

PDV Talks With: Dan Savitt, President & CEO, Visiting Nurse Service of New York (VNSNY), with Dr. Ritchell Dignam, MD, CMO for Provider Services and Hospice Medical Director for VNSNY Hospice and Palliative Care, and Michelle Drayton, RN, MPH, Director for Hospice and Palliative Care Outreach and HOPE Program



Bio



PDV Health Podcast Show Notes

Announcer:

Welcome to Leadership, Transformation and the Healthcare CEO with Paul D. Vitale, a brand new podcast from PDV Health Consulting sponsored by One Brooklyn Health. With a special introduction in every show by LaRay Brown, CEO of One Brooklyn Health, we talk to New York's top healthcare CEOs as they share their stories on how they managed to drive their organizations through tough times, and also hear about the transformations they've experienced firsthand. Here's your host, Paul Vitale.



Bio

Paul D. Vitale:

Hello, I'm Paul Vitale, president and CEO of PDV Health Consulting. Welcome to Leadership, Transformation, and the Healthcare CEO.

LaRay Brown:

Home care and hospice care are vital parts of the healthcare ecosystem and have had many challenges in these past years. Reimbursement continues to drop, and patients are coming home from the hospital sicker, and need their care at home. Here to talk about these important issues and their hospice care program, we have Dan Savitt, the new CEO of Visiting Nurse Services of New York, Dr. Ritchell Dignam, the CMO of Visiting Nurse Services of New York's provider services, and also the hospice medical director for Visiting Nurse

Services of New York's hospice and palliative care, and Michelle Drayton, who's the director of their HOPE program. The Visiting Nurse Services of New York is the largest home care company in the United States, and it has had national and international recognition. I'll now turn the program over to Paul and his guest.



Bio

Paul D. Vitale:

Thank you, LaRay, and welcome, everyone. My name is Paul Vitale from PDV Health Consulting here in New York City. We want to welcome everyone today to this special episode of Transformation, Leadership and the CEO. And today we have a very, very special guest, and that is Dan Savitt from the Visiting Nurse Service of New York, who is the President and Chief Executive Officer. And we have Dr. Ritchell Dignam, who is the Chief Medical Officer of Provider Services and Hospice. And we have Michelle Drayton, who is the Director of Hospice and Palliative Care and Outreach.

Paul D. Vitale:

So, we have three special guests today from the Visiting Nurse Service of New York, which is actually an organization that means a great deal to me, not only because I used to work there, but because they took care of my mom and my dad in their last months at home. And both of them got care. When I say care, they got all the medicine they needed. They got everything else they needed, but they got care, which means that they got compassion. And they were there for my whole family and for me, and I am forever grateful to the Visiting Nurse Service of New York for what they have done for my family. They've also been there for me. I'm a cancer survivor, so while I was even working there, they took care of me. So, all I can say is Dan, welcome. And thank you, and congratulations on your new role as Chief Executive Officer for the Visiting Nurse Service of New York. It's very nice to have you.

Dan Savitt:

Thank you, Paul. I'm really pleased to be here.

Paul D. Vitale:

And I want to welcome you, Michelle, very much. I've heard a lot of great things about you. And also you, Dr. Dignam. So, I'd like to actually start with you, Dan, if you could tell us a little bit about yourself and your career, because one of the things we've been doing at the beginning of the podcast with the CEOs is they've been telling us a little bit about how they got to that seat, because a lot of people want to know how you became chief executive officer and what your career has been like. So, if we can start there, that would be great.

Dan Savitt:

Sure. Well, thanks, Paul. Well, I've been in healthcare for over 20 years focused primarily on the space that we focus on at VNSNY. Really, the chronically ill, those most vulnerable. So, it's been a journey for me. I spent my first 11 years at UnitedHealthcare and Optum, and really enjoyed that time and really spent time in each one of their businesses. So, for those folks listening, I came in in finance, I moved to operations, I went to business development, and over to acquisitions, and a lot of other things. And so, that afforded me the opportunity to get a number of different experiences, which has been really valuable in my leadership journey.

Dan Savitt:

From there, I spent time as a co-founder of Landmark Health, and that was a new experience for me moving from \$100 billion organization to an organization of five people with no revenue and having a vision and building from there, and learned a significant amount about how to sell and build a business that lasts and is focused on a specific targeted population and a targeted care model. And then I went and had some opportunity at a private equity based firm doing emergency medicine from a provider group standpoint, and so, worked with a group of physicians, and went and grew that business to a group that sees over six million patients a year. And so, then came to Visiting Nurse Service of New York as their chief financial officer, and then ultimately, February, into this role.

