

# **THE COMBUSTION CHRONICLES**

**Episode 99**

# **INSIDE THE WORLD OF HEALTHCARE INNOVATION**

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**Shawn Nason**  
Host

**Dr. Karen Murphy**  
Guest

**Shawn Nason** [00:00:01] Welcome to the ninth season of The Combustion Chronicles podcast, where bold leaders combine big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO of OFFOR Health and founder of MOFI. This season is all about amplifying the voices of badass women leaders in the healthcare industry who are influencing change by thinking big, putting people first and not being okay with the status quo. Experience matters, culture matters, and revenue matters. That's why it's time to unite, to ignite a people-first business revolution, especially industries that affect all of us by health care

**Shawn Nason** [00:00:51] Dr. Karen Murphy is the Executive Vice President, Chief Innovation Officer and founding director of the Steel Institute for Health Innovation at Geisinger Health, serving rural and urban Pennsylvania. Throughout her career, Dr. Murphy has worked to improve and transform healthcare delivery in both the public and private sectors. Before joining Geisinger, she served as Pennsylvania's Secretary of Health, addressing the most significant health issues facing the state, including the opioid epidemic. Prior to her role as secretary, Dr. Murphy served as the director of the State Innovation Model Initiative at the Centers for Medicare and Medicaid Services, leading a 990 million CMF investment designed to accelerate health care innovation across the United States. She's also an author and national speaker on health policy and innovation. Welcome to The Combustion Chronicles, Karen.

**Dr. Karen Murphy** [00:01:51] Thanks for having me, Shawn. It's a pleasure.

**Shawn Nason** [00:01:53] Wow. Like you read all of that. I think you've done a little bit in your career journey to really try to do something different in health care. So, you know, we talk about leadership and innovation capabilities, and you've got it all. You've done it. You've led some of the biggest initiatives. I remember the \$990 million initiative. Where do you get all the energy needed to make all this amazing work happen?

**Dr. Karen Murphy** [00:02:22] Well, Shawn, and thanks for pointing out the tremendous opportunities that I've had in my career. And I started my career out as a registered nurse. I worked for a decade in the intensive care unit of a community hospital in northeastern Pennsylvania. And that experience actually fueled me. It was my

foundation and my foundation for all the work that I've done since and the urgency that we have to innovate and transform on so many different levels really come from working with patients, families, our communities. And it's the heart of who we are and what we do. So that fuels my energy.

**Shawn Nason** [00:03:09] I did not know that you were an hour in first, so that is amazing. And you know, Karen, this year I took on a new role in my life as CEO of a mobile in office anesthesia, a company that serves Medicaid, pediatric Medicaid patients. And it's amazing how when you get entrenched in that, how amazing it is. So you're working in a ton of areas of health care at still institute, including game-changing things like payment transformation which hallelujah, I know we've all been working on that for a while, right? Culture and even this thing that's all over the news every day now artificial intelligence. And I was trying to figure out even Karen to chat GB to do a podcast for us and you know what it can Joe Rogan did one completely with AI. So pretty powerful stuff to talk about here. How do you get your teams to work collaboratively across this ecosystem of care and avoid getting sucked into silos?

**Dr. Karen Murphy** [00:04:18] So that is a great question, John. And I think, number one, our philosophy is we work with the willing, so we work in a hub and spoke model. So our team will serve as subject matter experts. We only solve problems. We do not innovate for the sake of innovate innovation. So we define innovation as a fundamentally different approach to solving problems that has quantifiable outcomes. So when we are working on a problem with the actual operators, the business units, we really work at leveraging all of our assets within the Steel Institute. So we may have, as you pointed out, our team, our data analytics team, our care redesign team, all working on the same projects. That's how we prevent silos. Do they sometimes happen? John I'm not going to tell you. Yeah, because nothing in this world is perfect, but we certainly work. We just had our fifth birthday.

**Shawn Nason** [00:05:25] So congratulations, by the way.

**Dr. Karen Murphy** [00:05:28] We've learned a lot. We've learned a lot of lessons that we try to prevent those silos from happening. And when they do happen, we try to jump on them right away and determine what the problem is and how do we fix it.

**Shawn Nason** [00:05:41] I want to dive into a couple of things that you actually just talked about in that. The other thing I do in my my world is on a consulting group called Molefi who focuses just on experience, design, innovation and strategy a lot in the healthcare space. And you touched on a mindset of ours that I love. We call it where we go, where the love is, where you said Go to the willing. And I remember when I worked at Humana, I went to the head of clinical operations. I'm her name was Martha Connolly. And I said, Martha, can I run this human-centered design process to solve a problem for you? And she's like, well, sure, Shawn. You know, and I had a good relationship with her. And I said, Martha, I'll put my job on the line if we don't solve this problem and get it moving in the right direction for you all leave the organization, right? So but I love that. Go to the willing. Can you even get a little bit more because some people may have may not understand exactly what you're talking about, where you don't give to innovation for innovation sake. Listen, I used to be a chief innovation officer. I know what that is. I also know that most of us chief innovation officers, Karen, think the word innovation is nothing but fluff. Right. But can you go a little bit? I want to get your philosophy around. You know, we just don't do innovation for innovation sake, but we're here to solve problems. Can you dig in just a little bit more around that for us?

