the only way to build a sustainable and thriving business is to put people first. Throughout this season, we'll be connecting you, the listener, with cutting edge leaders in the experience world who are challenging old ways of thinking with bold new ideas and a commitment to human-centric design. Experience matters, people matter, and revenue matters. That's why it's time to ignite a people-first experience revolution.

Named one of 20 CX leaders to watch by CX Network, my guest today, Nicole Cable is Chief Experience Officer of CareMax, Inc., a network of value-based clinics that combine primary care specialist, dental care, pain management, social services, health education, diagnostics, home health, and pharmacy under one roof. Since joining the company last year, she's been hard at work launching new CareMax clinics and standing up an Office of Human Experience. Before joining CareMax, Nicole held the same position at InnovaCare Health. Welcome to The Combustion Chronicles, Nicole.

Nicole (01:27):

Thank you so much for having me today. I really appreciate it.

Shawn (01:30):

Well, it is great to have you and wow, lot of career. And as you know, Nicole, we've become friends and I've been on this healthcare journey, a little different one for me this year. So I know how disjointed our healthcare system is, but I wanna know what drew you back to healthcare after some stints that you did in retail and hospitality, because you know, people say get out of healthcare, but you came back to healthcare, but what was that drawback?

Nicole (01:57):

Well, you know, it's actually a bit of a trivial question too, because most people don't know I worked in healthcare very early on in my career. I went on to do, uh, work at, uh, retail and then obviously hospitality at Marriott. And I loved just the service aspect of my

roles. So those were very important to me, the interaction with our customers, our team members and so forth. But what brought me back to healthcare actually was not by my own doing, uh, let me be very transparent. I had been a patient for a while, uh, during my time at Marriott. So I never wanted to go work in healthcare. I was anti-hospital and all things healthcare related. And I had gotten recruited by this company for the University of Maryland. And I think I, I probably ghosted the guy maybe a month or so before I actually called him back.

And I went in for an interview and I'll be honest with you, when I met the gentleman that would soon to be my, my new leader, he told me he wanted to, create, what he called a hospi-tel. So they wanted to take the hospital and he wanted to take the essence of a hotel and kind of marry them for our patients. And so I thought, hmm, this might be interesting to do this work. So at this, some praying and some soul searching and a lot of talking to my colleagues at Marriott, because it was like, don't leave. You don't have to leave. It's, you know you love it here. I made the decision to take this newly created role and I never looked back. I enjoyed it. It was definitely a challenge coming in from hospitality. It was, you know, some of the things that people told me when I came in were, were very rich and probably not for publication right now, but it was, uh, it was very interesting for them to see me come in and, and be in this role newly created to get the entire healthcare system kinda focused on patient experience. So that was a very, very interesting time, but I learned a lot and I've been using those lessons throughout my entire career.

Shawn (03:48):

Well, and we're gonna dig into more of that for sure. I just love, I love that you are bringing other industry knowledge into healthcare and we, we've had lots of discussions with, with previous guests and we have a lot of discussions at MOFI around, you don't have to create new things. Let's just look outside the industry and see what's happening out there. And, you know, I was really privileged, working at Disney and all the whole book around what if Disney ran your hospital, so that's the concept that you actually did bring to life there, which was so powerful. So one of your earliest accomplishments, and this is one of the things, when I say that, when we talk about maverick-minded and human obsessed, where I think, Nicole, you are maverick-minded because you actually created

the Office of Human Experience. Now we know in healthcare, we call it patient experience, our quality and patient experience. And I'm being a little bit of a smart ass with some of this, but you, you came in and you created an Office of Human Experience. So dive into that, what does that model look like? And in particular, because we have a lot of people in healthcare listening to this, what can those people across the industry learn from your, your creation of this and your model of the human experience?

Nicole (05:08):

Okay, well, these are good questions and let me say, when I thought of the idea of calling my department, the Office of Human Experience, I had people, other chiefs that I worked with in InnovaCare, like I mean, I had two heads, I'm like, I don't care what you think, I'm doing it anyway. I believe that our work is very simple. If you skinny it down, we are human beings taking care of human beings. When you take away the patient commentation, and this is me as a patient, sometimes we become a disease or a condition versus the human being that's in the bed, at the bedside, in the clinic, or what have you. And another thing too, that I, I, I feel very passionate about, is I'm old school. So there was a book that came out many years ago called The Customers Come Second, and the Patients Come Second book came out probably, I don't know, 14 years ago, and coming from organizations like Marriott and even Circuit City at one point when we were good to great.