Dan Savitt:

And what I would sum that up is a number of varied experiences within healthcare. So, not just one part of the industry, but payer, provider, and the pieces in between, as well as just having different model types of going from public to private and startup, and then to not-for-profit. So, all those varied experiences have been super helpful in preparing me for this role.

Paul D. Vitale:

Great, thank you very much. And, Michelle, can you tell us a little bit about what you do with the Visiting Nurse Service of New York?

Michelle Drayton:

Absolutely, Paul, and it's wonderful to be here with you and my colleagues. I'm the director for hospice access in a program that addresses under utilization of hospice among communities of color. I direct a group of liaisons as well as a faith-based team. We focus on addressing the barriers and the systemic issues that many communities of color face in accessing hospice. I've been working at VNSNY for 10 years. In fact, actually, it's nine years. I've just celebrated my anniversary on April 23rd. And I've been in public health for three decades. I've also worked in public policy. And this work that I do just aligns so well with my passion and my expertise. I'm also a registered nurse. And we've been doing a

great deal of work in Harlem and in the Bronx, focusing on getting people access to this incredible service, and also just addressing the city wide issue related to hospice utilization. Unfortunately, although New York is quite a sophisticated city and medically advanced, our utilization rate of hospice is only 27%.

Paul D. Vitale:

And Dr. Dignam, nice to meet you. And can you tell us a little bit about what you do for the Visiting Nurse Service of New York?

Ritchell Dignam:

Thank you very much, Paul. And I also would like to tell everyone I'm very happy that I am included in today's event. And for my role, I actually have two, a dual role in the Visiting Nurse Service of New York. I am the chief medical officer of the provider services, as well as the hospice medical director. And for my role as the chief medical officer of the provider services, it's really offering medical oversight in multiple lines of business in the VNSNY that includes the home care, the hospice care. We have the community mental health services, also the chronic management organization, as well as the home health agency. And my background to become the chief medical officer, my background is internal medicine by training, as well as I'm fellowship trained in geriatric medicine, and I'm also certified in hospice and palliative medicine.

Ritchell Dignam:

So, I have been in practice as an internist and as a geriatrician, both in the academic setting, as well as in private practice, and I also worked in home care based organization as well as nursing homes, assisted living facilities. And as a hospice medical director, I've been doing hospice care over the last more than 20 years. And I was also both as a hospice medical director in a for-profit organization, and I joined this great not-for-profit organization five years ago. So, with hospice care, we've been around for 38 years, really providing hands-on care for end of life for the New Yorkers who are terminally ill, and I work with a great team to provide that end of life service. Thank you.

Paul D. Vitale:

Thank you very much. Dan, can you tell us how many patients that you serve each year?

Dan Savitt:

I can. So, we serve 44,000 patients a day, which is a better way to look at it. And what I would say is that it comes in different forms. And so, we are what I would call a truly integrated payer and provider. So, on the provider side, we have about 1,450 hospice patients in service. On any given day, we see roughly 80,000 admissions into our home health program. And then we've got a number of clients that we engage with in many programs on the community mental health side. And then in addition to that, we do about almost a million hours a month in home health aide services. And

then finally, on the provider side, we have a care management organization that overlays many of those and provides value-based programs for complex patients.

Dan Savitt:

In addition to that, we have nearly 30,000 members of our health plan, and they range from Medicaid long-term care to the integrated Medicare Medicaid plan, which we call Medicaid Advantage Plus here in New York. And finally, an HIV special needs plan, which we brand SelectHealth. And so, all that together means we have about 44,000 patients, clients and plan members that we touch on any given day.

Paul D. Vitale:

Wow, you're a tremendous organization, bigger than a lot of people think. Just for our listeners, Visiting Nurse Service of New York is the largest home health care agency in the United States. And they are quite a different kind of an organization. Our next episode, you'll be hearing from the CEO of EmblemHealth, who also has a similar kind of business where we have a payer and a provider. And this is the Visiting Nurse Service of New York. They have a managed payer environment, and they also have a provider environment. So, let's talk about that for a moment, Dan, if you could, because some people say, "How could you be a payer and a provider? Isn't there a conflict there?" So, I'm wondering if you can comment on that for a moment. Because I asked Karen Ignagni the same thing, who is a good friend of mine, and I'm just curious to see what your answer would be.

Dan Savitt:

Well, it is a good question. And I would say 20 years ago, folks wrestled with that. But now, it's so commonplace that it's almost not even a question anymore. You have providers, hospital systems that have their own insurance company, and you have insurance companies like Humana and United, and pretty much every other one that's in the provider space. And now you've seen the Aetna-CVS partnership, and that company coming together as one. So, I think it's important to note that you have to have... There's regulatory firewalls between the two, and so you have to be very careful on how you work together. But having both sides of the equation, having talent that can move across the organization helps us to build much more effective care models, which in the end is what we're about. So, we're about providing better care on a comprehensive basis across all the different components of their care, medical, social, psychological, and having both sides of that helps us to innovate and to do more and offer more to our population.

