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Saskia Epstein:

Welcome to PNC C-Speak: The Language of Executives. I'm Saskia Epstein, Senior Vice President of PNC Bank in New England, alongside my cohost Carolyn Jones, Market President and Publisher of the Boston Business Journal.

Carolyn Jones:

Thank you, Saskia. Great to be with you on PNC C-Speak. Each podcast features local executives talking about relevant and timely business topics. This knowledge sharing platform showcases leaders with forward-thinking approaches that disrupt the status quo and cause us to think differently.

Saskia Epstein:

Our guest today is Dr. Kevin Tabb, President and CEO of Beth Israel Lahey Health. Dr. Tabb, welcome to PNC C-Speak. It's great to have you join us today.

Dr. Kevin Tabb:

Good morning. Thank you for having me.

Saskia Epstein:

Before we dive into hearing about you and your leadership, let's start by learning more about Beth Israel Lahey Health. I doubt there is a listener out there who doesn't have some familiarity, but perhaps not as much knowledge as we'd liked about this very large organization.

Dr. Kevin Tabb:

Great. Well, thank you. So Beth Israel Lahey Health is an interesting, wonderful organization. It is both relatively new, in other words, we have been around for only five years or so since the merger occurred, but also made up of legacy organizations that have been around, many of them for more than a century. We came together in 2019, a collection of hospitals, academic medical centers, teaching hospitals, community hospitals, ambulatory sites, physicians out in the community all came together really to form something new that we believed was desperately needed in this area. We now serve more than 1.7 million patients across Massachusetts and New Hampshire. We've got close to 40,000 employees, 4,700 physicians, 8,000 nurses across 14 hospitals. As I said, we came together almost five years ago, a year to the day before the pandemic hit.

Saskia Epstein:

That didn't give you much of a runway.

Dr. Kevin Tabb:

No, it certainly wasn't what we were expecting. But in hindsight, we're incredibly glad that we did come together prior to the pandemic hitting because it allowed us to really function as a system to help each other, and more importantly, to help patients in a time when that was desperately needed.

Carolyn Jones:

So Kevin, your journey to leadership at Beth Israel has truly been really fascinating, I think, as have your earlier years. You were born in Berkeley, California, you migrated to Israel when you were 18, joined the

Army, and then got your education before you returned to the States. So I wonder if you can share that story and a little bit about maybe what went into those decisions, and then how did that whole background impact your views and your growth?

Dr. Kevin Tabb:

Yeah. Well, I have what some have kindly called an eclectic background. I've done lots of different things in lots of different places, and so I've lived in many different places. I grew up on the west coast. In fact, I've never lived anywhere with real weather and seasons until I moved to Boston 13 years ago. But at 18, I moved to Israel. I didn't go to college. I went into the military, which is what many, many people who live in Israel do at the age of 18, served, and then ultimately went to medical school there and did my residency there, but very interested in the use of computers and medicine at a time when that was still new. Made a decision with my wife and two little ones that we would come back to this country to work in a host of different startups in healthcare IT.

Ended up at GE Healthcare for a number of years, also in healthcare IT, then at Stanford, so again, back out on the west coast as a chief medical information officer, and then Chief Medical Officer. And then 13 years ago, came out to Boston, haven't looked back. Love living here in Massachusetts and in the Boston area and have been here now, as I said, for almost 13 years.

Saskia Epstein:

Dr. Tabb, we've heard from many of our guests that innovation is really instrumental to great leadership and it appears to be a very strong thread in your career path. As CEO of Beth Israel, you've done and are doing some truly innovative things, creating a partnership with Dana-Farber. We'd love to hear more about that, launching a Hospital at Home initiative. What's at the top of your list, and what do you think drives that culture and commitment?