**Dr. Karen Murphy** [00:07:14] Sure. So I think that is popular fashion for everybody to say. My title is Chief Innovation and Digital Transformation Officer. And everybody goes, Oh, that is so cool. That's a really cool title. It must be a lot of fun. It is a lot of fun. It's also the hardest job I've ever had. And the reason.

**Shawn Nason** [00:07:32] I imagine.

**Dr. Karen Murphy** [00:07:33] That is the reason and I'm sure you agree with this, Shawn. The reason it's so difficult is because you want to make a difference that's meaningful and you truly want to transform from taking a problem, an existing operations process today and transforming it into something that has better results for either the patient, the provider, or whatever external stakeholder that you're trying to trying to work with them this problem. So we really dig deep and take that very seriously. I'll give you a couple of concrete examples. Virtual nursing is now in the digital space. Truly a transformation in that we use virtual nurses to admit and discharge patients from the hospital. Terrific opportunity to help the strange workforce that we have on the inpatient

side. So our team and how we work to work with virtual nursing. The key leaders are the nursing leaders, right? Of course, they're the ones that actually own the process. But we use human-centered design to talk about how do we design virtual nursing. So it's just not automating the process we had before. There's an actual transformation process that we go through, and then also we do technology support. So we help them pick out what are the best cameras, how do we how do we leverage technology to improve the experience for the nurses and the patients and their families?

**Shawn Nason** [00:09:13] We love those examples. So I'm all about experience. Karen I worked for the Walt Disney Company, which recruited to health care from Walt Disney. So how does culture and experience play into your success as a healthcare organization or even within the Film Institute? How does culture and experience play into that?

**Dr. Karen Murphy** [00:09:36] It's really invaluable to be the chief innovation officer at Geisinger because Geisinger has a 20-year national reputation for innovation, right? So good news is the organization's culture is to innovate. I've never seen a place that innovates and operates at the same time. And what I mean by that is really heavy innovation at every level of the organization. So that's a tremendous advantage. And it it allows us, when we really want to look for a transformative process that will enable the change to take place. And we have the we have the culture to support us.

**Shawn Nason** [00:10:16] Love it. Love it. All right. We're going to talk a little bit more personally now and engaging around your journey because you've definitely seen the breadth of healthcare delivery from design and state innovation models. It seems to run in state models as a secretary of health. Can you tell me what's made you such an effective healthcare innovator?

**Dr. Karen Murphy** [00:10:39] I go back to the foundation of understanding, I always say, during my time. So I spent a long time at the hospital where I was a registered nurse. I think, Shawn, I worked in every department in that hospital. But the more I always knew and my last position there I was present CEO. But I would say to you that what my time there influenced my future was I worked with so many that wanted to change, were willing to change, and just didn't have the way to change. And that influenced me to be able to articulate, you know, first you have to create a sense of urgency.

Why do we have to change? What is the problem covered? What are the silver linings of COVID was you didn't have to talk about the case of urgency. We had urgency to innovate throughout for two solid years now. And what enables me is to have the understanding of those that were working with their perspective. And I always say, I'd like to change the world as long as nobody changes me. But we want to be sure. From my perspective, I always want to be sure that I'm embracing others perspectives, as I would have appreciated when I was at the bedside.

**Shawn Nason** [00:12:03] We have a positive moment because I love that statement that you made. I giggled about it, but I'm all about change until you are changing me. And think about that. I think about that a lot in the clinical space, Right? And in my role as CEO, we have clinical and non-clinical at OFFOR Health. And I tell people clinical are your best partners to innovate around until you touch what they're doing. Right? And then it's a little it's a little hairy. So I love that, though.

[00:12:36] When you're a kid, waiting in a line isn't much fun, but when you're always in the back of the line, well, that totally sucks. Founded by three frustrated anesthesiologists who grew tired of watching the kids at the back of the line not get the care they deserved. OFFOR Health reimagines outdated health care models and improves the lives of the underserved and under-resourced. One kid at a time offers smile and business partners with dental practices to serve pediatric patients. OFFOR health, creating connections. Improving lives. Care you deserve. Learn more at [offorhealth.com](http://offorhealth.com).

**Shawn Nason** [00:13:19] So when people think about innovation and health care growth, we talk about it all the time. And I actually I do a lot on LinkedIn and I think hashtag healthcare innovation have like 19 million people follow it, right? So what do people usually get wrong when they think about health care innovation?

