

Disrupt Yourself Podcast

EPIISODE 382: ROB ALLEN

Welcome to the Disrupt Yourself podcast. I'm your host Whitney Johnson, CEO of Disruption Advisors, where we help you build teams of high performing people -- because organizations don't disrupt, people do.

In your day-to-day, who counts on you? Who's looking to you for help, or advice, or even just waiting for you to sign a form? We're all interconnected in these webs of care, everyone leaning on someone else for support. Even Henry David Thoreau, who chose to live the hermit life at Walden Pond - asked his mother to help with laundry. We long to be cared for, and to care in return.

How does being that steward feel, in your heart and in your head? What does genuine care mean to you? Our guest today has built his life and his career around discovering and implementing the best ways to care for another human being. Rob Allen is the CEO of Intermountain Health, a non-profit healthcare system with 33 hospitals across several states in the Rockies.

Rob's business is caring for patients, of course, but also caring for the caregivers - all 68 thousand of them. So how does he do it - and what can we take from that hospital setting, and bring into our own lives?

I hope you enjoy.

Whitney Johnson: Tell us about where you grew up. I think you grew up in a very special place. What was it like? Where was it and who were some of your role models?

Rob Allen: So, I grew up in a town called Grover, Wyoming. It's south of Jackson Hole in a place called Star Valley. There's 12 communities. It's a valley about 40 miles long and primarily a farming community. There was some timbering there as well. And I remember just from the earliest age doing what everybody else did there, and that's working the fields, take care of the cows, go to school. Sports activities were actually your getaway. If you could get on one of the sports teams, that meant you actually had something to do that wasn't on the farm. And so, I played athletics and enjoyed those things as I was growing up. But I learned to get up in the morning early and unfortunately, well, I would say in my career. Fortunately for a while, that helped me have an advantage because I was up early and felt like I could get a head start on the day and get going. And that early is about 4:30 in the morning. And now as I'm older, it's a curse. I still get up between 4 and 4:30 and, although it's nice to get organized for the day, it's one of those things that just happens. And that's the farm life as you go. One of the things that was also interesting on the farm is learning to deal with what realities were and how you dealt with the hurdles, the challenges, the setbacks that you had. And there was an attitude that I learned there that I think served me well in my in my journey. And that was; what must be done, can be done. And you think about out on a farm and you're just trying to solve whatever the problem is, and you may not have the right tools, you may not have the right parts. But if it has to be done, it can be figured out. And your job is to figure it out. And that was something that was ingrained in me from the time I was young.

Whitney Johnson: Give us an example. Can you remember a day? You're up at 4:30 in the morning? What was something that had to be done? What did it look like? What did it feel like? Paint a picture.

Rob Allen: Well, often when you think about something that had to be done, now the chores had to be done, right? You got up, you milked the cows and one part of that is, I remember when I was 12 years old, was the first time my parents left and I ran the farm for three days while they were gone and traveled, because with a farm, the whole family cannot go. We took one family vacation I remember from my youth on the farm, and it was a one-day vacation.

Whitney Johnson: Where did you go?

Rob Allen: We left at 4 a.m. We drove to Salt Lake City, Utah, about a four-hour drive, and we ate breakfast at a restaurant that was very unusual. We went to Lagoon for the day, and then we ate dinner at a restaurant, and we got home about 1:30 at night, and we're up at 4:30 in the morning, milking cows the next day. So, and I remember my father complaining about how poor the hired hand did for the day, and that never happened again. So, you know, part of the family might travel, but you took care of the farm. So, that was you have to just make sure all the chores are done, and you take care of things. But the concept often applied to things that weren't working. So, it wasn't just get up and milk the cows and do your chores. But what happens if the milker breaks? How do you actually take care of, you've got 125 head of cows. You have two options. You figure out how to fix the milker machine so that they work, or you milk the rest of the cows by hand. So, you know, there's a good motivation to figure out how to fix the equipment, often out in the field as well. Tractors, balers, those types of things that would break. And you just have to figure out what's wrong with it. What do I need to do to fix it? How can I make it work to get the job done?

Whitney Johnson: So, are you good at fixing things mechanically?

Rob Allen: I would say that I'm a handyman. I can fix things. Yeah, yeah.

Whitney Johnson: So good. All right. So, who were some of your early role models?

Rob Allen: So, my first role model, when I think of role model, particularly for my career, was my mother. So, my parents grew up in Star Valley. In fact, the farm I grew up on was the farm my mother grew up on. But my mother and father got married right out of high school, and they moved to Utah. And my mother got an associate's degree in nursing. My father went to trade school and became a barber. And then I was born here in Utah. And shortly after that we moved back to the farm. But my mother was a nurse. And at the little hospital in Star Valley, a hospital that has 15 beds or was at the time had one doctor on staff and two nurses 24 hours a day in the hospital, and the doctor had a cattle ranch 30 miles from the hospital. So, if you went to the hospital and needed the doctor, if he wasn't in his clinic seeing patients, you had to wait for him to get to the hospital. And so, I grew

up watching my mother. Any time an ambulance went through the valley, she would run to the house to call so we could be milking cows in the barn. We could be out in the fields hauling hay, and she would go find a phone, which was the house phone usually, and call the hospital to see if they needed help.

Rob Allen: And so, when it came time to go to college, my parents had always encouraged me to go to college. And, you know, like so many families felt that's the path for your children to have a better life. That's what parents want to do for their kids. And so I went to college, and through that process my junior year, I figured out they just don't give out jobs with degrees. You know, I thought you go to college, that opens the doors. Well, you actually have to get a job. And so, I started thinking, what do I want to do? And it was her example that led me to really look at health care as a career. And I'm grateful for that and look back at her commitment to people, her caring about others and wanting to make sure that she supported those around her in this case, her colleagues, her nurses, that if they needed a hand, she would proactively be there to help them if they were getting patients in the hospital.

Whitney Johnson: Were you surprised when you decided you wanted to go into health care? Like, was it was it something that you had kind of in the back of your mind, or did you one day wake up and go, oh, I'm going to do health care?

Rob Allen: It was really, again, my junior year in college when I started thinking about it. So, I had not had this aspiration in my early years to be in health care. And it was, what do I really want to do and where do I really want to go? And one of the job offers I got out of college was to work for Ford Racing, and that was really kind of appealing, you know, for cars. And not to be the race driver, it was actually the parts side and all of that, but it was a division of Ford. And, I had an opportunity then to be in health care. And the job I chose in health care was going to pay about half of what the Ford Motor job was going to pay, but it was by that point in time the path I wanted to take. And it was in that time of my junior year when I started looking and saying, what do I want to do? And this idea that I could use my business expertise to be in a field that serves the community and provides social good was really appealing to me, and that was the driver from then on to get there. And my immediate aspiration was to be a hospital administrator. So that was kind of what got stuck in my head. And that's what I was looking to find.