The one thing that we did religiously was our team members always came first. So I am of that mindset that if you don't take care of the, the team members, they're not gonna take care of a patient. And so it's very important that we focus on the human experience in healthcare, not necessarily just the patient or the provider, or even just the employee, but everybody's experience is really important in this ecosystem. So we created the Office of Human Experience, we came out with a strategy for our department, we have it, you know, kind of bucketed into different areas that we look at. So whether it be infrastructure, patient and families, you know, we also look at our patient and families, not just their family members, but anyone in their ecosystem they consider family, right? So it's not just blood relatives, but sometimes you may not like your blood relatives, maybe it's your friend or your colleagues or someone else, that's your family.

And for me, when I was sticking, going through my journey, I had no family in the state of Maryland. My family were my Marriott peers. And so they were the ones at the bedside, they were the ones waiting for me in a surgical OR, they were, they were everything. So for me, having the ability to create this department the way I wanted to see it,

it just made more sense. And a lot of our team members love it. I mean, I get compliments about it all the time that we didn't pick the Office of Consumer Experience or the Office of Patient Experience, but more about the human experience and why it's so important in healthcare. And so I think leveraging that is important. And I started this back in 2017, 2018. So now I hear more and more people talking about human experience. So I feel like, okay, I was on that path already, and I'm kinda happy that everyone else is already kind of coming there now. And what's sad about healthcare is, you know, at least for me in my experience, is that the idea or concept of putting your team members first is like a foreign thing. I think we're getting better about it, but it was, I remember the first time I mentioned it in a meeting with HR, I thought they were gonna just run me out the room because they were like, what the, and I had to go back to data and say, you know, read this book and hear some data here and this company there. And it was when they finally started to understand that, yeah, you're right. It's not me. I'm not the one delivering the service. It's the people at the bedside, the ones in the clinic, if they're not fully engaged, there is no experience.

Shawn (08:24):

Well, obviously Nicole, you know my background at Disney. So I'm like, got pompoms, I'm cheering this on. Right? Like, and I don't understand why in healthcare, this is a struggle. In, in late August, there was a report released around the clinician of the future. And I don't know if you, you read it, Nicole, if not, I will make sure you have it, but it stated that 46% of U.S. clinicians, so nurses, doctors, nurse practitioners, will leave the industry by 2025. So we're at the end of 2022, by the end of 2025, 46% of our clinicians are talking about leaving the industry. To me that says, you better really think about this Office of Human Experience across the whole industry. And you've got to put your people first.

Nicole (09:20):

Absolutely.

Shawn (09:21):

Um, and, and not that patients aren't important, as I said, I've been on a journey this year. You've had your journey, Nicole, right? So you're a certified patient experience professional, and there's a lot of certifications out there. And we can have a whole another discussion around that one, but you've been very active in The Beryl Institute for years, as an industry, executives have so many regulations to worry about, even in particular, you at CareMax, you guys are working in value-based care and CMS is released for 23, 2023, that 56% of your reimbursement is gonna,

Nicole (10:00):

57.

Shawn (10:00):

57. So see, the number keeps changing, 57% of your reimbursement is gonna be based off of experience, right? So how do you make sure that C-Suite colleagues like yours keep focusing on the human experience? What is it that's gonna help drive that to even maybe really, you know, flip that, we talk about being maverick-minded, human obsessed, but yet our industry is so metrics driven.

Nicole (10:30):

It is metrics driven. And the interesting part is, so for us, as value-based primary care, we have, you know, certain thresholds that we wanna hit, but because we are partners and I, and I always like to say healthcare plan partners, that's my little term for them, is they're about to get hit with more and more around patient experience, the composites of patient experience being added to their CAHP survey. And for them, they're mandated to do caps because one is a partner star rating and it's, it's mandated by CMS, just like it was for me in the hospitals. So I always try to look at, and because I came from InovaCare Health, which at that time, we were the ninth largest Medicare Advantage plan in the nation, and we had the largest MSL. So I actually got to, I don't wanna say pully, but I got to do some research of my own on how do we get everyone in the ecosystem to understand the importance of experience.