**Dr. Karen Murphy** [00:13:39] So I think health care is, you know, you talk about. Clinical partners. Clinical partners are taking care of live human beings, right? So you can't get a lot wrong when you're taking care of a live human being. You have to. It's a different it's a different playing field. I think what we get more and health care innovation is there is a lack of balance between patients and allowing for failure. And then allowing iteration. And don't expect short-term successes from long-term strategies. So I think

that's one thing, Shawn. I think the other part is that healthcare is a complex industry. And when you're dealing when we look at transformation of other industries, such as banking, retail, they have the ability to shut us, they close the bank, develop a website for retail, why you had nothing where you weren't impacting the retail bricks and mortar stores. We don't have that opportunity, right? We have to be innovating on the ground, real life, real life situations. And we can't we really can't close our doors and say, we'll get back to you when we transform this process. So I think that's I think that's so. And I think the other piece is that we haven't been heretofore dramatically successful in health care innovation. I mean, I have to admit it. It's the truth. It is. So I think that's why those naysayers, when you say they do innovation, we have those people. What is innovation? What really is innovation? And I think that leads to a lot of the skepticism.

**Shawn Nason** [00:15:32] And I think it's such a struggle. You know, I moved to health care in 2011 when I left Disney and. Yeah, I just. I've seen this up and down, and you have to write like that. All of a sudden there is such a skepticism. And I also think we're also in that time that you're starting to see innovation decline again in health care. So the fact that your role is still sitting there is so powerful says how amazing you have done as a health care leader that they still believe in and they're moving forward with it. So we always talk about being human-obsessed and maverick-minded. I talk about a lot on social media, and so I'm really interested in how work is reaching actual people, patients, associates in the workplace and making their lives better. And I know that's what your team is doing using human-centered design. Can you I know you just gave us one story, but what impact has your team's work made on the humans in your care? Is there is there a favorite story around that you get? This was so impactful.

**Dr. Karen Murphy** [00:16:44] I have a couple.

**Shawn Nason** [00:16:45] Awesome and love them.

**Dr. Karen Murphy** [00:16:47] I'll pick the highlights. One very successful transformation that we were able to partner with. A company called an Israeli company called Middle was detecting high those who are at high risk for colon cancer. We partnered with them. They developed an ethical marker based on AI that actually was able to produce a list of individuals that were at a much higher risk than treating everyone who had care gaps of

no call and ask if they the same way. So we were able to prioritize those patients and reach out to those patients and say, You know what, Mrs. Jones, we just recognized you're a very, very high risk and you haven't had a class to be in five years. We estimate that we've been doing this for four years, screened thousands of patients. We estimate that we're saving about five lives a year now by just that one action. So really proud of that. And the most important return that you could ever have, right, is saving a human life.

**Shawn Nason** [00:17:56] And that speaks to my heart care. And stage three colon cancer last year. That stuff speaks to my heart.

**Dr. Karen Murphy** [00:18:03] That I mean, to to really get into that and to say that's what we're here to do. I mean, that is that is the type of transformation we're here to do. So the other example that I could give is you're familiar with remote patient monitoring. So everybody's doing remote patient monitoring, big and forward. Well, we decided that we wanted to do a remote patient and program a little bit different. And what we mean by that is we really want to do an evidence-based program that you could you could monitor everybody. But just because you're correct doesn't mean you should. So we're developing evidence based remote patient monitoring programs. Just finished our we have about 400 patients in a very complex population of hypertension that are cared for by nephrologist. So we have a team of community health workers, registered nurses and pharmacists who actually intervene with patients with complex hypertension. And we have been able to demonstrate clear results that we've avoided admissions with the ED visits and the patients feel much more in control because they're in contact with someone. And it's not an episodic event that they're going to a doctor every other month. They're being monitored every day. And we have also developed graduation criteria. So they're just a couple examples of we know we're touching lives. And like I said, that's why we're here.

**Shawn Nason** [00:19:33] Wow. Again, you stole my heart in your first one. But then just the impact that you're making. I wish my insurer would have had something like Giffords. And because I was four year late in getting my colonoscopy in, but thank God I'm at the six month mark. Next week, I get my six month test. And but yeah, such powerful things. And so this season, Karen, as my listeners know, we are we are listening and

hearing stories from amazing women in leadership in health care. And we've talked a lot about human-centered design today and that process. Do you have a favorite part in human centered design when you think about the steps of human-centered design, is there one that you go, I really like this, or and this one really speaks to my heart more because we're going to jump into a little exercise that we're adding this season around. How might we statements. So do you have a favorite one, the favorite part of the human-centered design process that you like?

**Dr. Karen Murphy** [00:20:35] I know you're going to laugh when I said it's the end where. You have transformed. You look at the beginning of where you started and you end up with the transformation. And yet it wasn't some it wasn't some order that came down. There was engagement. There was thought. So that's my favorite is the end.

