

# **THE COMBUSTION CHRONICLES**

**Episode 100**

## **UNWIND, SIP, DANCE: REVITALIZING HEALTHCARE LEADERSHIP**

**October 4, 2023**

**Shawn Nason**  
Host

**Robin Glasco**  
Guest

**Shawn** [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 in industries that affect all of us through health care.

Robin Glasco is an executive search consultant and peer lead in Spencer Stuart's healthcare practice, where she consults on new ventures, product development and business line expansion. Robin has nearly 30 years of experience advising CEOs, boards and executives across the healthcare ecosystem. Before joining Spencer Stuart, Robin spent nearly eight years at Kaiser Permanente leading regional and national teams and was later chief innovation officer for Blue Cross Blue Shield of Massachusetts. Robin is a board member of the American Telehealth Association. Coauthor of Kiss Your Dragon's Radical Relationships Bold Heart Sets and Changing the World, and founder and host of the Pink Couch and Platform tackling issues impacting women in underserved and unrepresented communities. Welcome back to The Combustion Chronicles, Robin.

**Robin** [00:01:47] I didn't know I left.

**Shawn** [00:01:49] We haven't seen you go a lot.

**Robin** [00:01:52] A month of Tuesdays.

**Shawn** [00:01:54] I'm telling you. And you know, you were co-hosting previously, Robin, but now you're a guest. Because I'm just going to say this. This is like the badass of women in healthcare leadership season. I'm so excited about this season. We're going to have 12 to 15 women who are just kicking ass and taking names and health care. So again, you're no stranger to the podcast. You helped co-host it. We wrote a book together. We did some mini-series together here. First off.

**Robin** [00:02:33] Yeah.

**Shawn** [00:02:33] What kinds of badass things have you been up to recently?

**Robin** [00:02:37] Don't call it a comeback. So badass things have been up. I'll say two things. One is and we were talking about this before we started recording I took a week and a day off. I had a few meetings each day, but those were strategic meetings that I had either with clients or clients internally or externally. But I unplugged. I unplugged. I watched a bunch of bad TV, not badass TV, bad TV. And just to free up my mind, you know me because you do the same run on 100 all the time. And I just needed to just unplug. It helped that my MacBook died so that helped.

**Shawn** [00:03:25] Robin, you and your technology.

**Robin** [00:03:26] I know it did not fall into the ocean this time.

**Shawn** [00:03:29] No.

**Robin** [00:03:31] The second thing is, I love that you talked about having, you know, 12, 15 women. You know, my core, the core, my centre circle, my target, and bullseye are all things women. And so one of the other things has I've been breaking some glass internally with launching a women executive. I'll call it convening leadership advisory, get to get in and stay in the suite called Suite. S U I T E.. And no one would have thought that was so badass and breaking glassery. Apparently, it was. It reminded me back to when I started at Blue Cross Blue Shield of Mass. And, you know, you go in your little 30-day, 90-day dog and pony show of meeting everybody and who doesn't want to meet the innovation girl? And everyone's like, yay, innovation, yay, innovation. Until you take that second my hey, remember me? You're like, innovation, don't live here. Lives next door.

**Shawn** [00:04:35] That's right.

**Robin** [00:04:35] That's what's what it reminded me of. I'm like this. I mean, built innovation labs. I mean, this bit has done all kinds of things. I didn't think this was on a glass-breaking tour, but apparently it was so. But it's okay because it's worth it in terms of the value that women, women executives will get out of it.

**Shawn** [00:04:58] I struggle with the fact, as I was reading this, that you have nearly 30 years of experience when you're only 16, Robin, so I know it quite figured that one out.

**Robin** [00:05:09] But don't do math

**Shawn** [00:05:11] That's right. But you, for most of your professional life now involved in health care, you recently posted that you fell into health care on accident but stayed on purpose. And I've actually heard you say that a couple of times. And gosh, I was trying to think the other day, six or seven years that we've known each other now. So how did you fall in on accident and why the hell have you stayed?

