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Part 1

Confessions of a Former Chief Strategy Officer

By Carladenise Edwards

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When a recruiter calls to explore my interest in pursuing a Chief Strategy Officer (CSO) role, I am quick to say "No, thank you."

As a three-time CSO in health systems of different sizes, I am certain I do not want to be a chief strategy officer for a fourth time. Been there, done that.

Even though the CSO role is one I know well, and one I've done with vigor and enthusiasm for over a decade, it is time to hang-up my cleats, or should I say boxing gloves. It was a fantastic voyage, but I believe it is time for me to move on.

And in doing so, I wish to share a few of my personal revelations with current and future CSOs.

REVELATION 1: PROFESSIONAL GROWTH REQUIRES PERSONAL DISCOMFORT

There is a polite way to answer a recruiter who asks, "Why don't you want to be a CSO again when you have been so successful?" And that answer is "I have done the role three times, and it feels like personal stagnation to stay in the industry and do it again."

But the truth is that I have learned that whether the health system is an $800M hospital-based system, a $28B integrated-delivery network, or a $8B physician-led medical center with a health plan, the fundamental issues requiring strategic intervention are the same: cost, revenue growth and scale.

Each system may use different strategies to achieve these goals and the sharpness of the tools in the CSO's tool chest may vary; but the goals do not seem to change.

A. Reduce the cost of operations without compromising quality.

B. Maintain relevance in the community by adopting new technologies.

C. Diversify revenue sources through strategic partnerships.

I have reached a point in my career where, to grow professionally, I need to sacrifice the comfort of the familiar and take on new challenges. My goals are not to advance healthcare, but to advance health. I learned the hard way that this is not the role of the CSO.

REVELATION 2: SAVIORS NEED SOMETHING TO SAVE

The hardest part of doing any type of self-reflection is confronting the unpleasant truths about oneself. When I reach deep down inside to reflect on why I went into healthcare in the first place, my revelation is not pleasant.

My most difficult truth is that I became a CSO with very naïve notions and an insufferable savior complex. It took three bites at the apple to realize that I am clearly no one's savior.

More importantly, I have come to realize there is not, nor ever was, anything to save. Our health systems are working exactly as intended by design. Many people benefit from the parts that function optimally, and others benefit from the parts that are not working well at all.

Do I like how US healthcare works? No, but I was quite naive to think I could change an institution that has been in existence for over a century.

I became a CSO because I truly wanted to revolutionize healthcare. I wanted to transform it from a very expensive, inaccessible, flawed and broken sick-care system into one that promotes and facilitates the maintenance of health for all comers, regardless of their ability to pay.

I confess that my savior complex drove me on three different occasions to try to fix a system that fundamentally isn't broken. I realize now that my efforts would have been better served creating something new.

REVELATION 3: HEALTHCARE AND HEALTH ARE NOT SYNONYMOUS

During my career, I absolutely loved being a part of exceptional teams focused on health promotion, health equity and improving access to high quality care. I enjoyed being able to use my knowledge as a medical sociologist with focused training in epidemiology, health economics, and business development to improve the systems that are in place.

But if I had my druthers while working as a CSO all those years, I would have torn down the existing healthcare system and completely rebuilt it on a new foundation with a new frame. The current system does not prevent suffering, nor does it provide equitable access to care and treatment. In the US, health systems make money when people are sick and the financial incentives do not align with preventing disease from occurring in the first place.

Despite our best efforts as a healthcare community, the US continues to rank at the bottom in global health metrics. The economics and payment models are not sustainable due to the aging of the baby boomers, the growing medical needs of generation X, and the incredible cost associated with caring for the uninsured and underinsured.

Don't get me wrong, I believe the nation will always need the current healthcare system to treat people with complex, episodic or unavoidable conditions. And the strategic focus on reducing cost, improving access, and diversifying revenue is essential.

However, in my next chapter, I want to be in the business of health as opposed to healthcare. I want to design financially viable systems that prevent disease, sustain health, and promote the importance of mental and physical well-being.

Now is the time to reinvent myself by moving out of my comfort zone, dumping the insufferable savior complex, and focusing on building a system designed to achieve health, not just the treatment of sickness. Let the new journey begin.

AUTHOR

Dr. Carladenise Edwards is the former executive vice president and chief strategy officer of Henry Ford Health System; she previously served as executive vice president and chief strategy officer for Providence St. Joseph Health and chief strategy officer for Alameda Health System in Oakland, California. Carladenise was founding CEO of Cal eConnect, the nonprofit which governed California's electronic Health Information Exchange. She has also had leadership roles in Georgia's Department of Community Health, Florida's Agency for Healthcare Administration, and the US Department of Health and Human Services. She serves on the boards of Clover Health, Cancer IQ, Heluna Health, and Sound Physicians. She earned her BA and MS.Ed from the University of Pennsylvania and Ph.D. from University of Florida.