Dr. Kevin Tabb:

Innovation is incredibly important, I think, in almost any sector or any industry, but in a sector that is rapidly changing and desperately needs change, change for ourselves, but more importantly for our patients and the communities that we serve. Innovation is key to being able even to survive. I think that what we're discovering is that we will need to continue pretty rapid innovation in the coming years as the landscape around us changes. And that's really been at the heart of who we are as a system for a long time, but over the last few years, even more so. That means that we've grown to take care of more patients than we've ever taken care of before. But it's not just about growth, it's about how we take care of those patients. An example would be that increasingly, we see that more and more care is provided outside the four walls of a hospital and traditional hospital-based, academic hospital-based healthcare systems are really very much anchored in providing care within those hospitals. Care will always be needed in hospitals, but more and more care is provided outside of the four walls of the hospitals.

And for our system now, more than half of the care that we provide is outside of our major academic medical centers out in the community, both in hospitals and outside of hospitals. And we're rapidly moving towards a place where we will be providing more than 70% of the care that we provide outside of the confines of the academic medical centers that will, again, always be needed, but they're there to take care of the sickest of the sick. And in many, if not most cases, we can do that in other places that are better for patients either, again, out in their communities where some of these community hospitals are, to physician offices and ambulatory sites, increasingly though to patients' homes.

So the Hospital at Home program is an example of that where we're taking care of very sick patients that only a few years ago would have had to have gotten that care in a hospital. They can now get that same high quality care in their own homes. And now we're moving beyond that and not talking simply about when people are sick and how we take care of them then, but how do we keep people from getting sick in the first place?

Carolyn Jones:

Those are amazing examples of some of the innovations. And you've been at the cusp of that and it's interesting. I was so fascinated by the beginning of your career being in really that digital health space in that startup space and being sort of that medical innovation officer. It's just fascinating as it leads to your leadership in the hospital. So what do you see looking at a crystal ball? What else is on the horizon on the innovation front from your standpoint in healthcare, both at Beth Israel and in general?

Dr. Kevin Tabb:

Well, I'd say the number one thing that I know is we don't have a crystal ball, and I think that we need to be prepared for all sorts of things that may come at us and all sorts of changes that we haven't even anticipated. The perfect example of that was the pandemic. We came together as a system never contemplating the idea that a pandemic would hit a year after we came together, but as I said before, that turned out to be a very lucky decision on our parts to have come together, the system, because increasingly we know that healthcare is a team sport. We need to help each other help our patients, and that is very difficult, if not impossible, to do in silos. And traditionally in this country, healthcare has operated in silos. Silos being small, independent hospitals, solo physician offices, and that worked in a different time, but it isn't how healthcare is now being provided. It certainly isn't how healthcare will be provided in the future.

So having us come together and learn how to work together better than we have in teams as a system, as a system of care, ultimately will have real meaning for patients. When I use phrases like system of care, it sounds a little bit like business speak and there is a little bit of business speak there, but it's not about those phrases per se. It's about delivering on the promises that we have made to our patients, the promises that we will take care of them, whoever they are and wherever they are throughout the continuum of care. And frequently, what we find as healthcare changes and as we get bigger as systems, people want and need our help in navigating through that course of disease and beyond, and navigating means helping them navigate across the cracks that inevitably develop in healthcare.

It also turns out that as systems get bigger, initially at least unless you're really mindful about it, the cracks that I just described are wider and not narrower. So we have to figure out as healthcare systems, how do we help people bridge those gaps? How do we help people when they're sick and in most need of our help come into our system and find that help and deliver that to them? That's something that is easier said than done. Other industries have done it well. Healthcare, because of the fragmentation, particularly again in this country, has really struggled with that. And that I think is a frontier that we will have to confront.

I've been asked a lot about the coming partnership with Dana-Farber Cancer Institute, and what I'd say is that what excites me about the partnership is the opportunity to create something that doesn't exist, that hasn't existed to date. The creation of an institution inpatient and out that is solely dedicated to the care of cancer embedded within an interlocking campus is really a once in a lifetime opportunity for an institution like ours, for myself personally, and something that many of us are very excited about.