**Robin** [00:05:39] So I was planning on being either an actress or an attorney, and that is as far away from health care where I can make it work because there's a lot of use and happiness care and a lot of bad acting happening as well. So I did not plan. I didn't go get my MHA. People like, Oh, do you have an MHA? And I'm like, No, I do not. It started with following a boy to a place and I needed a job. And instead of doing marketing, I took my first job with Blue Cross Blue Shield of Nevada, based in Las Vegas. And it was day 88 of a 90-day waiting period before your health insurance kicked in. I had to go to the E.R. on day 89. I had to go back to the E.R. day about 110. The bills started coming in, and I just couldn't wrap my head around that I was an Army brat. We didn't have health care bills. I mean, the government paid for our health insurance and I had eczema and I was very active in swimming and gymnastics and other things. I had a lot of scrapes and bruises and that sort of thing. So I spent some time at the doctor's office. To me, why did I have an accident? That's how I fell in on accident. This was just such an inhumane for a very common procedure that should have been fine, and should not have gone back. And the fact that I had tens of thousands of dollars in bills so close to my I just couldn't wrap my head around it. And so I decided that I would not be an attorney, not go into acting and just go visit a number of different sports stadiums because and ever since then, I've just been on a path to fix health care so someone doesn't have to stumble into what I stumbled into with all those bills and poor quality service.

**Shawn** [00:07:36] Give me one of the most rewarding experiences of your career that you've had in health care.

**Robin** [00:07:43] Oh, it's going to be a good segue way to what I'm doing now. It all involves people. It involves either the person on my team who wasn't given a shot to have a leadership, formal leadership role, giving them their first manager director role, when typically people look at, well, you don't have eight years of experience, plus this, plus that, plus this, plus that, and you're not certified and blah, blah, blah, blah. Being able to provide that first shot in that first door opening to giving them a seat at the table. I was 26 years old when my mentor friend gave me a seat at the table and passed me the microphone and I'd do it every chance that I got. So anytime I hear someone say, you know, thanking me for crediting or crediting me for helping them get that opportunity, that's very rewarding to me. And also the second thing I would say along the way, I've done some cool stuff. So whether it was launching an alternative medicine clinic, the first one at Kaiser Permanente is doing very well, by the way. Now that brings in some I think it's a B in terms of revenue, in terms of the products and services offered across the entire organization. What that means is that some people aren't willing to walk into the front door of the clinical experience, but they were at the time willing to walk in what was the side door into alternative medicine. And so whatever would bring them into the world of health in a safe way. That's why I love that. I still love that.

**Shawn** [00:09:27] All right. Yeah. 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 healthcare models and improves the lives of the underserved and under-resourced. One Kid at a Time offers smiles 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** [00:10:16] Well for the past couple of years.

**Robin** [00:10:18] Mm-hmm.

**Shawn** [00:10:18] You've been consulting on some new ventures and product development at Spencer Stuart in their healthcare practice. And I know you as a person. I'm sure you've seen a lot of interesting industry trends coming down the pike. So what have you been seeing and hearing that is getting you that it's not easy to get excited about stuff in health care in the next ten years in health care? And where has your focus been around all of this?

**Robin** [00:10:47] The most exciting thing is the changing face of leadership. So more women leaders, leaders from different organizations, leaders going into different areas of the healthcare ecosystem. Because as you know, this is to me, in order for us to get different results, we have to think differently about the space we're in. And when there still are a lot of old legacy mindsets that are leading at the helm, who still see health care in a very myopic way, it's not going to get better. And so what I'm excited about is there are organizations like mine, like Spencer Stuart, and there are things that we're launching like Suite. Soon there'll be something called Suite for guys. There are other programs around boards that just bring it up all over the place. And what that is, is designed specifically to get people ready for those decision-making roles, because, you know, those who control the purse strings, control the decision, impacts so many things around policy, investment strategy. And so rather than jumping in midstream, I'm trying to jump in at the top right at the beginning, trying to change the, you know, the different the face of the leadership, the thinking of the leadership so that some of these changes can happen. And it's not most people think that that's that is a race-ethnicity. Yep. Some people think it's women. Yep. Some people think it's a different industry. Yep. All those things, it's all about diversity across the board. That is how you get to innovation when you bring different backgrounds, and different experiences, and put them in great places to be able to impact decision-making. That's what I'm most excited about. And just, you know, I talked about my MacBook dying. One of the things that is my biggest pet peeve, I used to say, Oh, people cut me off in line or slow drivers and or people who don't know that you can't take a jug of water through the airport. All those are some bullets under the header of wasting time. I do not like having my time wasted. I don't like wasting other people's time with regards to what that might rather wait.