Paul D. Vitale:

Well, that's great. That's great. So, for a moment now, when you think about hospice, Michelle, and this past year, tell us what your challenges have been and what you think your successes were with the year 2020. I said to one of our speakers, "I had a whole list of questions that you may have seen." And then I ripped up the paper and I said, "Our audiences want to hear about that. They want to hear stories. They want to hear what happened during 2020 inside

your organization, and with our patients behind the scenes a little bit, because they want to get a flavor for maybe I did something that they didn't do, and maybe they didn't do something that I did do, and we can share each other's information." So, hospice is very near and dear to my heart, and that's why we wanted to have you. Can you tell us a little bit about 2020 for you?

Michelle Drayton:

Well, I think 2020 for me, I mean, obviously, it was a transformative year. It changed everything. COVID changed everything. But it also elucidated a lot of the ongoing issues and disparities in healthcare access that pre-existed COVID. And we have an incredible, and I'm not saying it just because I'm part of the team, but we have such a committed team of healthcare providers. And we're driven by increasing access. So, for the program that I direct, which is called HOPE, it's a hospice outreach patient and provider engagement initiative. For many, we thought that perhaps it would be stymied in this environment. But the fact really was, it was needed more than ever.

Michelle Drayton:

As you probably know, many vulnerable communities, many communities of color were disproportionately impacted by COVID. There are systemic issues, access to testing. And really, the partnerships that the HOPE program has been forging with community stakeholders, from our physicians, hospitals, policymakers, religious leaders, we actually enhance those relationships. It's very, very interesting, I think, when you're out in the community, and Paul, you're probably very familiar with this, working in a sort of a coalition based framework. It requires many, many different meetings with many people.

Michelle Drayton:

But the COVID pandemic, actually, because of Zoom, and because we started doing things differently, we transformed the way in which we worked. It actually helped to expedite and to actually strengthen relationships. So, we have done tremendous. I'm very, very proud of the team. We've done tremendous work in educating people and increasing awareness about hospice, but actually making sure that people in the community actually are admitted into hospice. Unfortunately, as I said earlier, on a national level, hospice utilization is very low among communities of color. Only 8.2% of the individuals who use hospice are African American or Black, 6% are Latino, 1.3% are Asian, Native American is even lower.

Michelle Drayton:

So, this pandemic, I think, illuminated... It leveled the playing field, if you will. Perhaps it made people a little bit more open and amenable to hearing about programs that are dedicated to people who have an advanced terminal illness. And people were ready to listen, and people were ready to mobilize. And so, my team, I have a team of liaisons, and I also had an incredible consultant who I was working with around faith-based issues. We were able to really increase

admissions into hospice among African Americans, among Latinos. Particularly, we focus on Harlem and the Bronx right now. We would love to expand. But also, we were really able to engage faith-based leaders who are incredible influencers in the community to engage in the discussion. And so, COVID-

Paul D. Vitale:

Well, I'd like you to think about Brooklyn. I'd like you to think about Brooklyn. One of my clients is in Brooklyn, and it's One Brooklyn Health who's sponsoring this whole thing. And there are three distress hospitals that I'm trying to work with, not trying to, that we received a large grant, and we're putting the hospitals together. And I think they could use your services. So, I am hoping that maybe I can see you over there and introduce you to someone if you haven't been there yet. But there are three hospitals. And most of the communities are people of color, Latinos, et cetera, Black and Brown people. So, I would really, really like that. I'm sorry to interrupt you, but I always like to help my clients out if I can. And I think that they have a high need there. They really do.

Michelle Drayton:

I think you're absolutely right. I think, I mean, we always know this, that collaboration is critical. No one entity can do it alone if we're really going to impact people's lives. And I think that that's one of our key principles, and the values that we espouse at VNSNY is that we want to be in partnership. So, I'd love to meet your colleagues and talk about what we can do to increase hospice utilization in Brooklyn.

Paul D. Vitale:

And Dr. Dignam, I'm sure that you've seen it all this past year. And you've heard a lot. Can you tell us any stories about your patients, your challenges and your successes? We heard about Michelle's successes, but I'm sure there was some challenges too with PPE and with people who-

Ritchell Dignam:

There were-

Paul D. Vitale:

Go ahead.