Whitney Johnson: Did you study business?

Rob Allen: I did. My undergraduate was in operations management.

Whitney Johnson: Got it. Which makes sense because you learn how to fix tractors and milkers. And so, you knew how to operate something.

Rob Allen: To some extent, yes. So not all of that was transferable. But...

Whitney Johnson: Does your family ever ask you wait; how come you didn't become a nurse or a doctor? How did you how did you end up on the business side of healthcare? Well, if you're.

Rob Allen: Talking to my wife and kids, they'll tell you that I shouldn't be a nurse or a doctor, but I often play it at home. I have set my son's broken wrist. I have superglued cuts on my children's foreheads and hands and all the things that I probably shouldn't be doing. So, they, uh, they laugh at me and think that I think I'm a doctor.

Whitney Johnson: Wait you've set broken wrists. Mhm.

Rob Allen: Yeah. Yeah, I it's a long story. The short answer is it was dislocated. And I have a finger that gets dislocated. So, I had set that. So, I thought well I can just set his dislocated wrist. Well, it turns out it was actually broken. And not only did I set the dislocation, I set the bone and the report, which my family was actually a little dismayed at from the doctor was it's perfectly set. It was really good. I did a good job. They think that only encourages me. So, you know, they'd prefer I not do that.

Whitney Johnson: Are you now doing stuff on your grandchildren as well or.

Rob Allen: No, no, no, they're off limits. So.

Whitney Johnson: Okay. Got it. All right, so you, tell us about your very first job in health care. Where was it? What were you doing?

Rob Allen: My first job in health care was in long term care. And so, when I graduated from BYU, where I got my undergraduate, I wanted to go into health care and hospital administration, and I knew I needed a master's degree. But I was married, and we had a young child, and I needed a job more than I needed more student debt and another degree at that point in time. And I had a chance to go into an administrator training program. And in nursing homes, administrators are required to be licensed. And that licensure process requires a training period and national and state exams. And in Colorado, the training period is actually waived. If you have certain degrees, you still have to do the exams and pass the exams. Well, I entered this program that was supposed to be a 12-to-18-month training program for administrators, and I thought, that's perfect. I want to be a hospital administrator. This is a health care administrator program. That's the path I later learned. There's quite a difference between nursing homes and hospitals and complexity, and they're not quite as transferable and not as clear path as I thought they were. Nonetheless, it obviously worked out for me in that opportunity to go, I took the job. I moved to Colorado six weeks later, I was sitting for the exams and I passed the exams, and so my 12 to 18 month training period actually turned into less than two months because a couple of weeks after that, I was the administrator of a nursing home in a small town called Yuma, Colorado, and I was on the job learning at that point for me.

Whitney Johnson: Well done. Okay, let's fast forward. Prior to becoming the CEO of Intermountain Health, you were the COO, the chief operating officer. From a skill set perspective, what are some of the things that you do idiosyncratically well, as a CEO, COO that helps you be a good CEO?

Rob Allen: It's a really good question. I'll step back and frame a little bit first and come back to your question. Early in my career, when I became a hospital administrator and I took my first hospital CEO job when I was 28, so I moved quickly from the nursing homes to a CFO job at a small hospital. And then the went to school at nights, got my MBA and quickly became the administrator there. Opportunity to learn a lot on the job skills. But I had this idea that once I became an administrator, I was learning everything new. And once I had learned that the next step would be easier. Because now you have all this knowledge, and you can apply it better. You just have to learn a little more in a new setting. Fascinatingly, over time I've come to appreciate every step is actually bigger. And so, you think about these skills that transfer, but you also think about have to think about what are the big differences and how do I have to work differently. Because what got me here is not going to help me succeed there. You've got to think different about it. So, from a COO perspective, I think we had a lot of success bringing people together at Intermountain. I think we had a lot of success in moving forward, key agendas to assure that we were delivering care well, that we were focused on our mission and that we were operationally sound.

Rob Allen: Those are all skills that are really important as a CEO. The focus on mission may be one of the most important. And as COO, that's something I've always felt strongly about. It was the reason I got into health care. Looking at my mother's example is we can do good and we should every day do good, and we should be striving tomorrow to do even more good. And when you think of a transition from you lead all of the operations of an organization to now, you're the strategic leader, leading everything that the organization's positioning for the future, for that mission is very transferable. The purpose of why we're here doesn't change whether the COO, the CEO, a housekeeper, the dietary staff, a nurse taking care of a patient that drive is the same. Our roles play differently, but that drive in the core is really the same as we go. So that served me well in transition and those skill sets were very helpful. All of the business acumen helps. You've got a large organization, 68,000 caregivers, employees. We call them caregivers that you're working with. And how do you lead them and bring them together? And the work as a COO was transferable? Yeah, there was a lot that was different. And the jump is big.

Whitney Johnson: That was my next question.

Rob Allen: That's the next question.

Whitney Johnson: What's been one of the big jumps for you that you're like oh okay I thought I kind of had this dialed in. I've been the COO. What were some of those surprises?

Rob Allen: It's really been interesting. You know, I was counseled in my process of interviewing to become a CEO, that you have to listen carefully because people will not tell you what you need to hear. They'll tell you what they think you want to hear. As a CEO, I will tell you one of the big surprises, and I spent the first six months internal. When I became CEO, I said, I'm not doing external stuff for six months. I want to make sure I'm connected to our caregivers, that we are all together focused on what we need to do together, and that we're having open dialog. And so that's where I spent my first six months in the organization. And in these settings, I found our caregivers to be remarkably candid. They seem to not pull any punches in talking about what was on their mind. And it was wonderful because we could have real discussions. And in that time, if you frame it around the time that happened, we were just coming out of the pandemic. And so think of all the doctors, nurses and others went through taking care of people in the unknown world of this disease that we weren't sure what it was, how it was going to affect. We saw horrific impacts to certain communities that were early on, you know, with lots of loss of life, etc., and our doctors and nurses showed up every day doing remarkable things, not knowing the risk they were actually in.