**Shawn** [00:13:20] We don't do that in health care.

**Robin** [00:13:22] No, we don't at all. All the sleepless nights of oh, I think I see something. We'll see you in eight months to check it out. What? Or you go shopping for an appointment, and no one tells you as you're sitting there 20 minutes that something the doctor is running behind or anything that is around saving time and shortening that length of time. So you don't have those sleepless nights saving time. I'm really excited about chatting in the chat as I love anything. That is a time-saving that allows people to get access to really high-quality information and care quickly about that life. So yeah, chat is what was looking to bring in to Spencer in our practice because with all real leaders out there we have to do these candidate reports. The first time it took me 5 hours to do one and 5 hours to do one, and now it's something that I as one of the places I have three primary care physicians that are five and three primary care physicians, and one of them is very tech forward. And she never turned her back to me. She talked to. It was that it was an action and it just said, take a note and everything. I could see everything being typed out. I had my instructions at the end. She never left contact with me. And that is, you know, that's another complaint because sometimes you're getting the miss between what somebody says and what they mean because you're facing your screen and not them.

**Shawn** [00:15:02] Yeah, I'm intrigued at where this AI is going ChatGPT is going and what it is going to do to change the whole healthcare experience. So, as you know, we talk a lot about being human-obsessed and maverick-minded. And it's always important to me to look beyond, you know, providers, payors, practices, the whole healthcare ecosystem and just talk about the people, which is something that you and I, as you're sharing, have in common. So here's a question for you. If you had a room filled with 20 of the most influential healthcare leaders, what would you say to them about creating better experiences for humans?

**Robin** [00:15:51] Get ready for the censorship now. One, I would say I feel like now because we've been on this journey for a long time and we know the people who get it and those who don't and those who don't. I genuinely feel so. I feel sorry for them. I really do that they don't get that. How much a better experience? Matters in all aspects. I just. I just feel sorry. I feel sorry for them now, in that room of 20 most influential, I

would say probably about 60%. I'm going to feel sorry for about 60% of them. And a lot of it is because they are still stuck in a legacy mindset. They have a big podium and a mega microphone, but they are still taking an approach to health care that I think is still very legacy. It's still a payor provider payer-provider, and hospital health system. That's such an archaic way of slicing. It really should be about the doggone patient in the middle period. Period. And shame on you for not thinking that. And it's actually not the patient. It should be the human in the middle. So the first thing I would say is Shame on you. The second thing I say, but that's okay. I'm going to write your prescription. What you're going to do is you're going to hire Mophie because they will infect your organization with what that means, with what a better experience means, and the risk and consequence of not having that. And the third thing is to start somewhere today. Right now it costs you \$0 to do it. And I yield my time.

**Shawn** [00:17:41] Brilliant. You know Robin, I've had my eyes opened over the past six months. You know, I stepped into a CEO role in pediatric dentistry, helping the underserved, under-resourced population and Medicaid. And for me to fathom that there are three-year-olds to eight-year-olds who are being told right now that they might have to wait 16 months to have dental work done is ridiculous. And I'll get on my soapbox a little bit here. Probably shouldn't always do this from the podcast, but I am. There are states in our country right now that are taking all our time away from those patients and they don't say it's about dollars, but they get paid a facility fee that's very minuscule by Medicaid. So they're filling those times up now with other procedures where they get paid more and kids are being left without care. And it's frustrating. So if I was in that room with those 20 people, I would say, you know, get the F out of the way and let something happen, a revolution happen, and let's break the. The industry of, you know, it's it's open for claims. It was built for claims. So I'll get off that now. Well as you know Robin, MOFI myself you, we use this methodology and mindsets of human-centered design in everything that we do. And this methodology. This is one of your favourite things, Robin, is how might we statements?

**Robin** [00:19:19] Mm-hmm.

**Shawn** [00:19:20] And so before we get into the combustion questions at the end, those three fun questions, I thought I would set a timer for 2 minutes. So let me get it ready here. 2 minutes.

**Robin** [00:19:35] Mm-hmm.

**Shawn** [00:19:36] And you and I are going to jam on to. How might we segment?

**Robin** [00:19:40] Mm-hmm.

**Shawn** [00:19:41] Around health care. So, are you ready for this?

**Robin** [00:19:44] I think so.

**Shawn** [00:19:46] The two-minute drill on how might we? Okay.

**Robin** [00:19:49] Okay. And go.

**Shawn** [00:19:51] So how might we blow up the current broken healthcare system and launch a people-first healthcare revolution? Go!