And so, and that meant working with the different markets, that meant working with the individual provider practice offices that we had, our affiliates are even wholly owned. And so by looking at it from a corporate perspective, and for me here at CareMax, I'm very fortunate, I work with two gentlemen that co-founded the organization who really believe in human experience and just making sure we deliver a better outcome to our patients and our families. And so, and I think because of their own personal issues that they've had with their family members and themselves, makes them more sensitive to what it means to make it better for patients. And so it's not a hard sale. It's not a hard push for me, thank God in this space where I am, but it is difficult to translate that to our team members down in the markets.

And so we started incorporating a lot of this information into new hire orientation. And it's like the why, right? So while we're not mandated to do any CAHP survey, CMS doesn't do that with physician practice groups. I'm not sure why, but they don't. We do our own CG-CAHP survey. And we do that survey because it is a, uh, helper survey. And so to speak with our plans partners, it allows us to understand where the disconnect is for our patients experience during their journey, during that particular time in our clinics. And then we can do service recovery. We can look at opportunities to change and tweak processes. We bring our patients in, we're already creating a patient family advisory council. So, you know, when I say, I wanna make sure our patients are all in and we are all in with that with our patients, we feel that if we do that successfully, not only we'll grow our business, but we'll have that earned, but earned income, you know, that resting growth rate, as they like to say, we'll lower the disenrollment, and more importantly, we'll create a system that really does focus on the human experience. And, you know, one thing I, I find myself saying to people that don't understand it is like the saying that I hear all the time is nothing about me without me. Right? Don't do anything for me without my input. And I feel like that's important from a patient experience perspective, because so many times you'll sit on a run with someone and they start talking about what they wanna do and how great this is for patients, but never once have they qualified with a patient or even been in the clinics at the bedside to see what it's like for the actual people that have to deliver what you're trying to think of. So again, I'm very blessed that I have the ability to, to say what I gotta say when I wanna say it being a chief in the organization.

And, you know, I don't have to use that title often. I, in fact, I never use it at all. I try to win people over through influence and through why. And once they see the why, and they connect to their purpose, they wanna deliver that service to that patient at a higher level. So I think that's really important. It's just getting the C-Suite, which I have to understand and then make sure it cascades down and then also manage up. Like, I give a lot of the credit to the people that do the work every day. I don't take credit for anything that, the thing you mentioned earlier about the 20 CX leaders, when I got that, I literally went around the office and I was like, I wanna say thank you, I wanna say thank you. I wanna say thank you. Because I would not have gotten that recognition if it was not for your hard work.

Shawn (14:44):

I wanna dig into something, this is a little bit of a, another, I guess, soapbox of mind in,

Nicole (14:50):

Sure, go ahead.

Shawn (14:51):

In organizations, so can you tell me, uh, Nicole, who do you report to in the organization?

Nicole (14:57):

Right now, I have the CEO and I also go to the COO, so I meet with both of them.

Shawn (15:02):

So that's my point. You know, that organizations need to realize that experience is no longer a check the box thing, which, let's be real, Nicole, we know a lot of healthcare organizations that check the box and you know, us at MOFI when we go into work with people and partners, you know, I wanna look at their org structure and there's a particular hospital system that we've done some work with that literally, their office, okay, let's call it Office of Patient Experience, reports to the President of ambulatory care.

Nicole (15:39):

Run that by me again?

Shawn (15:43):

Hospital system reports to the President of ambulatory care, about seven levels down from the C-Suite.

Nicole (15:52):

Yeah. I'm gonna keep that comment to myself. Cause you know, I'm gonna, I don't wanna be dropping F bombs on here, but that doesn't make any sense to me. It's interesting you say that. Cause at The Beryl Institute, we did a study and I'm not sure why we didn't publish it, but we did a study internally of all the experience leaders around the country. And I remember Jason Wolf giving us the results at one of our conferences. And it was, it was something like, 70 or 80 percent of the, the jobs created around a CXO or someone like a CXO, was the idea or brainchild of the CEO, which you would think like, wow, that's pretty hot. That's awesome. Right? Cause the CEO is really thinking forward facing about what's going on in experience, but only 30% of those jobs reported directly to the CEO. So that tells you right there, it was more blitz service than it was anything about caring about the human experience and anything.

