

Georgia's Business # 430

Guest: Dr. Greg Simone President and CEO, WellStar Health System

Richard Warner: I'm Richard Warner, welcome. On Georgia's Business this week, in his early 60's he is regarded by many of his company's 11,000 employees as a healthcare rock star. The company is WellStar, a non-profit hospital group that operates in Marietta, Douglasville, and Austell around the Northern arc of Atlanta. Dr. Greg Simone took the reins of the company after the death of his best friend, the former CEO in a motorcycle accident. And today he's focuses on serving patients and growing employees. There's a reason, of course, we said "Rock Star." Which is:

Dr. Greg Simone: Well, I've been in a band for many years. Play bass guitar, and I love music.

Richard Warner: This was in the long hair days, I presume.

Dr. Greg Simone: Well,

Richard Warner: As opposed to our no-hair days

Dr. Greg Simone: Yeah I mean if you look at it now, it's hard to believe that I did have hair at one time. Long or otherwise, but

Richard Warner: Well are you enjoying this as much you enjoyed rock-and-roll band playing?

Dr. Greg Simone: Absolutely. And this is a great gig. So

Richard Warner: Pays well too, I would imagine

Dr. Greg Simone: It does, yeah, a little bit better than those days when we couldn't cover our bar bills. But

Richard Warner: Sort of like the blues brothers

Dr. Greg Simone: Right

Richard Warner: You've been there, you were there, twenty-seven years before you took over. In those 27 years what did you do?

Dr. Greg Simone: I was private practice. I was a cardiologist and I started my practice back in 1980, in Marietta. And I just stayed there and practiced there the whole time until I changed jobs.

Richard Warner: Did you even think during that 27 years that you would eventually become the top guy?

Dr. Greg Simone: Not even close, no. Not even close.

Richard Warner: So I'm curious - you become the top guy after 27 years and undoubtedly you have a myriad of relationships throughout the whole organization and now they probably didn't think you'd even take the top job either

Dr. Greg Simone: They didn't think I'd make it anywhere.

Richard Warner: Well back to the bar. What did you do those first few days and week on the job to get established?

Dr. Greg Simone: Well I spent a lot of time looking for the bathroom. No, really what I did is, I understand medicine, I practiced there, as you said, 27 years. So I understand what patients need and what medicines all about. But what I really didn't have a good feel for was all of the intricacy that goes on from the administrative side to make that patient contact happen. How do you support a healthcare system. So I paid a lot of attention- I spent a lot of time just asking people what they do, what do they see the direction that we need to go and how is it done, and listening. That's the primary thing that I did early on.

Richard Warner: You're kind of like the great chef who now is running the restaurant and has to figure out the rest of the story, which is how to operate the place. What did you learn?

Dr. Greg Simone: I learned a lot of things. I think the main thing that I learned was that we had great people and if you give people the resources they need, turn them loose and say, "Just do you best," they do. My job is to stay out of the way when they're on the right track.

Richard Warner: What did they tell you needed fixing.

Dr. Greg Simone: I think that the thing that needed fixing most would probably be the culture. And the culture that we needed to get to is one of accountability, responsibility, where everybody felt like they were in charge of the welfare of a patient. That everything that they did, whether it was grounds keeping, house keeping, food service, or clinical nursing, was important to that patient.

Richard Warner: Do you find in your experience that there are hospitals that aren't putting the patients first? I mean we all say we put the customer first, but in practice was that a problem elsewhere?

Dr. Greg Simone: Oh sure. I think that when we look at things frequently, we put our customer first. And some hospitals think about their customers as being other than patients, for example, the physicians might be considered by some hospitals, their customer because they bring patients to them. In which case then you're trying to improve value for your customer which happens to be the physician and not the patient. That means you want to try to make it easy to get in to operating rooms or to do rounds or something like that which is not necessarily what the patients need should be, so.

Richard Warner: What is the patient experience today? That's a broad question, but I mean, is it what it needs to be?

Dr. Greg Simone: No, not by a long shot. I think it's very spotty. So what I'm looking for is to make sure that the patient experience is reproducible, it's outstanding, and everybody gets a shot at it.

Richard Warner: Everybody gets a shot...