**Shawn Nason** [00:20:55] Well, that's funny because my favorite part is the beginning. I'm all about empathy. I could do that work in the ethnographic research forever. So just like you, my team at Melfi and what we do it all for health use the methodology and mindsets of human centered design and everything that we do. And so the part of the methodology around how might we statements that starting to frame a problem. And so I thought, how might we statement together that I'm actually going to put a two minute timer on so people hear the two-minute timer go off. It's because we're going to only give ourselves 2 minutes to do this. And you and I are going to jam here for a second care and on this statement. How might we shift the healthcare industry from being sick care to health and wellness care? And I'm going to hit start in. Give me some of your ideas.

**Dr. Karen Murphy** [00:21:56] So, Shawn, this is what guys here is all about. So we're all about population health. We're all about swimming upstream and really trying to create value and home care, self care, preventative care. It is why I talked about the media, but I think in order for us as a nation to embrace this, you start out by talking earlier in the in our conversation, where is that payment transformation. Hallelujah. We have got to get to a payment transformation that promotes wellness, promotes prevention, and does not incentivize. Right now we're all incentivized just to focus on that. We're incentivized to focus on high cost technique, tech procedures. And that is not the right focus that we should have. We will always have people who are chronically ill. We will always

have open heart surgery. We always have hip replacements. But there is so much more we could do in social determinants of health, so much more we could do with preventative medicine, education, promoting healthy lifestyles. But until we get paid to be able to do that, it's not that providers don't want to do this. It's that the infrastructure is set up to be a sick system and the whole payment system is set up to go against that.

**Shawn Nason** [00:23:26] So if you had a magic wand. Right now. Karen, what's the one thing you would do in payment transformation that you would get rid of?

**Dr. Karen Murphy** [00:23:34] The one thing I get rid of is fee for service input in multiple global budgets.

**Shawn Nason** [00:23:41] There it is. Because my one thing I would get rid of is completely get rid of pre-off, just pre-off. Like, let clinicians practice. They know what they need. Get rid of that. So. Well Karen, thank you so much. Such a wealth of knowledge, so many great stories. But it has come to that point in our episode where we do this thing called the combustion questions. And the combustion questions are three randomly selected questions I talk about. I have my own a robot that hands me these three, but it's actually a human who hands them to me. So I just looked at them for the very first time. So, Karen, are you ready for your three combustion questions?

**Dr. Karen Murphy** [00:24:27] I am ready.

**Shawn Nason** [00:24:28] Awesome. All right, combustion question number one. Karen, Do you prefer coffee, tea or something else?

**Dr. Karen Murphy** [00:24:38] Passing. And why wakes me up in the morning. Gives me energy.

**Shawn Nason** [00:24:44] Give you energy. Love it. Combustion question number two. What's your most treasured possession?

**Dr. Karen Murphy** [00:24:52] Probably my phone.

**Shawn Nason** [00:24:55] Okay. I definitely have to ask why on that one, Karen? Why is your phone?

**Dr. Karen Murphy** [00:25:01] Connected to my phone? Constantly. That's not something I should be. And I think the other thing, my other possession is I have a. Many Bernie Doodle that I bought during the pandemic that was going to be £30 and he weighs 100 now. So he's my other favorite possession.

**Shawn Nason** [00:25:23] Do we need to put him into preventative care?

**Dr. Karen Murphy** [00:25:27] No, no, He was actually I thought I was getting a mini burnout doodle, but it was actually a really small dog.

**Shawn Nason** [00:25:33] Holy cow. Yep. So you've had to get a bigger bed? Yeah, I had to actually put my lab on a diet. He reached £100, and now he's done to 80. So I get that. All right. Last one. What do you think about turtles?

**Dr. Karen Murphy** [00:25:51] Not much. Not? No. I never think about a turtle. They're slow

**Shawn Nason** [00:25:56] I love it. Awesome. All right. What's the best place for people to reach out? Follow you, follow your thought leadership. I'm assuming LinkedIn.

**Dr. Karen Murphy** [00:26:09] LinkedIn is the best message me on LinkedIn.

**Shawn Nason** [00:26:12] Awesome. Well, thank you so much for today. Thank you again for your stories and your input and all the amazing things you're doing across the health care ecosystem. So thank you. Be well and stay safe.

**Dr. Karen Murphy** [00:26:26] Thank you, Shawn. My pleasure today.

**Shawn Nason** [00:26:29] 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 leadership, go to [mofi.co](http://mofi.co) or go to [experienceevangelist.com](http://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. You can also learn more about OFFOR's health commitment to reimagine the outdated health care model at [offorhealth.com](http://offorhealth.com). As always, stay safe, be well and keep blowing shit up.