Ritchell Dignam:

Yes, there were so many challenges, in one word, I could say that that year of 2020 was unprecedented. With this COVID-19, so much was unknown in the beginning, and there was definitely the challenge of a global shortage of the PPE. But when we heard about COVID-19, this novel virus back in December, and even before it hit New York City, VNSNY was definitely proactive, as the leadership had put together a COVID-19 response structured in a way that there

was executive leadership. And then from there, we created all the different sections of the organization. So, we have the emergency response planning team, we have the clinical infection control and leadership team. We also trained several nurses just to become the clinical expert response team to deal with the patients and families and even our staff. Because the main goal, really, with that year is to make sure that the patients and their families, as well our staff are all safe. So, we developed protocols, and they were all aligned with the guidance from the CDC, from the World Health Organization, as well as the state and local Department of Health.

Ritchell Dignam:

So, with that, right from the beginning, when there was a global shortage of the PPE, we had protocols of really how to in a way conserve our PPE without really compromising the safety of our staff. So, we develop screening protocols before we take care of the patients and their families. And we also develop our daily health assessment to make sure that our staff will not be the vectors of spreading the disease. So, those are the big challenges that we have. And the other challenge that I could say that I'd like to share is that there was constant new information that was coming out of this novel virus. And at the same time, the protocols and guidelines from the expert bodies kept changing. So, we had to keep up with that and make sure that the clinical team was really on top of looking at all the guidelines and advisories so we get our patients and families safe.

Paul D. Vitale:

You know, there are a lot of social determinants involved with our patients and with every patient. In my own family, my niece is a physician, and my other niece who's a finance person. And I told the story in one of the other interviews, her husband got COVID, went into a hospital, then she got COVID went into the hospital, and they have two small children. And they were left. And it was a very, very difficult time for them. And all of this happened in the home. Did you have a lot of social work intervention, and did you have a lot of counseling in the home for situations like this? Because I know that this has happened, it happened to my own family. And I'm sure that you saw this in some of the families that your staff visited.

Ritchell Dignam:

Yes. So, actually, in 2020, with this pandemic, that is one of the things that was really highlighted, that there were such staggering lives that were lost. And the patients that were ending up in the hospital because they were COVID positive, there was definitely a physical distancing with their family, as well as the patients that were hospitalized. So, for example, in hospice, we're really there to care for the patient's family, hands-on care, but this pandemic changed the way we cared for the patient when the patients were dying in isolation. The patient, their families are not able to visit them either in the hospital or in the nursing homes, or assisted living because of the restrictions to mitigate the spread.

Ritchell Dignam:

So, our hospice team continued to support. We did not miss any beat to take care of the patients. We supported them by being the people... Our team became the source of information to update the patients and the family when they are not able to communicate with the hospital to see what's going on with their loved ones. And there was also a memorial service that was hosted by the hospice bereavement team to really support the families, as well as our own staff with all the losses, both in their family.

Paul D. Vitale:

Thank you. Yeah, that's beautiful. You guys are doing great things out there. And I think that it will be helpful to other organizations as they listen. Dan, you took over the Visiting Nurse Service of New York as chief executive officer in the middle of a pandemic, and came in, and had to transition. Was it a difficult transition for you, or how did you take over the middle of this whole thing?

Dan Savitt:

Well, what I would say to that is, it was... Since it was February, it wasn't exactly in the middle, thank goodness. But what was nice is that I was named CEO in July, as Marki, my predecessor, chose to retire and we got a date. So, we had a long period of transition, which helped me to start my role much earlier than, say, if I was hired from the outside or it was a short notice transition. And so, the best part about the way we handled that, even though the timing wasn't great, was that because we had a long transition, we were able to do that effectively. And we have a great leadership team. And so, if you have a strong leadership team, and we had a focus and a way of doing the work, and knew what work we needed to get done, with that longer transition, we were able to do that effectively. So, I felt pretty good about it.

Paul D. Vitale:

So, speaking of your leadership team, tell me, how did you motivate them? And how did you keep them positive during such a difficult, stressful time? How does a leader do that? Can you give some advice to some of our listeners out there?

Dan Savitt:

Sure. Well, the first thing is to provide focus, right? So, what are we going to do and what are we not going to do, right? And then that comes from vision, so you have vision and focus, and then when you have the right team, they can take that and run with it. And so, you don't have to do a lot if you've provided those things and made sure that they have the resources they need. So, a lot of my role is making sure, one, we communicate to everybody, what is it that we want to get done, and who's going to do it, and when are we going to get it done, and then making sure that everybody has what they need to be successful and course correct along the way. But when you have a strong leadership, if you point them in the right direction and they're all rowing together, it makes the job a lot easier. And so, we had that, and we were able to come out as we started.

Dan Savitt:

The nice thing about it was, when you're doing that, even in the midst of a pandemic, someone like me can be looking two, three, four years out and start planning for where we're headed. And so, that's where I spent a lot of my time because we had such a strong team focused on the right things with the resources that they needed, that we could still do our planning to get us ready for our next step.

Paul D. Vitale:

And what is your next step then?