Dr. Greg Simone: At having that kind of experience. It means quality, it means outcomes, it means safety, and it means service. Those are the pieces I think all patients should have. But what I see too often is that there's variability. Some patients will have a fabulous experience, and others will not. Their wait in the emergency room might be too long, for example. Or they may not have enough nurses on the floor, or the nurses may be busy without a backup plan. Or things like that. Whereas person in the next room, for example, might have just a fabulous experience. We need to get the variability out of that experience.

Richard Warner: Course anytime you're headed to the hospital you hope and assume that you're going to have nothing but an exceptional experience and that you're getting the very best care that is possible anywhere.

Dr. Greg Simone: Right, we do want that.

Richard Warner: Do you? Do you get it?

Dr. Greg Simone: You know, as far as the care is concerned, yes. I think by-and-large, yes. Now we've all seen the studies that there are errors made; that is true. That there are infections that occur; that is true. That people can fall in a hospital; that is true. All of those things are true. We don't want to see any of that happen. And where we work, at WellStar, for example, we have done some very vigorous method changes to try and prevent all of those things. Infections, falls, patients safety. We are really working on that.

Richard Warner: You know, you mentioned emergency rooms and sitting next to an emergency room doctor at a restaurant waiting to get a table. He was just going on and on about the problem of uninsured patients coming into emergency rooms to get work done

which clogs the whole system, they can't pay for it, which is not to say they shouldn't receive care, but let's go in to that. Is healthcare, first of all, macro-question, is it broken? Is the system broken?

Dr. Greg Simone: I think we can certainly improve it. Whether or not I'd call it broken I'm not sure. I think that the real question is, is it a healthcare system. No, it's not. Because it does in piece-meal. It was never designed as a system. When we try and do things in manufacturing with systems, you design from scratch. But with healthcare, we haven't done that. We had multiple programs, everything from a Medicare program to private insurance to hospitals to outpatients to independent practices so there was never a really cohesive system-wide approach. Today that's changing. And today we are trying to come up with a system-wide approach. And that's one of the reasons that WellStar, for example, goes into the whole concept on integration where we have the physicians, the system, all of the support, all on board, as a single entity so that we can approach it as a system. So there's definite room for improvement.

Richard Warner: Is this a marketplace move or is this a regulatory move that's making this happen?

Dr. Greg Simone: I think it's probably both. I think that it's, in our situation, it is definitely marketplace. It is the fact that we're trying to put patients at the center of our universe. And the best way to do that is with an integrated system. So, it's something that's going to be coming, I think, down the pike as we see the changes in Washington, I think that integrated systems are going to be well positioned for the changes that do occur.

Richard Warner: So if you had the floor at the moment and could tell Washington what you think needs to be done as a CEO of a healthcare system, where do they need to start?

Dr. Greg Simone: Well I think that there's time

Richard Warner: We only have 17 minutes

Dr. Greg Simone: Yeah, I think that where they need to start is kind of what they're starting to do now, and that is get the involved people together in a room sitting there making decisions based on what we can do and what the patients outcome needs to be. What we don't need are legislators to come in there and do their best job, which they may fully think is the right move, but if you don't know how to deliver the care or what the needs are, you're probably not going to achieve the goals. Likewise, we can't have physicians or caregivers that design the system without understanding the administrative and fiscal constraints that have to go with it as well. So it's going to take a joint effort. I think that Washington has recognized that and we're beginning to see some cooperation with legislators and with caregivers and hospital systems and insurers.

Richard Warner: This is a red state-blue state thing. This is a liberal-conservative thing that's painted in extremes on talk shows. Are you worried about rationing or socialization of healthcare?

Dr. Greg Simone: Both of those words have a lot of emotion that's attached to them. And when you say "nationalization" for example, we're talking about a system that has a nationwide approach to delivering the healthcare. Will we get that? Yes, I'm sure we will. At some point. Whether it's this year, next year, 10 years - but at some point I think we will. We're really out of the norm as western civilization is concerned without having some kind of an approach like that

Richard Warner: Which accomplishes what?

Dr. Greg Simone: I think what it does accomplish is it'll decrease the cost of providing the healthcare for the citizens. And as you know, currently our expenditures are about 16.3% of the gross domestic product. What that does, by increasing that percentage in healthcare, is we remove the ability to have other uses for that money. Whether it's infrastructure, education, or whatever other pieces. So we'd like to get that expenditure down while maintaining the quality or improving the quality in outcomes. That gives us more money that we can use for other parts of society that we need as well.

