AMS – CM Ep 15 - Gillian Strudwick - Transcript

Helen
Well, I've been excited for a while about this podcast. Today I get to spend some time as Do you listening to Gillian Strudwick, Gillian is a board member at AMS, but you also have a whole bunch of different hats as well. You are a researcher, a nursing executive, and, importantly, from a systems perspective, a thought leader in health care in Ontario. So I thought I would start by asking you to talk a little bit about your current leadership roles, because you've got a few of them.

Gillian
Sure I would be happy to and first of all, thanks for inviting me to this podcast today. Thrilled to be here, so I come today directly from the hospital. So first I might talk about my roles that I wear at the hats that I wear at the hospital. And so one of the roles I have is as Chief Clinical Informatics Officer, and so that is more a hospital leadership operational role, and I can get into that. What falls into that in a bit. I also am the scientific director of a new research center, the Digital Innovation Hub, which is really about catalyzing research in this digital innovation space, particularly in mental health, of course, which is where I sit. And I'm also a scientist, so I'm fortunate that I get to pursue my own research interests. I have a great team that does a lot of research in this digital, mental health space, and so that's really the hospital side of things. In terms of the university, I have an appointment with the Institute of Health Policy, Management and evaluation as an associate professor, and that is where I get to teach great courses. So two that I've been part of developing, one in the digital innovation landscape for physicians as a part of the health system leadership and innovation master's program they have, and another is in advanced leadership and digital health systems, and that is a combined program with a few different faculty. So a few hats that I wear in this digital space here in Toronto.

Helen
It's amazing. It's hard to keep track of where you are sometimes because I see your name popping up in all kinds of different places, and it's wonderful to see. How did you prepare to take on all of that from a leadership like you're teaching leadership and you are a leader? How did you prepare for that?

Gillian
So I will start off by saying that none of it was intentional, but that everything that I've done in the past, including all of the volunteer roles that I've done have all helped me in some shape, way or form. And so, of course, you know, from a credentialing and formal education perspective, I have a degree in nursing, and that set me on the path of doing direct care, clinical nursing, which has been some of the most valuable experiences that I've had that I draw upon for everything from administrative kind of roles now to research what is practically useful for a nurse or other health disciplines to know and thinking into the future. So some of it is the role, some of it is the education, but I think it's when I've been able to sort of pull from all the different pieces of my background. And so I've been fortunate that I worked in industry for four years. You know, Never would I know that that was one of the most beneficial four years of my life, and understanding how sort of the other side from where I am now i. Works with hospitals, health organizations, the health system, you know, what are their motivators? What are their incentives? And so it's really helpful to have that sort of

full lens. And these experiences have come from education, research, clinical practice, operations, you know, I could tell some stories, I'm sure, in terms of, it's usually the stories that are things that didn't go right, that I learned something and I pulled it into the work that I'm doing now.

Helen
How do you maintain sort of currency in all those different areas? I certainly in my career, have found I needed to be active and engaged in the in the content, but also the networks of people to kind of see, I will say, see around corners, and understand context and help me really be more effective in all the domains of leadership.

Gillian
I wish I could turn this question around and ask you that this question, you know, I think it's something that I'm continuing to work on. I agree on the networking piece. There's individuals in all of these spaces that I connect with, some more regularly than others. Some it's more I follow them in some sort of social media and see what they're attending or what they're talking about. And other times, that's, you know, keeping on certain newsletters, being in certain meetings, hearing things that, oh, there's this new this new concept. It's Gen AI, you know, that was something that I heard about a few years ago. And then sort of, do I need to what do I need to know about this? And who seems to know about this? Who can I go for a coffee with that can give me a sense of what are some things that I ought to know about it, and who are the people and where are the places that I ought to be to learn more. And so I really believe in that networking, but being a bit purposeful about that, I do the whole conference scene. I do go to some but I'm sort of selective. So, you know, there's one in the US called the American Medical Informatics Association. I always learned so much when I go there. But the trends in the space I don't go every year, I find if you go every couple of years, you kind of get a sense of what's going on. You reconnect with folks, and then that sort of sustains you for a little while. And so it's a constant. I'm sure I'm not on the pulse of everything, but it's constantly sort of moving from one to another and trying to do your best to kind of know what's going on out there. So I'm

Helen
Just going to pause and say to anybody who's young in their career, this is an experienced leader who's saying, I go for coffee chats, right?

Unknown Speaker
I just came from one actually, right before coming here.