Dan Savitt:

So, growth. So, we want to grow both within our current products, we want to grow outside of that, curate new products and services, and then grow geographically. And so, we have a number of ways we're doing that. A simple example of that is we are adding to our Medicare Advantage portfolio. So, in 2021, we will be expanding into an MAPD and a dual snip product that gives us more reach in the Medicare community. And then we have a number of new provider programs like palliative care and other related programs, all focused against our mission, and especially on the most vulnerable in our community. So, we've got a good focus, especially around mental health, around taking care of complex populations, and then, like I talked about, with the new health plans coming out. And so, we think the combination of those puts us in a really strong place to, again, advance our mission in a way that's also financially viable.

Paul D. Vitale:

Now, this question is for any one of the three of you. And that is, if you were to do one thing differently, one change... Now, a lot of people feel like, well, I wouldn't do anything differently, and that's fine if that's true. But my son's first grade teacher always told me when he did badly at his math test that mistakes are opportunities to learn. So, did you learn anything that you think you would do over again?

Dan Savitt:

Well, I think that's a really good question. And that needs to be cultural within our organization. And the one thing I would say is we learned how to be agile. So, we were known as an organization that really struggled to pivot quickly. And I think what we did is we proved to ourselves, you know what, when focused on things that were energized around and that are aligned with our mission, we can do some pretty amazing things. And so, that doesn't answer your question entirely about doing things, what would we do differently, but it certainly answers the question about the learning, which is we learned how to be much more agile, to move quickly, and to eliminate some of the hierarchical and bureaucratic ways that we were functioning in our silos and all that stuff. And then we could take that learning, and we have to keep it, we have to keep that, what we learn, and move that forward and not regress to the mean, so to speak, as we talked about [inaudible 00:31:05].

Paul D. Vitale:

I am so happy to hear that. I am so happy to hear that. Because when I worked there, I always learned, as I have spent many years in healthcare, in the for-profit and the non-for-profit world. And I would've been the CEO for 20 years, 10 in a hospital and 10 in a large, federally qualified health center. And the one thing that I learned in the for-profit industry was you need to have a sense of urgency about things. And if you don't have a sense of urgency and are not nimble to make changes, you're going to be behind the eight ball. And you seem to me, and I've just met you, Dan, you're the first person that I've met for the first time, everyone else I knew very well that was on the episode, seemed a person that can make change and knows that you need to have a sense of urgency sometimes, especially in cases like the one that we just had in 2020. So, thank you, because I've always felt VNSNY needed to do that. And let's put it this way, from working there for a few years, I could tell that it was a real tough needle to push. And you sound like you're pushing it. And that's a good thing.

Paul D. Vitale:

And it doesn't mean anything bad about anyone else. It means that you're trying to change the culture a little bit, and come with the times. And sometimes it takes something like a pandemic to do that. Because you know what happened in the pandemic everyone had to have a sense of urgency. And it showed them something that they never knew they had. And that way they could make change very quickly. I mean, when you look at the hospital system that's one of my clients, did you ever think that, okay, you want to build an ICU? Might take you a year or two, or a new ED. Well, they built an ICU in two weeks in my hospital. I mean, that's what we had to do. We had to make changes, move quickly, and do things in that way.

Paul D. Vitale:

I have another client who I trained as a CEO, it was a new CEO. They asked me to come in and work with him for six months. And he was the same way. And I think planning, and you use the word plan as a great thing to do. But it's the execution that is important about planning. And you can plan all you want, but if you can't execute, and you can't execute with the focus, and I love that word focus that you used, Dan, then it's not going to be a good thing. So, for those of you listeners out there, know that you can make changes. We all did healthcare. We all had to do that with COVID-19. Every one of my clients had to do that. And some of them struggled. And the ones that struggled, unfortunately, were behind the eight ball and had really tough times.

Paul D. Vitale:

I had a private equity gentleman from an organization called SeeChange, who all he does is deal with nonprofits. And he helps them out. And he knows how difficult it is for some nonprofits to move that needle of that focus and that sense of urgency. So, I congratulate all three of you. We're going to take a break in a couple of minutes, but I want to get more

on, I said this to someone I was interviewing, the softer side of 2020. And she said to me, “Was there a soft side to 2020?” And I said, “Well, what I mean by the soft side is, how did it affect you?”

Paul D. Vitale:

So after the break, I want you to think about this during the break, all three of you, if you could, how did COVID affect you as a leader? And how did COVID affect you, and how is it affecting you as a person? Because, Dan, this is just my thing, and for the two of you who are executives, I feel as though, I’ve always felt, and I’ve tried to do this my whole life, is that we, as executives in healthcare, need to show our vulnerability sometimes. If we don’t show our vulnerabilities, we don’t gain the trust of our employees. And what I say is high trust equals high performance, low trust equals low performance. So, I’m going to ask you when we come back from our break, how are you? And how are you as a leader, and how are you as a person after the year 2020?