Richard Warner: Well then to use that other word that, depending on which side of the aisle you're on is inflammatory or not, universal. Do we need universal healthcare?

Dr. Greg Simone: Oh certainly. I don't think anybody should not have healthcare. The question is how do we achieve that.

Richard Warner: And the answer is? From the standpoint of an administrator, from your perspective, the answer is?

Dr. Greg Simone: Yeah. I think insurance is still a good piece. What I'd like to make sure that we understand is that there is not single way of doing this. The British system is very different from the French system which is different than the Swiss system. So what we talk about nationalized healthcare or social health care or whatever terms we want to use, they have very different terms. And I think there was great article in the New Yorker back in the end of January that talked about the origin of national healthcare. And in none of those healthcare systems was it a from-scratch, philosophical approach. It was simply building on pieces that were already there and developed into the systems that they currently have.

Richard Warner: And there was a catalyst that forced them to do it?

Dr. Greg Simone: Absolutely. In Britain, for example, the catalyst was World War II. What happened in the late 30's is they recognized that they were on a collision course with war, with Germany, war. And so they began to move citizens out of the central areas, out of the metropolitan areas into the countryside. Recognized that they didn't have

sufficient health-care providers for that, and so they government then picked up the tab for modernizing and improving the hospitals in the peripheral as well as paying for the physicians to go out there and to deliver the care. It wasn't meant to be a permanent plan. But what happened then as the War came on, they also had to make sure that they could take care of injuries. And they had projected millions on injuries. So they had to upgrade there facilities. And so the government then directed these improvements.

Richard Warner: Our catalyts would be the economy?

Dr. Greg Simone: I think so. I think so, I think it's the economy and I think that it's also a sense of giving everybody what they really need without making it a have-and-have-not, a two tiered system, I think that's very important too.

Richard Warner: Have or have not, I thought you were going to say hand-out. That's the other part of the equation that seems to get emotions stirred up.

Dr. Greg Simone: Yeah, it does. Well, I think somebody has to pay for it, is the bottom line. And that somebody is the tax payer. So if we're on a tax system where there's a graduated income tax then the people that have will be paying for the people that don't have as much. Is it fair? Yeah I don't think it's unfair, I think we do that in defense and education and other things as well but we do need to pay for the system.

Richard Warner: We put Newt Gingrich in that chair and he said a couple of things that, couple of years, later, really made an impact on me. One was the reason the system is broken, how many other things in your life revolve around going to your insurance company as often as you can because they're the ones who are suppose to be paying for this. Do you do that with your car? You know, if you have a fender bender you do anything you can to avoid going to the insurance company because you know your rates are going to go up. In healthcare, it's mirror opposite.

Dr. Greg Simone: Right, exactly. Plus in healthcare, generally there's a payment for services provided. And there's a disincentive as far as trying to keep costs down and doing the services a provider bases rather than on preventive bases. So that's one of the points that Newt Gingrich brings out. He has some very good points too.

Richard Warner: He also, you mentioned preventive, that was the other thing that really made an impression. He walked from this building on up to Channel 2 in Atlanta because he was about exercising: this is about Prevention and taking responsibility for your own health, which you do, that's part of your message is what we need to do to take care of ourselves, and usually don't.

Dr. Greg Simone: That's correct. And he's exactly right. We have to have personal responsibility. And that's lacking in today's system as well. For example, if you have an insurance plan and you don't take care of yourself; you smoke or you over eat or you don't exercise, you don't end up paying anything really significantly more than that. Certainly not the differential for an non-smoker and someone that exercises, for example,

is not sufficient to make up that difference. The cost is dramatic. And we don't have the personal responsibility to make that work.

Richard Warner: So does that fall upon regulation then?

Dr. Greg Simone: It certainly means a cultural change. Can you regulate that change? I would hate to 'regulate' changes like that, it's just logical.

Richard Warner: Yeah but your point is that the marketplace is not effective in addressing it now.

Dr. Greg Simone: Right, right. And, yes, I think regulatory changes can effect that. I mean you can regulate that there's a certain exercise period during every work week. I mean that can be done. And if you do that on a wide-spread bases, then it will decrease the non-competitive environment for people that do that compared to people that don't do that.

Richard Warner: And you're seeing, I don't remember who it was, the state of Georgia? Where there's a differential is you smoke?

Dr. Greg Simone: Oh yes

Richard Warner: On your healthcare premium?