Rob Allen: In fact, I remember the first story I heard of a physician who shared that because they were coming to work every day, they didn't want to pass the virus on to their family. They had quarantined themselves in the basement of their house and listening through the Visqueen that was at the door, their five-year old's birthday party that they couldn't attend. And it was just tugged at my heartstrings, thinking, this is what our caregivers are sacrificing to make sure they're there for our communities. So grateful for all their courage and their willing to step up, their willingness to do what was needed. And in the face of that, that's a lot of stress and pressure on top of just the other things. And the communities had stress and pressure, and all of our caregivers felt that, too, in their own personal lives. And so, they're coming off of that. They're stressed. Many of them are feeling burnt out. And that's the environment. I'm coming in as a new CEO, sitting down saying, tell me what's on your mind and what you're worried about. And they were remarkably candid around what their worries are, their stresses, and their desire to make sure they're anchored back to mission. I got into medicine for certain reasons. I want to make sure that's what I'm doing, and that's where I'm spending my time and energy, and not the administrative challenges that everybody's burdened with today.

Whitney Johnson: And you felt like you weren't as aware of that as a COO. And when you became the CEO, you were much more aware.

Rob Allen: I would say as a COO, I was aware of a lot of the background that was happening as a CEO, as a chance to hear firsthand post-pandemic the stories and to really hear from them what they thought they needed. And those were things we hadn't figured it out yet in the organization. So that was a great time and a way to launch my time as a CEO.

Whitney Johnson: So, I have two questions for you on that. One is what did you do that they were willing to be so honest because you just said people don't tell their manager the truth. What did you do that created the conditions where they felt like they could tell you what was actually happening?

Rob Allen: It's a great question, and I'm not sure I know the full answer to it. Whitney honestly, a few things that I attempted to do that I hope fed into that. I wanted to meet them where they were. So, I set up settings where it was small groups, you know, I meet with folks. We have 68,000 people. I'm sometimes in auditoriums with a thousand plus people in one setting. It's hard to have a dialog. So, I set up opportunities to get together in small groups where we really just talked about what's on your mind, and I'll never forget one of the first meetings was down in Saint George, and I was invited to a medical staff meeting. And in hospitals, there's an organized medical staff that oversees quality and works and makes recommendations to the board at the hospital. And so, it's an organized group of a handful of physicians that get together. And they're in those roles for different reasons. And that rotates at times. It's not always the same people, but I was invited to come and talk to them for 20 minutes, 20 minutes. We opened the discussion. Over two hours later I said to the group, I'm really grateful, but do you have to do some business here? Right. Because they just wanted to talk. And what I attempted to do in those settings was open the dialog, meet them where they are and inquire, not tell them I wasn't there to espouse my vision as a

CEO as much as I was there to say, tell me where you are and what you would like me to know as I'm formulating where we're going to go as an organization and as the dialog started.

Rob Allen: I also tried to not overreact to things I was hearing, but to keep probing and then turn and ask others in the room as well, are you experiencing that too? Is that part of what your journey is, or do you have other things that you're struggling with? And it brought it out, so I hope I facilitated it. Well, I think part of it is courage on their part. Yeah. I mean, frankly, that's why I asked. It's not easy to stand in front of a CEO and say things. And that's why I think I got all of the guarded cautionary notes up front. But it was remarkable. And we had the right discussions and it helped us. And one of my initial 200-day plan items, by the way, was engage our caregivers. That was that was a key focus, because the number one thing on my list as I was hired by the board to do.

Whitney Johnson: Well, and that was another question I was going to ask you, is that I think so often in the coaching that I do and onboarding new CEOs, they feel this pressure. I have to get something done in my first six months. And what I think is interesting about what you did is you said, I'm going to get something done, but the thing that I'm going to get done is I'm going to listen. So, you had a list, but it was to learn as opposed to just implement something.

Rob Allen: And in that we did see measurable outcomes. By the way, when I was hired as CEO, our caregiver engagement was at the 38th percentile nationally. Within that six-month period, it was at the 70th percentile.

Whitney Johnson: Okay. I think you need a high five right now. Nicely done.

Rob Allen: It was. And it's not just me. Frankly...

Whitney Johnson: But the team.

Rob Allen: It's the team. And it was it was the opportunity to focus to say let's all come together. We all got into this for common reasons. Let's talk about that and bring us back to that point. Yeah. And people rallied and it was wonderful.

Whitney Johnson: The other thing too that is coming to mind is you, you had you had an advantage in a way of having this conversation coming out of the pandemic, meaning, you know, you've heard psychologists say that one of the things that people need to do when they're healing from trauma is to have someone bear witness to their loss. And so, when you were in those conversations with people, you were bearing witness to the loss, to the experience, to the pain, to the difficulty that they had gone through.

Rob Allen: Wish I'd have been smart enough to know all that on the front end, but fortunately it lined up and it worked well, didn't it? We hit the points.

Whitney Johnson: You knew. All right, so you inked a merger in 2022 with SCL health, added nine hospitals to the system in Colorado and Montana, which is kind of fun because you started your career in Colorado. How do you integrate new facilities with their own workflows, their own cultures, into your larger system? What have been, what are what are some of your go to strategies to do that?

Rob Allen: We took a very thoughtful and defined approach to this, and we approached it differently than many of these things may be approached on. But I would say to start with, this was one of my top four items with the board when I was hired that I laid out was to make sure we integrate well because we want to be one company. People should be able to count on the Intermountain Health brand wherever they enter our system, which means we have to perform consistently wherever we are. I will say, and just a plug for our caregivers, that I'm very proud of them for. A few weeks ago, we were recognized as the top large health system in the country for our clinical work. Yeah, and it's a long history. And our caregivers commitment to it is why we're there. But we wanted to make sure we didn't lose that in the integration. We wanted to make sure that we built it across the system and connected. We also chose to take an approach of not just rolling the smaller part of the organization under the larger part, but to step back and say, what's the best of everything we have and how do we bring that together, which makes that journey more intense and longer than it otherwise would be.

Rob Allen: But in the end, we think we get a better product. So, we took a two-year window to walk through that process. And we're very clear on the front end. As we get done with this two years, we will be one company operating consistently across the enterprise, and that's been a focus as we've gone with it. So that's helped us along the way. A lot of people involved; a lot of people learned a lot of things. You know, anytime you do something for the first time, you learn a lot. And for most of us on this journey, none had not been in this type of a merger to walk through it. So, you learn through going through. You make a few mistakes along the way that you have to come back and kind of reassess and readjust. And even when you do the best thing at the time, 18 months later, some of those things have evolved. The world around us has evolved, and you've got to polish them as well. So, there's this continuous improvement process.