Helen
So it is a lifelong habit that people should embrace and take advantage of, and not just something that you do at the beginning of your career when you're looking for a job.

Gillian
I like to have purpose with coffee chats. Yeah, not going for coffee and saying, so hey, how's it going? There's usually something I want to get out of it, or something that they want to get out at that they've articulated in advance, but then the conversation can go in other places, so leaving room for

that as well. That's my always my when I'm talking to some of my mentees who are deciding to reach out to some other senior leaders at our organization and elsewhere about going for coffees or having a mentorship session. It's always have some sort of purpose in there and thinking about what the value from another person can be.

Helen
That's great. I love it. Can we go back to sort of what the relationship between your nursing background and your interest in leadership and your successful career as a leader? How do those connect and maybe focus a bit on what the skill of nursing brings to leadership?

Gillian
That's an interesting question. So I see myself as like a continuously learning, emerging leader, and I'm constantly watching and, you know, observing, and then trying to practice what I've watched and observe into my own practice. But if I think back, I don't know if this is a thing, but I think that leadership is a little bit baked into my DNA, like I was the kid at school that ran for, you know, student council president, and I was the kid at school who ended up being the student trustee on our school board, for the whole of the school board. I, you know, I loved being able to work with individuals, to shine their light, and to not necessarily always have the one to one direct impact, but to work on things that would have impact for a whole group of people. And that was actually why I ended up being drawn to industry was that you could do something and work on a particular product, or whatever it was, and 300,000 people could gain benefit from whatever that work was. And so if I'm thinking about how I've came into leadership in nursing, it really comes... it goes back to when I first became a nurse. So my first job was in Kingston at Providence care, and I was a registered nurse, and I would get all the shifts that no one else wanted. You know, the night shifts, the weekend shifts, the evening shifts, the holidays, and that would be when none of the other RNs were working, and you always needed to have one registered nurse as the nurse in charge. So, you know, you can picture this. I'm whatever age you are when you graduate from nursing school, 21 or something like that, and I'm the charge nurse for a group of registered practical nurses and other staff who've been there for 30 years who know that place like inside, out and backwards, know what they're doing, and sort of thrust into this position. And I used every ounce of emotional intelligence that I had at that time, and I developed a lot during that time, but I ended up loving it. And I loved the idea that you could kind of set up a group for success, and you could influence in different ways, like I had to be very careful. I was sort of the Junior, green, naive nurse, but I've been given this sort of formal role for a particular shift, but I worked with it and ended up really enjoying it. And so I think that sort of got me into sort of the leadership space and and I sort of gravitated towards that, I think I said about my DNA. I didn't purposely always grab it to go for a particular job, but it was what I was drawn to naturally.

Helen
It's an interesting point about how much subject matter knowledge do you have to have to lead right? And if it's part of how you approach problems and bring people together, you don't have to be the super duper head policy analyst or the, you know, the most knowledgeable person. You actually have to have the social wear to bring people together, right?

Gillian
But I think that's a tension often as we're developing our leadership is how, like, what's that right level that you ask important and necessary questions and that you're also tapping into that human person EQ, sort of side of you. That's an interesting point.

Helen
You need both, I think, yeah, probably the bottom line to have legitimacy right with your team. So the role of a Chief Clinical Informatics Officer. What exactly is that job? I've seen people in the system, you know, who have that title on a somewhat regular basis, and I understand, you know a bit about quality improvement and a little bit about data, but that particular role, not having worked in a hospital. What's unique about that job?

Gillian
So I think there's a bit of history that we have to go back to here, and that may help with you know, why did this role come about? But it looks a little bit different, is my observation in many organizations. And so with the big epic and Oracle and all these electronic health record implementations in the US, say, a decade or two ago, there is a lot of disgruntled physicians worried about what that might do to their workload, their practice, you know, and so on and so forth. And often, the way, this is very simplified history, the way that there was voice given to physicians was having a leader, a Chief Medical Informatics Officer, Information Officer, part of some of the senior leadership tables and would was really there to represent the voice of physicians and sort of manage or deal with some of the issues that were coming up. And so in the US, there's this movement around, well, nurses make up the largest group of healthcare providers in the system. There ought to, you know, our physician colleagues have some leadership at the table. We ought to be at that table as well. And so I think, really, that's where it started. We here in Canada have seen that role really take off when there have also been implementations of big electronic health record systems. So often they start off very focused on a particular project. They may be advocacy chief nursing informatics officers or chief clinical informatics officers tend to have more operational responsibilities, so they might have a clinical applications team report into them, or health records team, but generally speaking, they're really about making sure the practice of nursing and the other health disciplines is integrated into the decision making of how the various electronic health record systems work. And then as we move away from just those into the various other digital technologies that touch patients, that touch clinicians, that's sort of a bit of the background there.