Dr. Greg Simone: That's pretty common. And we even do that internally at our place as well.

Richard Warner: Let's talk more about you and your balance in life. Because, as you see, I would imagine that you see first hand somebody walking through the door of your hospital and saying, "It's clear what this person should have done. How they should be living to avoid what they're coming here for. And I'm not going to let that happen to me." So how do you attain balance and health in your life?

Dr. Greg Simone: Well I try very hard, actually, and I've done that for years. And I do have a personal trainer so that I have to get up early and do my personal training.

Richard Warner: Everyday? 3 times a week? What?

Dr. Greg Simone: No, four times is the minimum. I do four times a s a minimum. And I have some early meetings as well during the week so I can't get 7 out of 7. But I get a minimum of 4, and probably 5 quite often. But that's important. You got to start of your day like that, or get it in sometime during the day.

Richard Warner: How long each session?

Dr. Greg Simone: I do an hour.

Richard Warner: You do an hour with a personal trainer every day?

Dr. Greg Simone: No, four times

Richard Warner: For every day that you do it?

Dr. Greg Simone: That's right.

Richard Warner: Wow. How about diet?

Dr. Greg Simone: Diet I think is another thing that I try and watch very carefully. I have a lot of fish in my diet, a lot of chicken. Very minimum amounts of red meats, beef, and things like that so we watch that. My wife is a great chef, I mean she was a personal chef for awhile, she knows how to do this sort of thing, and she cooks very healthy food. It's not something that most people can't do, it's just you have to put your mind on doing it.

Richard Warner: It's not time consuming, it's not anymore time consuming than fixing macaroni and cheese.

Dr. Greg Simone: Well like anything that you do. Well macaroni and cheese - please. But like anything, you can spend a lot of time on it, but you don't have to. And then you can also make a trade off. So you have a meal that you spend 45 minutes fixing on day, and the next day make sure that you prepare it in advance so you can put it together in 15 minutes. So it can be done.

Richard Warner: My kids love macaroni and cheese

Dr. Greg Simone: Yeah I don't. Mine use to eat American cheese. But on the other hand, when you got kids, you got to feed them something.

Richard Warner: The one thing you shouldn't eat is?

Dr. Greg Simone: I would think you can eat anything. Just be reasonable about how much and how often.

Richard Warner: Black belt. You're a black belt.

Dr. Greg Simone: Yes.

Richard Warner: And how does that fit in with the daily stress reduction, or the daily routine?

Dr. Greg Simone: It definitely helps. I got my black belt in Taekwondo which is the Korean form of karate. And it's just wonderful. It's a chance then that you can concentrate on that particular activity, those particular series of moves and forms and uh it clears your

mind of all sorts of extraneous thoughts and allows you then to focus very tightly. And afterwards, you can then put your focus wherever you want it. But it's been honed down.

Richard Warner: You're big on focus. We were talking about Friday afternoons, as we do think show on a Friday afternoon, and I said, "What are you going to do?" You said, "I'm going to go back to the office and get something done!" Because?

Dr. Greg Simone: Because. Most Friday afternoons many of my colleagues don't want to have meetings. They'd rather get out and

Richard Warner: Go drinkin'

Dr. Greg Simone: Whatever. I like to think they're going to the library but. But it is a chance to really focus your activities and what you are trying to accomplish.

Richard Warner: So what I'm seeing - this is part of the message that's coming back from Greg is the ability to segment whether it's what you're eating, whether it's how your day is structured, whether it's how you got that exercise in there. And that's part of the balance.

Dr. Greg Simone: Absolutely. Absolutely. Segmentation, I think, is very important. You can't concentrate on too many things at the same time. So I find it's much more effective to just concentrate on a very limited number, get it done, and move on.

Richard Warner: I want to go there. Robert Lipson - you're best friend.

Dr. Greg Simone: Absolutely.

Richard Warner: What happened?

Dr. Greg Simone: It was a tragic traffic accident in November of 2006. It was just, it was obviously totally unexpected, out of the blue, and

Richard Warner: He was CEO of the organization you are not CEO of

Dr. Greg Simone: Right

Richard Warner: You were having dinner, call came in. And you go through what stages you go through in a situation like that, and coming out on the other side, did you say, "I can carry on my friends priorities."