Whitney Johnson: So, what did you learn? What's a lesson. So, if you were to do another acquisition or merger what would you do differently?

Rob Allen: The, I'll tell you one of the things that our teams did really well on the front end that facilitated it, that I think is different than many who go down this road. There are really hard decisions to be made around governance and leadership in a merger. In an acquisition, they're much more clear, an acquisition somebody just buys somebody and somebody who bought then now makes the rules, and you just say, this is it, and this is who's going to lead, and this is how it's going to work in a merger. You're bringing together systems; you're bringing together groups of people. You're bringing together two governance entities and two management teams.

Whitney Johnson: It's like a marriage.

Rob Allen: Yes, yes. And the dating period is not that long. Right?

Whitney Johnson: A shotgun marriage.

Rob Allen: You're making a marriage decision very quick in mergers, and you do it for you think all the right things are there. And in fact, in this case, I can tell you the cultures were very well aligned, very founded on common approaches to why the organization started. In both cases, over 100 years ago, the corporations, you know, some 40 to 50 years ago for both. But there was a lot of commonalities. But in that process, on the very front end, there was a distinct effort to say, we're not going to go through this drug out process making decisions on governance and management. And so, before the definitive agreement was signed, board decisions were made are who's going to serve on the board? What are the terms of those board members? The seats were already established. Management seats were already established. You have two management teams who actually is filling what spots. Those were decided before the definitive agreement was signed. I thought it was wise at the time going through it, I can tell you it was quadruple wise because we didn't waste any time and energy on what are some of the toughest decisions out of the gate being made by the people who are impacted. Right. Management can sit here and say, as we go forward, I can make decisions on the rest of the organization, but these are the decisions being made around my own job. And so, in numerous cases, I've watched those get postponed. You end up with dual CEOs, other things that just put off that decision to let it have some time and let it settle in a different way, that can be a distraction. So, it wasn't for us because it was done up front so we could move immediately into the roadmaps to bring the organization.

Whitney Johnson: That's not a mistake you made, and that's okay, because what I think is we're going to let you have a pass on that one. I do what I think is very interesting. So, I worked on Wall Street for a number of years and went through lots of mergers, because that happens on Wall Street as well. And one of the things we saw over and over again, not just on Wall Street, but everywhere there's a merger. And then we're going to have a co-head of this and a co-head of that. And then what happens? It turns into Hunger Games. Because everybody's, you know we go to, the cortisol goes through the roof. You go to fight or flight. Everybody's like do I have a job? Am I going to die tomorrow? Am I gonna get killed dead? And so, no one behaves. And so, what you did is you said we're not. That's not going to be our issue. We're going to make the decisions. So, what I'm hearing we're going to make these decisions now here's how we're going to govern. Here's who's in charge. Here's where the buck stops. So, everybody may not have liked the outcome, but there was certainty around the outcome. And so, you're able to move forward. Is that what you did?

Rob Allen: Absolutely. That is exactly what happened for the outcomes you just described. And we avoided a lot of those issues. Now I won't dodge your question. I will come back and answer it. So, one of the things I think as an organization, we did stumble on a little bit is there's a great desire by everybody to have titling benefit structures all rationalized immediately. There's a lot of questions to be answered, and all of those things are very personal to each caregiver in our organization. And so, there was a move to try and move quickly to do that. Before, we had actually laid out the global plan and done the work behind it all. And there have been a few areas where we moved quickly, and then you have to come back and actually adjust it again. And the pain of holding off is real for people, but the pain of making a decision and then coming back around later and having to make another decision, I think is a bigger pain. So that's one of the lessons that we learned along the way was as much as there's a lot of pressure and desire to get those early decisions done quickly around that massive structure of how you're going to rationalize the benefits across 68,000 people and, you know, seven different states, you need to take the time and walk the path.

Whitney Johnson: And say, we're going to, we're going to do this.

Rob Allen: We're going to do it. And here's the timeline because we have a timeline, right? We're not going to do any of it until we actually have the plan, so that we don't have to redo anything. Right.

Whitney Johnson: It's similar to when you started as CEO. You said we need six months and then we'll do some things and similar situation. You've used the word caregiver a number of times. Are you a caregiver?

Rob Allen: Yes, I am, and not in the way I just described of, you know, setting my son's dislocated and broken wrist.

Whitney Johnson: But truly, do you refer to yourself as a caregiver?

Rob Allen: I do, and in our world. There are two groups of folks. There are those who give hands on care. You think of nurses, you think of doctors, you think of rad techs and phlebotomists and people who are touching the patient to take care of the patient. The rest of us are all caregivers who support those who are hands on caregivers. We're under the same mission. Helping people live the healthiest lives possible is our mission at Intermountain Health. Every 68,000 people, every one of them should be driven by that same mission. And the term caregiver aligns us on that purpose.

Whitney Johnson: So, do you think of yourself as I'm a caregiver? Well, you probably think of yourself as a caregiver, servant, leadership, right? A caregiver to everybody, 68,000 people.

Rob Allen: Yep. That's my job.

Whitney Johnson: That's beautiful. I love that because it seems like sometimes in this particular setting, people refer to caregivers just as the people who are touching the patient, which I think is a huge opportunity lost in terms of framing how people think about the mission of the organization.

Rob Allen: So, let me take that and take it from a slightly different angle. So, if you think of a physician in their office and they might have a nurse or a medical assistant who's there as well that helps them, you know, set up the patient, take care of things, make sure the room's right, bring the supplies in as the doctor is working with the patient. There's a broader team there as well. And that group has to function as a team so that the patient is taken care of in the office and once, they leave the office. And so, this concept of the team approach, using caregiver allows us to make sure we're talking about everybody who's part of assuring you get the care you need when you need it. And I think that's important too. So, it's not just the leadership folks. And you mentioned servant leadership, which I'm a big believer in. But it's this concept of we're all in this together as a team to take care of you as our patient or community. My role may not be to touch you, but I need to do my job so the doctor or the nurse or the medical assistant or whoever you're interacting with has everything they need to take care of you. And in the world we're moving to with technology and telehealth and all these different tools that we have, there's a lot more that can be done remotely, and that can be done by a large team of support people who make sure you

have what you need, whether it's your prescription, you know that's there, whether it's your follow up appointment for labs later, whatever it is you need, and they may not be the person who we would think of as a clinician. Right. And that's, but they are a caregiver.