Helen
Okay, so as I think about, sort of, I'm on the board of a hospital that just implemented. Epic, as you know, so there's a whole sort of clinical change management aspect to it that I'm seeing at a bit of a distance. And then there's the kind of benefits realization that actually requires changes in the clinical practice. So now your job would be to follow it from the initial implementation through into the whole benefits realization, because these systems come it's not surprising at enormous cost, and so there's a sort of return on investment that's expected from those hope. So, yes, in terms of overall efficiency, or, you know, better, faster care or administrative burden, there's benefits in all those domains, right?

Gillian
Yeah, absolutely. So I I see often those CNIO or CCIO types really leading that optimization efforts and then evaluation efforts, but that, really, my experience has been that never really goes away. You're always looking to optimize, because there's new processes, new scopes of practice, new whatever it is, and you're always constantly updating it, hopefully, where you're sitting, you get to a place where there's a little less fast pace of that change. Otherwise, you're throwing a lot of resources at it all the time, and you can start to prioritize which ones are absolutely necessary and which ones are good to do. I know there's been a lot of advantages to going in and looking at what people are actually spending their time doing, and if that's value add in terms of their college standards, what we have to do for reporting for our organizations. You know there's all these reasons why we document beyond having information about a patient that we use for clinical decision making. And so if it's not serving the utility of these many things, there's this whole movement around reducing documentation burden to sort of get it out of the health health record. And so a lot of these systems now have back end analytics platforms where you can see, okay, well, we made this change in the electronic health record, and that has actually increased or decreased or maintained the amount of time staff are documenting and so that's been really a lot of the work we've done. You know, 10 plus years out at CAMH, where we implemented a while ago, is saying, How can we ensure we're using it the most effective way that we can? We're getting the clinical utility and value out of it, and nurses aren't doing more in other health disciplines than they ought to be doing in the system.

Helen
I was surprised pleasantly by one of the clinicians saying I had no idea that the physician was doing fairly complex surgery, he said, I no idea that the inputs that I was using for surgery were more expensive than all my colleagues, and I've actually changed my practice, so it was also the capturing and attention paid to cost and looking at variation. And he wasn't forced to change his practice, but he realized that he was an outlier, and that information was only because the new system had been in place, so there weren't ways to capture it in a way that was accessible to him before. I'm sure somebody knew in the hospital, but now it's there in very plain kind of reporting standard in terms of, you know how much difference surgeries cost and why? So I thought that as a board member, I thought that was pretty interesting.

Gillian
Yeah, there's, I think there's a lot we've been very focused on, you know, the basics, which is important, are we documenting? Are we reporting? You know, how much time are we spending? But there's a lot of utility that can be gleaned for other things out of these systems, and that's often, you know, once CNIOs and CCIOs sort of get a couple years out, can start to focus on some of that, because really, the early days are, you know, the grunt work of just getting it in there.

Helen
For sure, but you're sort of further along than many other places. So how does the role of the CIO and the chief clinical information officer relate to the work that you're doing in the in our Digital Research Hub, like, what's the feedback, or the relationship between the research aspect of your work and the sort of operational work? Do they talk to each other?

Gillian
So yeah, it's an interesting question. Yeah, of course, in my brain, hopefully others can see it. There's some days when I'm in a meeting or I'm working on a particular initiative, and I'm actually not sure which hat I'm bringing. So an example is and it's actually quite a simplistic example, but our guest Wi Fi process at our organization was terribly complex, so we really found it challenging for our patients to actually get access to guest Wi Fi. And the process of changing that was that part of improving the infrastructure for the. Patient engagement and research at the organization and patients being able to engage more with the patient portal, so as a part of the digital innovation hub activities, or is that part of the Chief Clinical Informatics Officer role in doing the necessary work to run a hospital like it's a pretty simplistic example, but I'm often in scenarios where my worlds are sort of coming together, and we're working on things that benefit sort of both areas. In the research space, it's often about thinking a little bit further ahead. So I think about the research space is often about the future. And so what are we doing now to prepare for the future and think about the future and what the future looks like, and helping to identify what's the right infrastructure that we need to get there. On the hospital side of things, where I'm doing it, the administrative role, it's actually the opportunity to say, can we, you know, how can we do the first steps of getting there? And so they are really connected, and it's nice to be able to have those both hats, because it really brings a practical lens to the work that we do. Sometimes I have to think, maybe, am I being too practical, like I should even be more visionary some days, you know, it depends on the day, and you know, the various conversations you've had that day, but they're very complimentary the two rules.