Dr. Greg Simone: No, the shock was enough that I wasn't thinking about going forward. I'll tell you, again, Rob and I knew each other, I knew him for 27 years basically. When I first went in to practice, he was one of the first people I met, and our friendship grew very strong. And truly, we were best friends. We discussed many, many things both business related and non-business related. So I had certainly insight into where he was going. He

had an insight into what I was thinking, and together we really were on a mutual path. What we saw as the needs for medicine as far as the community, the people that we knew, we were very, very similar people. Not identical. But very similar. And so when he died, at that time I was the vice-chair of the board of trustees for WellStar. And we knew that night, grief or no grief, we called an emergency meeting that we had to get a successor. So we named Marsha Burke who was the chief financial officer at the time as our interim CEO. So we couldn't allow any lapse in the leadership there. So Marsha took over right then and there. And then the board decided that we had to do a national search - this is a big job. We have

Richard Warner: Were you campaigning for it at that point?

Dr. Greg Simone: No, I was not. In fact, I was on the search committee to try and look for who would be the right candidate here. Then as we started to draw out the qualifications. What we were looking for, what kind of leader. And we were trying to really model what we were looking for after Rob. Because he had been such a successful, visionary leader. And the more we looked at that, some of my colleagues said, "You know, you fit that pretty closely, maybe you out to put your name in the hat." And so I said, "Ok." I did. So obviously resigned from the board and from the search committee and then I entered the search process. By that time we had already had a national company to do a national search. And so they had hundreds of candidates that they culled through and eventually I made it down to the final cut. And I guess they couldn't do any better so they got me.

Richard Warner: Two years pass, what's the lesson of that event in your life?

Dr. Greg Simone: I think the lesson is always be prepared. I think that you never know where life is going to change. You never know how it's going to change. So you have to be flexible and you have to have contingency plans. So I think that's probably one of the biggest lessons.

Richard Warner: Man plans, God laughs. Technological breakthroughs you're seeing that you're really excited about. What's going on out there that is going to change our lives?

Dr. Greg Simone: Well I think what we have currently, are things like the cyber knife, which is an advance radiation therapy piece for what had previously been inoperable tumors. That's something that's good.

Richard Warner: Brain, lung?

Dr. Greg Simone: Brain is one of the big ones. Brain, lung, spinal cord, we can even use it for prostates. Many different things. It's a very unique piece of equipment, it's really placed on a robot model. Similar robots to what they use at the car manufacturing places. But it's computerized, on a robot, so that they beam comes in at varying directions and they all hit in one location. So where the intersection of the beams are is where the energy

is delivered, but by changing the path, you don't damage the tissue between the outside and the tumor. So you can get into places

Richard Warner: Much smaller

Dr. Greg Simone: Much smaller. And much more specific, I mean within millimeters. And they can do things that are totally inoperable by other techniques.

Richard Warner: Well I was reading an article about the hysterectomy procedure that was done at Kennestone. Rather than 2 weeks of pain and days and days of hospital treatment, you know, you're out.

Dr. Greg Simone: Yeah, that's using the da Vinci robot. And we're very pleased to have that. But we're not alone with it. I think the other healthcare systems are right on board with that. I know Northside has got that, and Piedmont and Emory. I'm very pleased that we're all on that same improvement piece. So that's another piece of technology that's gaining popularity. So it's a good one.

Richard Warner: I almost know the answer to this is nothing, but, what keeps you up at night?

Dr. Greg Simone: It depends on what I eat, I guess. You could ask my wife on that, nothing is the correct answer. I hit the pillow and probably 36 maybe 37 seconds I'm out

Richard Warner: My wife's like that, drives me crazy, an hour later I'm still staring at the ceiling.

Dr. Greg Simone: Yeah, so.

Richard Warner: Well so you're having fun

Dr. Greg Simone: I'm having a ball

Richard Warner: And successful at it. Greg Simone is the CEO of WellStar Health System, and what a pleasure to have you here.

Dr. Greg Simone: Richard, thank you for letting me.

Richard Warner: We enjoyed it very much. And thank you for watching. You can catch a replay of this broadcast in Atlanta on the radio the station is WCFO, that's 1160 AM. You can also listen in on iTunes, just do a search on the term "Georgia's Business," and you'll find audio files of our broadcasts. And you can also sound off to me directly on the web, just log on and type in RichardWarner.com. And now for all of us here at Georgia Public Broadcasting, I'm Richard Warner. And until we meet again next week, don't sell yourself short.