Paul D. Vitale:

We’re talking today to Dan Savitt, and Dr. Dignam, and Michelle Drayton from the Visiting Nurse Service of New York. And for all of you out there, thank you for listening. And we’ll be back in a few moments while they think about this question. Thanks.

Speaker 1:

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Paul D. Vitale:

Welcome back. Thank you. We’re here today with Dan Savitt from the Visiting Nurse Service of New York. He’s the new president and chief executive officer. And what I’ve learned about Dan so far is that he’s a man that’s focused, and that is trying to be a little bit more nimble, and has been really digging his heels into this organization. And for me, it’s great, because I love to see people like that. And we’re here with Dr. Dignam, who is the chief medical officer for the Visiting Nurse Service of New York, who’s talked a little bit about her challenges and about the great things that they’re doing. And lastly, we’re here with Michelle Drayton, who’s the director of hospice and palliative care and outreach for the Visiting Nurse Service of New York. And she talked about so many of the great things that they’re doing.

Paul D. Vitale:

Now, I ask you all a question, because I think that people need to know as leaders, and they look back, and they say, “Did I do this right in 2020? Did we make any mistakes? How do I feel as a leader? And then how do I feel as a person?” And that’s a very interesting question, because sometimes people say, “I feel the same way as a leader as they do as a person.” There’s no right or wrong answer. Or, “I feel different as a leader.” But as I said, if you really dig down deep, and that’s what I want you to do, I think it would be great. So, of course, we’re going to start with the CEO, Dan. Have you thought about that for a moment?

Dan Savitt:

Yeah, I think it’s interesting. Well, first, I don’t compartmentalize myself in any way. I just am incapable of doing that. So, even if I wanted to, I couldn’t. What I would say, throughout 2020, at the beginning of the pandemic, I was the chief financial officer of the organization. In addition to finance, I ran IT and analytics and those things. But I felt a little bit helpless, and didn’t know how to engage, to be honest. There are things I was doing and helping with, but I’m not a clinician and I wasn’t running the clinical side, I wasn’t running the operating side of the organization. So, the first month, I felt very uncomfortable. I’m an engineer by every part of me, by training and who I am as an individual. And so, I’m always wanting to fix things and make things better. And this was not a time for me to do that. And so, I learned a little bit more how to be patient, how to let go, how to stand back, and cheer, and engage in a way that I could be helpful, but not engage just because I felt left out. And that was a really, really valuable learning for me and a good preparation for the role I have today.

Paul D. Vitale:

Thank you for that answer, Dan, because you put yourself out there for a minute. And I think the greatest CEOs in the world are not afraid to put themselves out there. And that’s what I think. And I’m just a little older than you, maybe, by just a little. That’s what’s going to make you a great CEO. And I’m just so happy to hear you say that because comfort is important. And you are someone that is getting more comfortable in your role, and you’re not afraid to admit it. And as you move on and all these people hear that, especially the people that are new CEOs, they don’t know how to act sometimes. That’s why we want to talk about leadership and the CEO. Well, do I share this? Do I get vulnerable? And now I’m a consultant. And I’ve told this story once.

Paul D. Vitale:

And in the middle of COVID, we have three campuses. I was touring one campus because we need to make changes on that campus and close some beds and open up more outpatient facilities. And I was touring downstairs, and I’m there a few days a week. I have an office there. And took me downstairs, and I saw this room, a large room with boxes and names on it. And I said, “What is in that room?” And he said to me, “These are the valuables of all the people that had no families with them, or had families and they haven’t picked them up yet of people who have passed away of COVID.”

And as a consultant, all I kept thinking about is, how am I going to bring these three hospitals together as one? How am I going to do this? We have 110 projects going on. I have other clients.

Paul D. Vitale:

And I just looked at those boxes. And I said, "Oh, my God, look at how many people here were alone." And it was the first time in front of a client now, these are people that are paying customers, that I started to tear up. And I started to cry because I couldn't believe how many people lost their lives and left their valuables, things that were important to them, pictures, clothing. It was one of the most emotional times that I went through.

Paul D. Vitale:

Someone said to me, "Well, how do you feel?" And I gave them that answer. And still, when I think of that, even right now, when I think of that right now, at this moment, I just tear up. I just can't believe it. Because it's like when patients were discharged, and it was supposed to be a happy time, we would play songs in the hospital. And they asked me, "What songs do you think we should play?" And I said, "What a Wonderful World." And even though it was a horrible world, when somebody left, it was a wonderful world. So, by you being out there, putting yourself out there, Dan, I want to just say thank you. And so, Dr. Dignam, what about you?