Saskia Epstein:

Many employers, your peers of both large and small organizations are grappling with the changing workforce trends, generational differences, and employee needs. And in healthcare, that's particularly critical as you talked about the system of care, the healthcare provider is at the center of that, your talent. Talk to us a little bit about what you see as the path forward for employers, and I would be interested to hear how you drew upon the strengths of your organization and developed a methodology in the time of crisis in which you were serving such critical needs during covid with a workforce that was facing the pandemic itself.

Dr. Kevin Tabb:

Yeah, I think that that's changing and even the way that we as a system and the way that healthcare faces those challenges is changing and has changed even throughout the pandemic and beyond. But you're right. Every industry is struggling with recruitment and retention, and that's not specific to healthcare. The challenges though in healthcare are particularly stark, I think. That's because healthcare is a place where we have all of the challenges around the workforce that every other sector has, but we are the ones who took care of the people and continue to take care of the people that were hit with the pandemic. So the pandemic really took, I think, an unprecedented toll on the workforce. At the same time, the demand for patient care has never been higher. And it's this vicious circle of the demand for patient care is now higher and there are higher workloads, and that's led to increased burnout. And as a percentage of the workforce exits the workforce, it increases even more the burnout and the demands remain.

So we've taken a fair number of major steps to both retain the employees that we've got, but also to recruit that next generation of caregivers. And it's a balance of both because we have been relatively successful at continuing to recruit in new caregivers, but we have got to be as successful in retaining the incredibly important people that we have with the experience that we have. So we've made major investments in making sure that wages and benefits are market competitive and we've got pipeline and community partnerships so that we can bring in people that have traditionally not come into our workforce, but also to help our own employees grow their careers. We've increasingly had to do things that we've not always done, be more flexible about things like scheduling.

Again, that sort of statement sounds obvious, I imagine, to many listeners, perhaps those not from healthcare who have long been flexible. But remember, we run healthcare institutions that can't and don't shut down. They have to be open 24 hours a day, seven days a week, 365 days a year. We've always thought that that meant that our flexibility is severely limited. Turns out that we need to find other ways to allow for more flexibility, to allow for working mothers to be more flexible and build around their schedules, to allow for new workers that have different expectations to build different schedules. And we're doing that. We're now open to things that maybe we wouldn't have been open to before, and that's an imperative, but I think it will ultimately lead to a more satisfied workforce and then better care.

Carolyn Jones:

Absolutely. I think one of the learnings, as we all have seen from the pandemic and the tremendous challenges it brought harks back to that innovation, we need to innovate and look ahead as opposed to back to where it was. Taking this a little bit more about you, these past couple of years, as we've talked, have been really challenging. So for you personally as a leader, in what ways has this whole changing landscape in the workplace and in healthcare in general shifted how you lead and how you approach your work and your life?

Dr. Kevin Tabb:

Well, as it relates to my work, and we can talk about my life separately, as it relates to my work, I think that more than anything, it's led to the realization that you can develop plans and you can and should develop strategies and a long-term strategic plan, but you better be ready to change because all of the plans in the world and all of the strategies in the world will never confront the rapidly changing forces that you are hit with. So it's good and important to lay out long-term strategic goals and plans, but it's as important to be flexible and to be able to deal with things as they come up that you might not have thought would happen. Again, the pandemic is the quintessential example of that, but it isn't the only one. There are knock-on effects of the pandemic, the changing way that the healthcare landscape is evolving that I think are also really, really good examples of that.

So the days that leaders could simply say, "This is what we're going to do for the next 10 years," and hew closely to a line that doesn't diverge, I think, are over. And the days now are ones of dealing with new issues as they arise. I think at the same time though, it's really important for leaders, particularly in times of turbulence, to be able to differentiate signal from noise. There's a lot of noise out there. One of the most important things that I can do and one of the most important things that I work on is trying to figure out what are those things that are the most important? And there are a small group of things that are the most important.

By the most important, I define those for myself as things that will be existential to the institution, things that will make a difference for us, whether we're going to be here in 10 or 15 or 20 years, whether we're not just going to survive, but whether we're going to thrive and ultimately whether we're going to be able to deliver on our missions. Remember, we're a nonprofit. We're not here to make widgets or to deliver something back to shareholders. We're here to deliver on our missions, and we have multiple missions. We are here to provide great care. We're here to educate the next generation of caregivers. We're here to generate new knowledge. I think a lot about how do we make sure that we thrive in an environment that is difficult financially, difficult for our workforce, and try to focus on those things.