Whitney Johnson: And as I'm listening to you, that's where your background, your training in operations management as a COO is so crucial because you're saying, yeah, you're going to touch the patient, but we're going to make sure everything operationally can be galvanized to make sure you can give the best care. You just reminded me one of my favorite pieces of research, and I have lots of favorite pieces of research, but this is Atul Gawande, The Checklist Manifesto. Do you know what I'm going to say, or do you want to you want to recite it to me?

Rob Allen: Say what you want to say here. But. Well, I love his writing.

Whitney Johnson: Well, just I remember he talked about the activation phenomenon and how he said, and basically he said, when you go into an operating room, you activate people so that every person says their name from the most senior person in that room to the technician, they all say their name. And why do they say their name? Because it activates them so that when they see a problem, they will speak up. And when they do, the complications and deaths from surgery went down by 38%. And I thought of that research when you just described what you're doing now.

Rob Allen: It's the team. It's making sure the team is all there and able to be a part of what needs to happen, and that everybody's voice matters in making sure we do the right thing.

Whitney Johnson: So good. Okay. Crucible moment in your life, in your career. What's one of them that you haven't talked about a lot?

Rob Allen: Hmm? Well, I don't know. Using the word crucible moment if I'm going to hit the right chord here, but if not, please guide me further.

Whitney Johnson: Just something that transformed you.

Rob Allen: Because a couple of experiences along the way that in my early years, trying to figure out this journey in health care leadership that I aspired to and knew little about. I met a person when I was in college, so I talked about that time when I decided I wanted to get into health care. And his name was Dave Jepsen. He was actually on this floor in this building where we're sitting today. He was the chief operating officer at Intermountain Health. And Dave was someone who, it was recommended to me that I ought to go talk to him about a career in health care, that he would have insight. So, he graciously gave me an hour of time. It took three months to get on his calendar, but he gave me the time and I came, and we sat down, and I'm sure he just must have been chuckling inside at the kinds of questions I was asking. Now that I look back, you know where I was versus where evolving leaders should be. And I was so early in my journey. But he answered every question. He encouraged me along the way. And one of the things he recommended was go get a master's degree, because you're going to need that for where you want to go. I mentioned that I needed to have a job, and so I took a circuitous route to it.

Rob Allen: But a couple of years later, as I was the CFO at a small rural hospital in Evanston, Wyoming, Dave Jepsen was making his rounds. He was visiting hospitals, and I heard he was coming to Evanston. And I asked the administrator there at the time, can I get 20 minutes with Dave? I want to ask him a question. And graciously they allowed that. And so, I'm sitting in this small meeting room across the table from Dave Jepsen, somebody who I already idolized and wanted to be like in my leadership journey. And I said to Dave, this was my question, Dave, I'm the CFO of this small hospital. You know, from when we talked a couple of years ago that my aspiration is to be a hospital administrator. How do I not get pigeonholed in finance? I want to be an administrator, and I want to make sure I'm doing the right things to get there. And of course, I was expecting this grand, you know, philosophical response to my question. And Dave looked me in the eye and paused for a second, and he said, Rob, it's this simple. You do a great job. You do the very best job as CFO, and you'll have unlimited opportunities ahead of you. You do a poor job as CFO. You won't have any opportunity. So, that's the best advice I can give you is you be the best CFO and you'll have opportunities that you want. And it was just remarkably simple and yet

profound. And I think those moments in my life have often been that they are those things that are just simple and yet profound. And I'll give you another one of those moments when I became the administrator. So, I told you about my journey to get to Colorado. A year and a half later, I was in Evanston, Wyoming, as the CFO of this small 42 bed hospital, and I went to school at nights, and three years later I was hired as the administrator. So, hospital CEO first step, 28 years old. I later learned after I was hired, that the medical staff wrote a letter to Intermountain recommending me, and the board of the hospital wrote a letter recommending me to be. It also helped. There were only two candidates at the time. So, you know, that's how I got in as this young kid who really probably shouldn't have been there, but a doctor by the name of Steve French. He led the E.R., came and sat down with me a day or two after the announcement, and I had just learned Steve was one who wrote on behalf of the medical staff the letter to Intermountain recommending me.

Rob Allen: So, of course, my first matter of business was to profusely thank him, which I did, and, you know, tried to make sure he knew how much I appreciated that he had done that to me, unbeknownst to me. But he had done that for me. And then we chatted for a little while, and then he said, Rob, can I give you some advice? And I said, please, any advice would be helpful at this point. He said, I've been doing leadership in health care for 21 years, and he was a physician, an E.R. physician, and he had led his own practice of physicians, and he was the director of the emergency department and really, really an interesting, smart and experienced guy. By the way, I love Steve for a lot of reasons. This was one of the reasons I loved him at the time. He and his wife, Marilyn, were credited with about 70% of the research done on grizzly bears. So, Steve was Grizzly Adams. I mean, this was a guy with a big beard, and he'd spend the summers up in the Yellowstone studying the Grizzlies, and the winter he'd go climb in the dens with them. Now, if you know anything about bears, they don't sleep all winter. When they hibernate, they actually wake up and go back to sleep and move around.

Rob Allen: He was kind of nuts on the side too, but really a great guy. An experienced guy that I admired for a lot of reasons. And this was his advice. He said two things I've learned in my career. And he said, as I look back now, 21 years, when I got in trouble, I've breached one of these two things. And I said, please tell me, Steve, what those are. And he said, the first thing is always make your decision based on what's best for the patient, and you'll never find yourself on the wrong side of an argument. You know, that was so intuitive that it made immediate sense to me, but I would have never framed it just quite like that. And his framing of it became a critical part of my early leadership journey. And in that critical understanding, I quickly came to understand there's a natural friction between physicians and administrators and what I learned thinking about it from this perspective is that that space of friction is actually very small, but we spend a whole lot of time in it, and the friction often comes from, as I've learned over time, administrators are looking ahead, trying to plan the future. We're trying to make sure we're positioning for next month, next year, next decade.

Rob Allen: Doctors are seeing patients right now. They have issues to solve right now that people's lives sometimes depend on, and certainly their well-being always depends on the ability of the physician to act now. And so, you end up with this friction because we're looking ahead, trying to talk as administrators and doctors are looking right now saying, I need something now. And those don't match up always like they should. So, as I've looked at that and really thought about why we're there, what I learned immediately was just go to the patient. Talk with the doctor about the patient. And what I found is you find the solution together quickly. Right. And so, this, what I would describe as 5% of friction area. We spend way too much time in it. And if you actually go to the patient as your point of discussion, you spend less than 5% in the 5% space. It actually clears up a lot of things very quickly, and you find yourself doing the right thing for the right reasons with the people who also want to do the right things for the right reasons, instead of playing in this friction point that's there. So that was remarkably helpful. Again, very simple and yet profound and guided me well in my journey right from the start.