And so I totally get it. I don't understand how and, and more industries though, like even home health. I think I, I told you this story. We had a, a friend of mine who's, her aunt is doing home therapy and she had a younger nurse and an older nurse come in and they have to give her these intravenous, IVs a couple times a week. And so the younger nurse didn't know how to do it because they used old school equipment, so they had to call the other nurse out to help her. And then, and I got to see and hear the video myself cause she recorded it. It became like almost a drag out knuckle fight between the two nurses in front of the patient fighting about this and I was like, to myself, and is there an Office of Human Experience that you can report that to? And she's like no, there's no customer experience. There's no customer service, there's no one I can talk to, her doctor, who then I guess, followed up to the company, but the fact that you have human beings going into someone's home. And you don't think that experience matters is ridiculous because you know, if you think about the ROI and I think that's where the rub is for us or the breaching point is that it's a lot of people,

Shawn (17:44):

So let's go there, I want you to go there.

Nicole (17:45):

Okay, go ahead.

Shawn (17:45):

The return on investment, right? What is the return on investment?

Nicole (17:49):

I don't think people understand what it is honestly like for me, when I look at my work, I don't necessarily look at scores that much because a score, it changes, right? NPS, that's, it fluctuates. Right? However, I love verbatim comments and I always think of what does the employee experience survey and the patient experience survey saying? Because if the team members are happy, I guarantee you, I'm going to be having patients leaving me and I'm gonna have turnover, right? I'm gonna have turnover in both fronts. So I have to make sure that both are aligned and make sense, but even I still struggle with the fact that people don't want to put the investment in on their earned growth rate. Like I look at the number of patients, I ask people also, how many patients do we receive through referrals? Right? So how many patients that love us so much are after bringing other patients to us? They're less likely to leave and much more involved because someone they trust recommended them to come be a part of our clinic.

And so to me, that's an earned growth rate. That's earned, that's, that's our sales person out there hustling to get, no, that's patients advocating on their, on our behalf or their family members doing it for us or even our team members. Right? So if you look at taking care of your team members better, they will take care of your patients and they will bring me this. So for me, I qualify my ROI through disenrollment. You know, we went down from, I think it was 3.6 to 1.9, which is a ridiculous number for the work that we do because we're very competitive here in South Florida, there's a clinic, you know, they say there's a church on every corner, there's a healthcare clinic on every corner here.

You know, our patients are constantly being offered things to come to a different practice. But you know, coming from hospitality and knowing the way that I do, to me, people become less price sensitive when they become loyal. And not that we charge a lot,

cause obviously we're MA, so it's not like that for us and the money, we don't make money on people's service. That's not what our model is. However, we're able to offer things for our patients that I consider to be different. You know, we'll come to your house if you're not feeling well, we'll do all these different things for you as a human being. And I think one of the things I know, one of the things that I love about CareMax is we say we're a whole person. Whole person, that's mental and social, all that stuff. So all the things that I see that we give to our patients and our families makes me very proud of the work that we do because you know, if a team member comes to me and gives me a recommendation, I'm like, okay, hold on, let me write that down so we can say that can work. And if it works and we do it, guess what? So and so gave us those recommendations. So and so needs to be rewarded. So and so needs to be recognized. That's important.

Shawn (20:29):

I wanna make sure we call out those three things because you know, there's a huge discussion around ROI, particularly in the healthcare space, right? It seems to be harder to measure for people there. But what I heard you say was things you looked at was, you know, patients through referral, so earned a growth rate, right? Disenrollments, and then the whole aspect of employee churn. So turnover, if you drop your turnover rate, almost every HR person knows how much it costs to onboard an employee. So if you drop your turnover rate, you can test that to dollars. And I think that's just a good thing. Even us at MOFI, we've tried to figure out, you know, what does a return on experience look like? Um, and it's a conglomerate of those measurements. So I love that. And I just wanted to call that out again, so thank you for giving that to us.