Ritchell Dignam:

Well, for me, as one of the leaders in this very large organization, what I learned from last year is that there's so many leaders in this organization. You're never alone. You can always go to their expertise and work on their strengths and learn from them. At the same time, to be an effective leader is that you need to know what your group or your team or your staff really need. We have to be efficient with our communication, collaboration and coordination of care so we'll be able to achieve caring for the patient and family, keeping them safe, as well as the employees safe.

Ritchell Dignam:

So, other than me being involved in some of the leadership teams to put the protocols together for the COVID-19 and our response team, is to really engage our employees and hear from them. What do they need? Are these protocols working? What else can we improve? So, as an effective leader, I think the communication should be both ways, communicating to them at the same time.

Paul D. Vitale:

I want you to tell me how you feel though.

Ritchell Dignam:

In the beginning, it was frustrating because of so many unknown things, like the COVID-19 and the rapid changes. So, that frustration turned into more of a challenge for me, that when you are hit with obstacles and challenges, you don't shy away from them. You hit them head on and find solutions, be creative. But don't do it alone, do it with other leaders, and also with the whole organization as well as the employees.

Paul D. Vitale:

I'm sorry to interrupt you, but I just had to ask you that question, because we're on a timeline. But the interesting thing about this, doctor, is that I was walking in the hallway with our chief executive officer one day in the middle of this whole crisis at the beginning. And we met one of our intensivists, one of our intensive care doctors. And I had met him before, and he seemed like a very calm guy. And he stopped us, and he saw our CEO, and he started screaming at her, "This is crazy, this is nutty, we need more intensive care beds." And he was going on and on and on. And you know what? This wasn't about anything but his own emotions and stress level. It was about his stress level. And at the end, LaRay, who's just a great CEO, turned around to me, and she said, "I know what this was about." And we have to take care of our doctors. We have to make sure that our doctors are people that know that as they care about people, we care about them.

Paul D. Vitale:

I have a niece who is a doctor. She's an emergency room doctor. And she's my godchild. And I would say to her, "How are you?" And she would give me a doctor's answer, and then I would say, "How are you?" Again. And then she would give me her answer. And she would cry. She'd say, "It's very hard to be with people who are alone, who died. And it's very hard for me to see that. I'm not used to that. I've never seen that before. I've seen people die, but I haven't seen people die right in front of me every day, more than one, more than two." And I'd give her a hug, and I'd tell her I loved her, and listen to her. And that's what I heard you say. I listen to people because it is important, doctors, nurses, whoever, you have to listen to.

Paul D. Vitale:

So, I commend every nurse and every doctor, every aide, every housekeeper that works where I've worked, and I've worked in multiple places, and now I work at multiple places, because I feel that they see a lot and sometimes feel that they can't show their emotions. And that was what I call the softer part of it. So, thank you for your answer. Thank you for your honesty. And last but not least, Michelle, can you give us a little bit on how you feel?

Michelle Drayton:

I think that the pandemic certainly caused me to stretch beyond the unknown and to embrace it. And I think that in that stretch, in that demand for us to go beyond what we understood in our work actually made things more actually successful. I think oftentimes, as Dan mentioned earlier, we get used to working in one way. And we don't stretch

beyond our own particular line of business. But I think that the pandemic demanded that we reach across tables, we reach across divisions, and that we rely on each other a little bit more. And it also demanded us to use technology in a more effective way where we could actually look at each other and make more connections, perhaps even more than we would do in a regular meeting when there were 10 people in the room. But I was able to connect with you because I saw the baby in the background, or the dog that jumped on your lap, or you were sitting in a place that seemed to be interesting. So, it did force us to connect to each other in ways that we had not connected before. And I think we need to hold on to that because that level of connection is the secret sauce for many things that we need to continue doing, and that is serving the most vulnerable populations with complex healthcare needs. We can't do it alone. We have to do it together.

Paul D. Vitale:

Yeah. Yeah, I agree. I agree wholeheartedly. When I was first starting out, someone said to me during the AIDS crisis, when we had the AIDS crisis, the AIDS epidemic, they said, "You have to TOYF." And I said, "What does that mean, TOYF?" And they said, "You have to think on your feet." And I'll never forget that because everybody had to think on their feet during this pandemic. And it was a quick change.

Paul D. Vitale:

We're talking today with Dan Savitt from the Visiting Nurse Service of New York, who is the president and chief executive officer, Dr. Dignam, who is the chief medical officer, and Michelle Drayton. It's been really a pleasure to speak to you. And, Dan, I want to ask you, what do you think the future of healthcare is after all this? Where do you think we're going?