Whitney Johnson: So, I would, rather than Crucible moments, I would describe these as pivotal moments which are super powerful. And one of the things that's coming up for me is I your, your number one, the fact that people were willing to give you advice. I often say, you know, I'll ask people, when was the last time someone gave you feedback or advice? And they're like, well, I haven't gotten any recently. And I'll be like, well, then you've got a problem. Because if people aren't giving you advice or feedback, it means you're not willing to listen. So, the fact that people were willing to say, hey, here's what I've learned, here's what I want you to hear, here's what matters was, you know, a credit to you being able to make progress. I also wonder if that ability for you to bridge that gap, that 5%, and to find that space is the image that came to my mind, is that when you were growing up and you saw

your mother see an ambulance go by and she would say, I have to get to the hospital now. Like from a very young age, you saw that we put the patient first. And so now you're on the business side. But you had that imprinting of doing that.

Rob Allen: Well, no question about that. That was definitely there.

Rob Allen: Well, you might ask what's the second thing he advised me on. Well because after we talked for a while I actually came back and said Steve what was the second thing. Right. Because we talked about the first thing for quite a while.

Whitney Johnson: What is the second thing?

Rob Allen: And he said this thing. He said, never make your reaction to an issue bigger than the issue itself.

Whitney Johnson: Oh, boom.

Rob Allen: That was, that's also been helpful.

Whitney Johnson: And one sometimes needs years of therapy to get to the point that they can do that.

Rob Allen: And by the way, say, yeah, I don't want to go down my therapy track, but..

Whitney Johnson: We can go down mine. It's okay.

Rob Allen: By the way, now, after several decades, I can look back and say exactly what Steve said to me when I got in trouble. Yeah, I breached one of those two rules.

Whitney Johnson: Wow. That's really powerful.

Rob Allen: Yeah, it's really wise. Very wise counsel.

Whitney Johnson: So funny. My son's applying to medical school right now. I am going to pass this.

Rob Allen: We need doctors. So yes, that's fantastic.

Whitney Johnson: Passing this along.

Rob Allen: And anybody else who listens to this who has any interest in in medicine, please, please do it.

Whitney Johnson: Yeah. Please do it. Okay. So, I'm wondering, if you could wave a magic wand regarding health care generally, what would you change?

Rob Allen: Oh my gosh. A lot of the regulations, regulatory hurdles. So let me let me tell you what I believe are important things for us to focus on in health care today. Okay. And this is where we're focused in Intermountain. The first is simplicity. And by the way, Einstein said the key to universality is simplicity. And health care is complex. 62% of Americans believe health care was intentionally designed to be confusing. Really, as a patient, I'm sure all of you have had experience where you struggle to figure out, how do I get to the next step? How do I get what I need now I know what I need, and we have got to simplify that for the people we serve. We have to simplify it for our caregivers as well. A nurse nationally only spends 30% of her or his time at the bedside. 30%, I don't know, a nurse who went into health care to only spend 30% of their time with the patient. The rest is administrative burden that's been placed there, and a lot of that is regulatorily driven. I'll give you one example. Not on the clinical side, but what I think is the biggest hurdle to transparency in billing, which the communities are crying for. And I believe we have to get there, and we should be there already. But unfortunately, as an industry, we're not Medicare. Who is the biggest payer of health care in the country? It is the coverage for our

seniors, and it's the program that when you become a senior, you go into Medicare drives a lot of the standards because it is the big payer.

Rob Allen: Medicare started back in the entitlement days and the postwar time when the economy was evolving, and we needed to take care of those that were aging. And so that became part of the program to support folks in the government paying. They started with reimbursement, which if you're in health care, we use that all the time. We haven't been reimbursed in health care in most sections of the industry since 1982. But how it used to work is we would submit a cost report, we would get paid an interim rate for the service, and then we would submit this cost report once a year and it would be trued up. What was your cost to deliver the care? And if you didn't get paid enough, you'd get another check. If you got paid too much, then you would have an amount you would get back. But in 1982, the government shifted to what they called DRG or diagnostic related groups. What's your diagnosis? And you're going to get paid as a as a system, a set amount for that. When you come in you have a heart attack hospital paid a set amount. Yeah. If you have heart surgery it's a different amount, but it's a set amount and it's preset.

Rob Allen: We know what it is on the front end. Yet here we are nearly 50 years later, and we still have to produce that bill for the government. Wow. And we can't give you the final bill until we produce that for the government. It's just crazy. So, there's regulatory stuff. Here's the numbers, by the way. Yeah, 25% of the \$4.8 trillion we spent last year in this country on health care is considered waste. It's these types of things that don't add any value but are built into the process. Some of those we control. Frankly, as an industry, we just have to change. But a lot of this still is also regulatory driven, okay. And we have got to change those things if we're truly going to impact and get to a place. So, if I could wave a magic wand, that's what you would do. It would be open the door so we can get the garbage out. Focus our resources truly on the patient. Bring our caregivers into spaces where they're doing what they dreamed of doing when they started their journey, and they will find much more fulfillment as they do that as well. And in the process, we could save well over \$1 trillion. By the way, do you know how much \$1 trillion is?

Whitney Johnson: No, I don't.

Rob Allen: I'm a farm boy, so \$1 million I couldn't get my head wrapped around, right? What is it?

Whitney Johnson: How many cows is \$1 trillion?

Rob Allen: That is a lot of, that is a lot.

Whitney Johnson: A lot of cows, right?

Rob Allen: So, I do know that a million cows have 4 million legs. I might have learned that one on the farm before I even got to college. But, when you look at \$1 trillion, I had to try and figure out what is the magnitude of this that we're talking about. So, I came across this, which has helped me. Just a farm boy from Wyoming. And maybe it'll help others who are trying to figure out a trillion too. If I gave you a dollar, every second of every second was a dollar, and I gave it, how long would it take to get \$1 million? And the answer is just short of 12 days. Wow. Okay, so let's keep going. So, 12 days, you've got \$1 million. You just keep going. How long does it take to get to a trillion? The answer is almost 32,000 years. Wow. We were in an ice age 32,000 years ago, folks. We spend almost five of those. Yeah, chunks of dollars, almost \$5 trillion on health care in this country. We have to be able to figure out how to become more efficient. And we've got to open the door and bring that in. By the way, on top of that, simplicity is our one initiative. The other is proactive care going upstream. Last year, 27% of that \$4.8 trillion was spent on things that are preventable. They were needed, but it's preventable if we can truly keep people healthier. There's another trillion plus dollars available to reinvest in our economy and in our communities. So, we have opportunity here. I'm excited about those opportunities, but it's heavy lifting as well. So that's the magic wand.