**Robin** [00:20:03] Who are we ideating?

**Shawn** [00:20:04] Yes ideate with me. What are we doing? How are we, how are we going to do this?

**Robin** [00:20:08] Fire a third of your leadership and hire Spencer Stuart and MOFI.

**Shawn** [00:20:18] What I did. How about Robin, to really do this well, what if we did away with payers?

**Robin** [00:20:29] Okay. We're not judging what we did away with claims.

**Shawn** [00:20:35] Well, let's go one step further. We have to have claims. How might we do away with Prius? I was just talking about this with someone.

**Robin** [00:20:43] I didn't realize that was still even happening. How is that a thing? How is power pre-op even happening still? What if we went back to the patient-doctor at the centre and everyone else was in service to them?

**Shawn** [00:21:07] I'm going to give one here. This is people first and this may get me banned from lots of things. What if every clinician got paid the same amount of money?

**Robin** [00:21:19] Oh. You know, my daughter just went to med school. I just finished med school. Okay, I see you're that how about if. What if care was delivered at your home or wherever you were, regardless of the need If you needed, like, surgery or something, you could just do it at the local Marriott or just run in a room.

**Shawn** [00:21:41] There you go. And we'll leave it at that. That is two minutes.

**Robin** [00:21:47] That was 2 minutes. We should do this over wine. I have much better answers.

**Shawn** [00:21:52] Then we'll do it we'll do a whole season around wine.

**Robin** [00:21:57] And I was just kidding about the firing. Repurpose them.

**Shawn** [00:22:02] Robin.

**Robin** [00:22:03] Yes.

**Shawn** [00:22:04] They probably need to be fired.

**Robin** [00:22:07] Okay.

**Shawn** [00:22:10] All right Robin. It's the combustion question time. You know these three randomly selected questions. I have a human AI robot who just texted me. Oh, Lord comes out of the world into a text and I have not even read them yet because I want to see what answers you come up with. So are you ready for this? Let's go.

**Shawn** [00:22:34] Number one, combustion question. What's the best Halloween costume that you ever wore?

**Robin** [00:22:44] Tupac Shakur. Yeah.

**Shawn** [00:22:48] I may need to see a picture of that one. Might need to see a picture of that one Robin stuff.

**Robin** [00:22:55] Oh, yeah.

**Shawn** [00:22:57] Oh, Lord. I just read the second one. This one could be interesting.

**Robin** [00:23:02] Oh, God.

**Shawn** [00:23:03] You ready for question number two?

**Robin** [00:23:04] Let's go.

**Shawn** [00:23:06] Would you rather win the lottery or win an election?

**Robin** [00:23:11] The lottery, please, for 1.2 billion. Thank you, Alex. Yes.

**Shawn** [00:23:19] Not if you win it. We're splitting it. And if I.

**Robin** [00:23:23] You know, we share a generosity mindset.

**Shawn** [00:23:26] And the third one. Are you ready for this one?

**Robin** [00:23:29] Let's go.

**Shawn** [00:23:30] What do you think about dance parties?

**Robin** [00:23:32] I mean, listen I am Notorious R.I.G. And I used to be on a dance team. And everywhere I go, there's a party. So let's go.

**Shawn** [00:23:41] All right Robin, what's the best way for people to get a hold of you hanging out with you?

**Robin** [00:23:47] Yes, LinkedIn is probably the best way. Robin Glasco.

**Shawn** [00:23:52] And also the Pink couch is on Instagram.

**Robin** [00:23:57] Oh, yeah, there is the pink cat. Thank you. You're a better marketer than I am.

**Shawn** [00:24:04] And then we're going to be looking for the launch of the suite?

**Robin** [00:24:08] Suite Yeah. And we had a soft launch last month and more to come. So please stay tuned. You can find more information. So for any folks that, you know, were looking to get in or stay in to get stay in the suite, this is the place for them.

**Shawn** [00:24:25] Awesome. All right. Thank you, my friend. Stay safe and be well.

**Robin** [00:24:31] Thank you for having me. Thank you.

**Shawn** [00:24:35] 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 healthcare model at [offorhealth.com](http://offorhealth.com). As always, stay safe, be well and keep blowing shit up.