You know, again, and you were joking earlier when we talked about maverick-minded and human obsessed, and you were saying, you know, I don't, what's a maverick? I don't know that I'm a maverick. Well, its' how you talk, people right here are gonna say, oh, she's a maverick. Like you, you were thinking very different and I don't wanna leave this piece of your story out too, because you've also been very active in promoting diversity in healthcare leadership. And we are huge proponents of that at, you know, practicing human-centered design and being human obsessed. How does that diversity help, you know, an organization be more human obsessed? Tell us the story. Something that people can really latch around for this piece of diversity and organizations.

Nicole (22:15):

For me, it's, it's important. Because, you know, one thing is that we are about vulnerable minority populations, right? I hear it all the time. And sometimes it's cringy because I know that their people are not really, cause I go look at their, I go Google the company that's talking. And I look at the C-Suite and there's like no diversity at all at that level, making decisions. Right? So here's a little different for us. I think when we're looking at, I know when I am looking at diversity, equity, inclusion and belonging, which is actually one of our core values for our company, it means something because we are hearing different perspectives. You know, we're all human beings, but we serve a multitude of people. What may work for me may not work for my Haitian patient population. It may not work for my Asian patient population.

It may not even work for Memphis, Tennessee or you know, Brooklyn, New York. So there are some things that are very nuanced that you're gonna always deliver maybe 80% of, but there's always that 20%, that's going to be different based on those patient's needs, their culture. You know, we always say no one ever leaves their culture behind. You bring it with you when you come to the United States. And one of my colleagues actually gave me a good one, cause we always say we're a melting pot. And he says, no, we're more like a salad bowl. And I was like a salad bowl? And then he starts explaining to me, he is like, yeah, because you know, a really good salad is made up of all these different pieces and all these different, that gives us different flavor. And then it makes the salad so much richer. And I'm like, yeah, I don't like that because we don't change who we are when we come here, we still stay the unique individuals that we are. But if I can respect that and I can learn from it, then it makes us a much more powerful company. So like when we go on a market, we hire what's in the market. So if we're in Tennessee, then we're hiring people from that area because this is what patients are going to see, this is what they see every day. So, plus it gives us insight into what they want as patients and what we need to deliver. So I think just having people that are different than you are, and also giving them the ability to say what they wanna say without them freaking out, oh my God, I'm going against the chief. I always tell people, it's what I do and not who I am. It's my title. It's not who I am.

Shawn (24:30):

That's right.

Nicole (24:31):

It's what I do. So don't ever have a fear to speak up because your, you know, what you give us may be what the, may be the differentiator for all, for everything that we do. So no idea is a bad idea and all voices are welcome and heard. And so I think we need to keep that going. I can tell you, once in my career, I had hired the first openly male to female transgender for my front desk. And we saw about 23 to 25 hundred people a day, over 800,000 a year through my department. And it was, it was definitely different. Cause there weren't no laws that said I had to, you know, do this, right? It wasn't any of that. We did it cause it was the right thing to do. She was very talented. She really wanted to do something different. She was always appreciative that she could get a professional job is what she would call it, working with us.

And we had a good time. We, you know, I, my department became the department of LGBTQI and plus, because everybody wanted to hang out in our group because we were so diverse and I had openly gay and I had this, once you do my job, I'm good, I'm the nicest person on planet earth. And so I think, because we did that, it did open up a dialogue, it did open up questions and alleviate concerns for people that were questioning, why am I letting her go to the women's bathroom? Right? So that became hot topic of conversation. But at the end of the day, it worked itself out. So I think you have to be willing to go out there and do things that are, that some people may think you're crazy for doing it, but if it's the right thing to do, you need to stand by it.

Shawn (26:05):

I love it. Awesome. All right. One last nugget that I want you to give to our listeners here, and that is, what advise would you give the younger Nicole that wants to get into PX or CX, what's that one piece of advice you would give her?

Nicole (26:30):

Connect to Shawn on LinkedIn. No, seriously, honestly, that would be one I would give my younger self. I would definitely say, just be open and connect with people that are like-minded and study your field. You know, whether you do it through traditional means or those brick-and-mortar, online school, whatever. Or if you're not traditional, you read the trades, you look at the scholarly articles, you do your research, you connect to other people. Like you have to be willing to humble yourself to know you don't know every

thing. Cause no matter what they say I am, I'm still learning and growing in my role. So I'm honored that people think that I know what I'm doing. I think it's fabulous. It's a blessing. But at the same time, I feel like I'm still not there yet. Like I feel like I'm still learning. I, you know, I follow you. I'm listening to you. I'm like checking out your post. I'm like meeting all these other people around the, in the different industries, but all doing the same work around CX and EX.