Whitney Johnson: What's one thing you're doing to move one of those forward right now?

Rob Allen: Yeah, I can tell you that our nurses are right now working. They have created a model that will move. We just did time studies. Our nurses at Intermountain spend 36% of their time at the bedside versus the national number of 30. And our teams have plans to increase that to 41% by looking at each step. They've done time studies, and they have a roadmap of how they're going to pull that out. Some other things, by the way, that are helpful. They don't save the dollars per se, but they're going to save our doctors. We are, I believe, probably the first system in the country who has provided a new tool to all of our employed physicians, started in May of this year. We piloted it to last year. That is an ambient documentation. In other words, you turn your phone on when I come to you as a physician, it listens to our conversation. And when we're done with the office visit, the doctor's charting is done. Doctors are reporting up to two hours of saved time a day. They have their evenings back to rejuvenate for tomorrow. We also have a tool embedded in the electronic health record we have that helps doctors manage their mailbox using AI. And what that is, is now we have a lot more communication coming in through email. Well, for a physician, that's all work at the end of the day on top of their busy day seeing patients. But it's important communication, right? So how much time do you spend on that using this tool that actually looks at the email from the patient, looks at the patient's information that we have. It will draft the response for the doctor. The doctor then reviews it, can edit it, can throw it out and write another one. It doesn't just respond. By the way. It's important we keep the human touch in here. Right. Exactly. But it provides a support. Our study is showing saving doctors 48% of their time in responding to emails. So, we're moving with technology. We are moving to change the process of care. And we have a long way to go, but we're excited about the possibilities.

Whitney Johnson: What I love about this is that you're saying, okay, there are problems that need to be solved. Some of these are outside of our control, but there are some things inside of our control. Let's do the analysis. Let's get the data. And let's use this constraint and let's innovate.

Rob Allen: And Whitney, what must be done can be done. And by the way, in health care, these are things that we must do.

Whitney Johnson: So good. All right. I'm getting to the end of our conversation. I would like to hear about one of your best days ever on the job. This moment of this is why I do this work. This is why this is my calling in life. What happened? Where were you? Tell us.

Rob Allen: Gosh. Several come to mind immediately that all are fairly recent. Just because that's what comes to mind quickly. But I would say, can I share two, please? The first I would say is when I was rounding, and I was with that group of doctors that we spent nearly 2.5 hours on our 20-minute budgeted time. And at the end, one of the things I said to the group in the room is, I'm worried that we have lost the joy in medicine and that as I talked to doctors and nurses and others, that the pandemic pressures, the administrative burdens that are on these folks, that they lost the focus on why they got in because they don't feel it every day. And at the end of that discussion, I had a doctor who had shared one of his concerns, and it was a process problem that we were able to actually resolve within a matter of a few days for him, which was wonderful. He had he'd been frustrated by it for years, and we solved it. But as we were wrapping up, I said, is there any other comments you want to make to me before I go and let you do your business? And, you know, tonight and he said, I just want to say, Rob, that I'm one of those that has lost the joy.

Rob Allen: And he said for the first time in several years, I feel hope. So, that's our job as leaders. Is to create hope and help people see a path to their success in helping the organization succeed. Right. The other that I would share was just a couple of weekends ago, I had the opportunity to speak at the White House recently on suicide prevention and a group nationally that's working on gun violence and trying to look at how we make our communities safer. And of course, we have the school shootings and other things that raise concern. But in our part of the country, suicide is a major problem. In fact, it's been dubbed here in the Rocky Mountain area, the suicide belt, and we have a much higher rate of suicide, not a higher rate of suicide attempts, but a higher rate of suicide because we have a more ready, accessible cache of firearms. And when you attempt suicide with a firearm, it is almost always lethal with all other attempts, less than 10% of the time is successful. And by the way, I think most of the time when someone attempts suicide, it's a cry for help.

Rob Allen: And unfortunately, if you use a firearm, there's not an opportunity for help. We know that through studies, 73% of people who contemplate suicide attempt it within three hours and actually 42% attempt it within

ten minutes. Wow. So, we're focused on trying to create time and distance. And in nationally, about half of firearm deaths are by suicide. In Utah, 85% of firearm deaths are suicide. So, it's an area we need to focus on. And so there was a communication that went out to our caregivers. And over the weekend a couple of weekends ago I was cleaning up emails and had gotten two emails from caregivers who shared their personal stories of losing children and talking about how proud they were to be a part of Intermountain, that we were focused on trying to solve these types of issues in our community and touch lives in a way that is meaningful and lasting. And those are proud moments to say, I'm part of an organization that is here for the right reasons, to do the right things for those who count on us. And that's our entire community. So, it's an honor to serve in a role like this. And it's our 68,000 people who make the difference every day.

Whitney Johnson: What have you learned about yourself since you've been CEO?

Rob Allen: Wow. One of the things that I've learned, you talked about, you know, what was one of the surprises? And I've learned that I'm not as patient as I as I need to be. And fascinatingly, where it really came was from going out and communicating and realizing that communications is really hard. And I've always thought of myself as a good communicator, and I've always felt that I can rally a team and I can move a team forward. But what I've learned as a CEO is that you have to tell the message relentlessly, and I have to recognize and pause and remember, I had thought out the message before I said anything to anybody. I had gone through this journey to get clear on where I was going to lead the organization before, I planted flags and said, this is where we're going. So, I already had it sorted in my head, and now I talk to 68,000 caregivers regularly. And I have to remember they need to hear it. They need to process it. They need time to give me feedback. They need to hear it again and process it. And so, when I'm sitting in front of a group, that may only be the second or third time they've heard from me on the topic directly and had a chance to process with me. And for some, maybe it's even the first time. And so, I've got to be really patient and not get frustrated that we're not moving as quick in some areas as I'd like to and recognize if you can bring everybody, it's much more powerful. But that takes a lot of energy in the communication side, right? So, he's a farm boy. I can roll up my sleeves and go to work in the field. Yeah, communication is a different type of work, right. But it has to be relentless, and it has to be continued day after day after day.

Whitney Johnson: So, what are you doing to coach yourself through to make sure that you are patient and communicating?