Saskia Epstein:

One of the things that I know is important to you and to your organization is DEI. What is Beth Israel doing to create a more diverse workforce and foster a culture that is inclusive and equitable?

Dr. Kevin Tabb:

We're doing a lot, and we think about this in a number of different ways. It is, of course, about creating an inclusive workforce, changing the face of who we are. For us as a healthcare institution, it's about that. It's also about delivering equitable care to the patients that we take care of. I don't want to forget that as we talk about our workforce, and I think that those things are inextricably linked in many ways. We're really focused on ultimately transforming care delivery, what we do and trying to get at dismantling some of the barriers that are there to equitable health outcomes. There are many barriers to equitable health outcomes. Some of those barriers are within our grasp, things that we can dismantle, things that we can work on. Some of those are not, but it's incredibly important for us to make movement forward.

It starts with measurement and being honest about the gaps that exist and then putting in place concrete efforts to make a change and then holding yourself accountable over time. It's also, as you implied in your question about who we are as an organization, so our own workforce. So that means we've got to increase representation people of color at all levels in our organization among new

leadership. So directors and above. We have made really good strides, not enough, but we're moving in the right direction there. Also, new clinical hires, physicians and nurses and other things, and that is based on fact, on data. So an example would be a recent study published in the Journal of American Medical Association, in JAMA, that showed that in counties with more Black doctors, Black people live longer. That's the reality of what we're facing. And you couldn't find a starker reminder of why it's important for us as a healthcare organization to have a diverse and equitable workforce. It is so that we can deliver on our promise to all of our patients, all of the communities that we serve.

Carolyn Jones:

Such a critical issue and such an ongoing, but some of the work you've done is really, really incredible and helps the workforce in general for sure.

Kevin, let's talk a little bit about Massachusetts and the region in general. Why do you see it as a great place to work, live, and grow a business, and what do you think needs work and attention?

Dr. Kevin Tabb:

I'll start by saying I'm not from Massachusetts, moved here 13 years ago, never having been here other than as a tourist, and-

Saskia Epstein:

We won't hold it against you.

Dr. Kevin Tabb:

Well, I did hear that if you haven't been in Massachusetts or Boston for three generations, you're really not a... My family and I did not find that to be the case. We love this city, this state, and really wouldn't want to be anywhere else, particularly if you're in healthcare. Although I think this extends well beyond healthcare. Massachusetts is a hub of innovation. It's a place where people want to be, and we are fortunate to have an incredible wealth of talent in Massachusetts. That's true again across the board, but in healthcare more than any other. I don't mean to be chauvinist, but I think that Massachusetts is the center of the universe for healthcare certainly. We have this wealth of incredibly great institutions. People come from all over the world to get their care in Massachusetts, to learn to become caregivers, to study and do research. It's like no other.

So immediately prior coming to Massachusetts, as I said, I was in the San Francisco Bay area, I was in California, which likes to think of itself as the center of innovation, and it is in many ways. But Massachusetts for healthcare is really the Silicon valley of healthcare. So for someone like myself who cares deeply about affecting significant change in healthcare, I think we are at a really interesting inflection point. If you care significantly about affecting change in healthcare, now is the time, probably more than any other time. There's a huge amount of change, but those are the times when you have real opportunity. And Massachusetts is the place because we have this incredible collection of smart, talented, caring people who are working on coming up with new models of care. So the pitch that I make to those from outside of Massachusetts about healthcare is this is the place. This is really, I think, the center of the universe. And if you care about the things that I know I care about, this is the place to be part of that.

Saskia Epstein:

What a terrific segue into our final segment. We like to close with some rapid fire questions, and I think we can build off of Massachusetts being the place. First question, are you ready?

Dr. Kevin Tabb:

Sure.