And it's humbling because I'm learning from those individuals as well. And hopefully they're learning from me. So I think I would tell someone to just, you know, be patient, decide where you wanna be, what you wanna focus in. Is it gonna be primary care? Is it gonna be hospitals? Is it gonna be healthcare plans? You know, what is it? And then start connecting with people that are in that space. You'll be surprised how many wonderful human beings are on LinkedIn that really wanna help you get better. And there's not some motive for them to do it. They do it because they have a heart and a spirit and a soul for helping others. And so I think, you know, like our social Saturdays that we have, I feel like you, that's, that's it, you see all these wonderful people that are just genuine human beings that just wanna make the world a better place. And so I would strongly encourage my younger self or anyone else to get connected to those individuals and be open and humble. And no matter how high the ladder you climb, remember that you can get, you can get knocked right back down that ladder. So you wanna make sure that you stay humble in your journey, so that you don't burn bridges. You can't do that.

Shawn (28:36):

Well, thank you. That's a great, great, great piece of advice. But it has now come to that point in our show where we do these things called The Combustion Questions, Nicole. And there are three randomly selective questions from our human algorithm. And our human algorithm's name is Michael. So it's kinda fun, so are you ready for your three questions, Nicole?

Nicole (28:59):

Yes. I'm going to take a hit of water to prepare myself. Yes, go ahead.

Shawn (29:04):

All right. Combustion question #1, if everything in your home had to be one color, what color would that be?

Nicole (29:17):

Oh my God. White.

Shawn (29:21):

White. And I have to ask, why?

Nicole (29:24):

It has to be clean. Now my cars are red. Cause I like fast and speed. However, my house needs to look clean. I need to have like whites, like it needs to be, it's not possible. Cause I have nieces and nephews. However, if I didn't have them, white would be

the color. So when I walk in I can see everything nice and pristine.

Shawn (29:43):

Great. Combustion question #2, raincoat, umbrella, or both?

Nicole (29:56):

Ohh. Well I live in South Florida, so I'm gonna say both. I have to. Yes.

Shawn (30:02):

Those that know South Florida understand those monsoon seasons or hurricanes when they come through. You don't want an umbrella though, during a hurricane cos you may,

Nicole (30:10):

No, no, no.

Shawn (30:12):

Awesome. Okay. Last combustion question, what do you think about candles?

Nicole (30:19):

Candles? Oh Jesus. That is my crack cocaine. Hope that, sorry to be inappropriate, but that is like my kryptonite. I love candles. I am a huge fan of candles, I have candles everywhere in my house. When you come to my house, they're burning and you'd probably think like I'm some sort of, I don't know, I have an incredible stash of them. Yankee Candle and Bath & Body Works knows when those sales come, I am the first one in line.

Shawn (30:48):

Well awesome. Well Nicole, thank you so much for being with us here on The Combustion Chronicles. As you've heard Nicole mention a couple times, yeah, find us on LinkedIn. Find Nicole on LinkedIn. If you can't find her there, go to mine, you can find her through my connections. We, we do a lot of talking back and forth on LinkedIn. Thank you so much for being with us today, Nicole. And um, I look forward to, uh, talking to you again.

Nicole (31:19):

Same here. Thank you so much for having me. It was my pleasure.

Shawn (31:22):

Thanks so much for listening to this episode of The Combustion Chronicles. If you've enjoyed this episode, please take a few minutes to subscribe, rate and review. Remember that I'm always looking to meet more big thinking mavericks. So let's keep the conversation going by connecting on LinkedIn. If you want to discover more about human obsessed, maverick-minded experience ecosystems, go to mofi.co where you'll find ideas and resources to help you ignite your own experience revolution, or go to experienceevangelist.com to learn more about my mission to challenge leaders, to blow up outdated siloed systems and rebuild them with an aligned human-first approach and as always stay safe, be well and keep blowing shit up.