Rob Allen: You know, honestly, as a leader, when I get in those settings and it's not moving and I feel like, oh my gosh, we've talked about this so much, I have coached myself. Now take a deep breath, pause and think, where are they at?

Whitney Johnson: Right.

Rob Allen: Right. Because I when I get to that point, it's because I'm expecting them to be at a different place. They might be yet. So where are they at? And let's go there. Because if we can go where they are, then we can help take the next step together. And eventually we'll all be at the place I want everybody to be. But if we just charge past them, then they get stymied where they are. They get stuck. Right? So for me, that's really what I've had to do, is recognize I'm not quite as patient as I as I need to be. And when I feel that impatience, take a deep breath and then just say, where are they at? And go there.

Whitney Johnson: It's interesting too right. You're like, you know, I'm not 20. I know myself pretty well. And you realize, oh, yes, there's still opportunities for me to grow and develop.

Rob Allen: So much opportunity to grow and develop, for sure.

Whitney Johnson: Is your mom proud?

Rob Allen: I hope so, I hope so, I'm proud of her. She set a great example. One of the joys in my journey. She was a nurse. She became the director of nursing. She became the administrator of that small hospital that was an Intermountain hospital. At the time that I became the administrator in Evanston. We were the two Intermountain

administrators in Wyoming together for a couple of years before she retired. So that was a proud moment, and I'm proud of her and grateful for her example.

Whitney Johnson: What's been useful for you in this conversation? It's a conversation I always ask in coaching, it may be something that you said, but it's probably just a connection or something that you observed in your mind. So, what was useful for you?

Rob Allen: You know, it's always therapeutic, frankly, to just stop and step back and talk about the journey. What's helpful for me when I take those moments to reflect is to look at all that it took to get me here in my journey, the people that influenced me along the way. And it's a reminder that's really important to top and say, am I influencing all the people that I can to help them in their journey, not to direct them in new ways, again, meeting them where they are? Am I that leader that I drew so much strength from others in my early days of development and every time I do this, I think of other things that I can do better, and it makes me pause and just recognize. Every day I can do good. Am I doing all the good I can?

Whitney Johnson: Did someone come to mind as we were talking?

Rob Allen: Oh, I, yesterday morning I had a chance to meet with. I have folks who ask if I will be their mentor, and I'm very selective because I don't have a lot of time. But because others gave to me. I've attempted to do that. And I had a doctor who asked, and I got to know her journey, and she actually was an immigrant as a young child from Mexico. She, her mom cleaned houses to take care of the family, create a better opportunity for the kids type of a thing. And now she's a medical student. And we had a chance to celebrate that a little bit and talk about her journey. And it just made me pause and think about her and how I crossed paths with her about two months ago at a dinner event. And she said to me, can I talk to you? Would there be time we could get together? I'd just love to get some perspective. And I took that time. And so, I thought of her immediately and thought, how many others do I cross paths with that I don't take the time. And how can I fit a few more of those into my journey?

Whitney Johnson: Mhm. Any final thoughts?

Rob Allen: Well, I'm always grateful for the chance to talk about leadership. And what I would say is leadership matters. It's mattered to me in my journey. And I have responsibility now to make sure it matters for others. And when we're in leadership roles it's incumbent upon us to truly be servants of those that we are trying to lead and to make sure we're bringing them along. And I just think that is so important. I had a comment that was made once that stuck in my head. You know, if you're two steps ahead, you're a leader. If you're ten steps ahead, you're the target. And I think as leaders, we have to be thoughtful and recognize if we're not bringing people along, we're going to lose them. We actually there comes a point. We're no longer leaders. So, I think that's really important. The other thing that I would say in healthcare that I find fascinating; I always was amazed at a lot of the journey paths for people getting into leadership. And I came through a business school so somewhat traditional in that regard. But I look at all the nurses who are good nurses, who become nurse managers. I look at all the lab techs who are good lab techs, and they so they become lab managers and how often they're not well prepared for those roles.

Rob Allen: And as I look back, I see a number of them that were talented who failed. Right. So, I often think about what are we doing to develop them. And I've watched leaders, and there's one common trait that causes failure. If you fail to take those steps in leadership once you become a leader, that is allowing yourself to be the victim. Oh, leaders cannot be victims. And in the inverse, victims cannot be leaders. And if you're in a leadership role and you want to play the role of victim, your leadership will be gone soon. And it's unfortunate. And so, you know, one of the things I hope leaders will think a lot about is how do I truly stand and lead? And it doesn't mean I know everything. In fact, good leaders recognize and share that they don't know everything. But you still have to be the leader. You need to stand up and point the way. You need to be the one who's courageous enough others are willing to follow. You need to be the one who's supportive enough that others can count on. And that's true leadership.

Whitney Johnson: So good. Rob, thank you.

Rob Allen: It's been a pleasure. Thank you for the opportunity.

Caring for others means meeting them where they're at, not where you want them to be. That's what I'm taking away from my talk with Rob – you have to be there for the person in front of you. If you walk into the room with your own biases, and your own plan for someone, then you're not listening to them, just reading their chart and making a diagnosis based on what you see.

Caring is responsibility, and that means learning to set yourself aside. Like Rob's mentor said, "Always make your decision based on what's best for the patient and you'll never be on the wrong side of an argument." Be relentlessly person-focused, and the rest will slot into place. Whether that is a patient, or a caregiver, or the executive board in a merger, Rob is always engaged in a dialogue.

And having that responsibility... it's scary! When someone's looking to you for hope, there will be moments when you're thinking, hey, I'm barely holding onto hope for myself. How am I supposed to help you too?

It comes back to the farm – "what must be done, can be done." Set yourself aside. Meet the person where they are. Make hope happen. You'll be surprised by how much caring for others nurtures your own spirit.

For another look at our relationship with ourselves and how we care for our bodies, there's [episode 346](#) with Dr. Bill Kapp. On learning to care for the development of your team's spirit, I'd love for you to check out my talk with Pixar's Ed Catmull, [episode 328](#). And for a deep dive on caring at scale, taking on that responsibility for an entire nation, there's my talk with the Saudi Ambassador to the US, Princess Reema al Bandar, [episode 325](#).

Thank you again to Rob Allen and thank you for listening. If you enjoyed today's show, hit subscribe so you don't miss a single episode. If you want to know more about how DA can support you and your organization, you can reach us at workwithus@thedisruptionadvisors.com. Thank you to our producer, Alexander Tuerk, production assistant Etta King and production coordinator, Nicole Pellegrino.

I'm Whitney Johnson.

And this has been Disrupt Yourself.