Saskia Epstein:

What's your favorite place in Massachusetts? Favorite spot?

Dr. Kevin Tabb:

Well, I have a lot of favorite spots and I spend a lot of time, a lot of my evenings out and about meeting people, talking to people. The truth though is my real favorite place is to be at home in the evening sometimes, and that's a rarity for me, but that's the truth about my favorite place.

Saskia Epstein:

I think a lot of very busy high-level executives feel that way, and thanks for being honest about it. Having a home and being connected there and being able to enjoy it is important and what fuels you to be able to be out and about a lot, I bet. Please, this is a tough one for a lot of our guests, name a Boston leader or organization to watch.

Dr. Kevin Tabb:

Wow, that is a tough one. I'm not sure that I have a single one, although I'm going to, again, sort of stick to my own sector in this case and talk a little bit about somebody who I particularly admire, and that's the Secretary of Health and Human Services, Kate Walsh. Kate is a good personal friend, but she's also an incredible leader. I think that prior to her becoming Secretary, she was without a doubt the best hospital CEO in the state. And we're lucky to have her in the position that she's in now. So it's hard to pick just one. But off the top of my head, that's certainly what comes to mind. And she has a tough job. Think about the fact that I have a hard job. She has a job that is 10 times as difficult.

Saskia Epstein:

She sure does. And great pick.

Switching gears a little bit, what are you currently reading or watching?

Dr. Kevin Tabb:

I don't watch a lot of television. I do read a lot, though. And I read a fair amount of fiction, actually some non-fiction, but a fair amount of fiction, so a variety of different things. A book I finished recently by Abraham Verghese, *The Covenant of Water*. So those of you who know Abraham Verghese, a wonderful, wonderful author, a physician. I know him from my Stanford days, but he writes beautifully. He writes beautifully in general and he writes beautifully about a different culture, but also weaves in his own medical experience. That's something that I really enjoyed recently.

A Boston book, *Small Mercies* by Dennis Lehane. So I'm always fascinated by reading about places that I'm in, and I think that's a good one. Those are just a couple of examples. I'm always reading something. I don't watch as much just because I spend my days having people talk at me or talk to me. I talk with them, and I love to just have a little bit of silence in the evening sometimes.

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Saskia Epstein:

What's something that's on your bucket list, Dr. Tabb?

Dr. Kevin Tabb:

That's a great one. I love to travel, and one of the ways, if you think about the way that I love to travel, is I run half marathons. I don't run full marathons, but I do run half marathons and I run them in wonderful places all over. A fair number of times, I run them with my 28 daughter, and we do it together in different places. So my bucket list is to do more of those with her in different places. The other thing that I enjoy doing is hiking and climbing, and I do that with my son. We did that out in the Pacific northwest last year and have climbed Kilimanjaro and hope to do more of that with him.

Saskia Epstein:

That's amazing. And bringing it back to home, finally, a wish for Boston.

Dr. Kevin Tabb:

Yeah. I think that what I wish for Boston is that we realize our potential for all of the people that live here, and we have this amazing potential. We have these amazing offerings here in Boston and in Massachusetts, and I would love to see that potential delivered, realized for everyone. And at the moment, I think it's realized for many, but not for all, and our work is to make sure that it's realized for all.

Saskia Epstein:

Well, thank you so much for joining us, Kevin, and for sharing your insights.

Dr. Kevin Tabb:

Thank you very much for having me. I enjoyed it.

Carolyn Jones:

It was terrific learning so much more about you and getting your views of things for sure. Thank you.

Saskia Epstein:

And that wraps up another episode. Thank you so much for joining us, Kevin, and for sharing your insights. I'm Saskia Epstein.

Carolyn Jones:

And I'm Carolyn Jones. And this is PNC C-Speak: The Language of Executives. Our guest today was Dr. Kevin Tabb, President and CEO of Beth Israel Lahey Health.

Saskia Epstein:

You can find PNC C-Speak at bizjournals.com/Boston or on any of your favorite podcast platforms. Until next time.