Dan Savitt:

I think we're going where we were going, it's just faster. So, we're seeing a lot of consolidation in the industry. You're seeing those with the money right now, which are the big payers, they're consolidating vertically and investing significantly in technology. We see a lot of private equity and venture capital in the space too. And we were heading toward more care in the home, heading toward, of course, more value-based care to providers and other types of groups. And I think we're just moving faster. I don't know that we've changed our trajectory. What I do know is the needs are greater. And I think the disparity in health, right, those that have and those that have not is just widening. I think the case for increased mental health and social determinants of health resources is high, right? That's just continuing to be a bigger part of what we do every day before we can even treat the medical side of the equation. So, I'm not sure we're headed anywhere differently. We're heading towards telehealth and remote patient monitoring, and more access to services in the home and in the community. I just think it's happening faster.

Paul D. Vitale:

Yeah. Yeah, I agree. I agree. So, last question, Dan. And this is to your two fabulous lieutenants that are on this podcast with you, and to all of the caregivers out there, what advice would you give them? And what would you tell them now? And first to your two colleagues that are on this podcast with you.

Dan Savitt:

So, Paul, just to be clear, you're asking what advice would you give caregivers out there today, and you would like maybe Michelle-

Paul D. Vitale:

Yeah, and then what would you like to say to your two colleagues that's on the phone with you right now?

Dan Savitt:

Oh, my gosh. What I'd like to say to my colleagues, I am so thankful for them and the teams that they manage, and what they do every day. The two of them are really focused on an area of need for our communities. And I'm really proud to work with them, and frankly, all of our clinical and non-clinical team members. So, that's what I would say.

Paul D. Vitale:

And what about everybody that's listening today? What would you say to them, caregivers, administrators, healthcare workers, what advice would you give them?

Dan Savitt:

Spend time away from work. That's what advice I would give them. You need to-

Paul D. Vitale:

What do you like to do out of work?

Dan Savitt:

Oh, me?

Paul D. Vitale:

What's your hobby, Dan? Yeah.

Dan Savitt:

I love to do lots of things. I have lots of kids that are older now, so we can enjoy them in different ways. And I love spending time here in the city. I'm so glad it continues to open up. I have never stopped coming here and spending time

in the city. Even eating outside in the cold. So, I'm just excited to be outdoors in the warm weather with my family and friends. And so, that's what I do.

Dan Savitt:

But I mean that sincerely. Our caregivers are very, very stretched and stressed. And the best advice I can say is recognize that you are, and then do something about it. Get away from it, get away from it. You just need to get away from it, and then come back to it because it's a little bit like a war out there, right? And if you don't take a break, you're going to melt down. And we saw a lot of that. A lot of that during the pandemic, and it's really tough to watch. And that's part of the feeling like you can't do anything to help, right, and a little bit useless as a non-clinician. But yes, take time away, be with your family, do something you love to do that's not clinical related. The work will always be there, but you gotta get away.

Paul D. Vitale:

You know what I did, Dan? I was supposed to go to Germany this summer. And I couldn't go to Germany. And I said to my wife and my family, "What are we going to do?" Because we were going to go together, and we were going to go to Oberammergau. They have a passion to play every year there, and... Every 10 years, rather. And we were going to do that and go to the Italian Alps. We had this whole big thing planned, and it all fell apart. So, we rented a house on the Jersey Shore. And what I did was, I bought a house. It took me about the first visit, I rode my bike, I saw them building a house on the ocean, and I bought it. And I said, "I need to get away from things." And when I get away, the ocean gives me peace. And I want peace in my life now. We all want peace in our life now. And we want peace in our country. And we want health, good health in our country.

Paul D. Vitale:

So, to our listeners out there, we've been talking with Dan Savitt, who is the president and chief executive officer of the Visiting Nurse Service of New York, Dr. Ritchell Dignam, who was the chief medical officer of the Visiting Nurse Service of New York, and Michelle Drayton. It was an absolute pleasure to speak to all of you today. And Dan, if you can please give us your website, so if people want to contact or need the Visiting Nurse Service of New York, or the hospice, or anything else, where would they go? On what website?

Dan Savitt:

Well, it's very simple, www.vnsny.org. So, Visiting Nurse Service of New York .org. So, yep, thanks so much for having us, Paul. I appreciate it.

Paul D. Vitale:

Well, thank you all very much. And I want to thank One Brooklyn Health System, who sponsored this event. Kingsbrook, Brookdale and Interfaith hospitals have a special place in my heart. I hope, Michelle, that you can get over there and maybe help us develop patients to be interested in hospice because I know we have many that are in that particular area. Thank you all very, very much. Be safe, be healthy, be well, and have peace. Bye-bye now.

Michelle Drayton:

Thank you.

Dan Savitt:

Thank you, Paul.

Ritchell Dignam:

Thank you, Paul.

Announcer:

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