Helen
So I'm going to switch, that's great - I'm going to switch gears and talk a little bit more about mental health. I have a soft spot. I spent the first five years of my career in health and mental health, and so obviously, things have come a long way from those days in the in the 80s, and there seems to be an explosion of mental health apps and online support for people with mental health challenges. What are you seeing in terms of, you know, quality and variation and standards? Because it just seems to be kind of everywhere, and a little bit of the wild west from where I'm sitting, and I don't know what that sort of means in terms of, you know, high quality compassionate care as a as a chief information officer and a researcher. Do you have a perspective on that that might be helpful?

Gillian
So we think about this all the time. I think about this all the time. I think last I checked, we had more than 10,000 mental health apps, if you went on to either the Google Play Store or the Apple App Library, that's a problem if you're trying to find one, less than 5% of those actually have any evidence behind them, and they're all over the place. There are some that are more wellness focused. There are some that offer or support a particular measurement of a certain instrument, or questionnaires like the personal health what we call the PHQ nine, the personal health questionnaire nine question version. And then there's some that are actually more affiliated with organizations that are part of care processes, and those tend to be the ones where you've got actually a clinician that's engaged somehow, and you might have to pay a subscription fee. And so it is the wild west out there. That's, I think, the headline that I've seen to describe this area the most. And we think a lot about it in a couple of ways. So one is, how do you make sense of it? If you're an individual who wants to use something on your own, how do you make sense of it? If you're an individual who wants to engage in

a particular digital or virtual care or digital mental health intervention with your provider, that's a whole other piece. A few things we've done. There's been some challenges, though, with these few things we've done. So the initial idea we had a couple years back was, why don't we create, like, a curated list for our patients? And we spent all this time doing it, and it was really interesting. And we found, like I said, less than 5% actually had any evidence. We made this lovely table that you could interact with, and we found that it was out of date. About five seconds after we made it, there was new apps on the market. There was changes to the apps. And then you also had to know that this table existed in the first place to go there. You know, we tried, and it may be useful in some context, but that is probably not a sustainable path forward. I know the APA, the American Psychological Association, has come out with criteria for looking at mental health apps. So there are a number of criteria, but if you look at it as a non clinician, non researcher, it's pretty hard to really place that criteria and go through an app. There's a lot of information there, like it could take you a whole day of looking through apps and applying them to be able to actually use that so there's been some crowd sourcing websites that have come out that have crowd sourcing the sense that they apply that criteria, and then you can go on and look. So there's also organizations out there that are providing certifications. So the Mental Health Commission of Canada. Has this organization in the UK called orca that they use, so apps can actually apply to go through the process, then that, then they have to kind of keep up to date with that. So you can get a bit of a stamp of approval. But it's really a difficult place. If you're someone wanting to use one, or a patient or a provider, it's it can be difficult to know what to do in this space. So we're early days.

Helen
Yeah, it's not. I was online earlier today trying to buy a new stove, you know, and it's a little different, because there's not that much harm that can come from buying the wrong stove, right? And you kind of get the Consumer Reports and do your best research, but from a mental health app, it could, you know, be unhealthy.

Gillian
Yeah, you know, I've thought about that, and I know we've had conversations as well with the research team that does work in this space and a colleague of mine at Harvard, Dr John Torres, most of the apps out there unlikely to cause harm, okay, but they're unlikely To be beneficial, so they could be a waste of time, and it might be that it's wasted enough time that you are not interested in trying anything else, so that, in itself, could be a harm. There are a few that clearly are harmful, and our team has identified that through doing a scan of the various libraries. But for the most part, really be wasting your time, which is very unfortunate. We've got long enough wait lists. We've got people that need help now and don't need their time wasted.

Helen
Good advice. You're going to think about that a bit differently. Then I'm going to talk a little bit about AMS. You've had a relationship with us. I think going back, I don't know how long is it? 10 years? Maybe...

Gillian

Yeah, I'm trying to remember my initial relationship with AMS was when I was the final year of the Phoenix fellowship program. So whatever year that was, I want to say maybe 2016, or 17, maybe,

Helen
well, coming on, eight or nine,

Gillian
yeah, yeah.

Helen
And what I'm seeing now is, you know, in our fellowship programs, there are a lot of very good applicants from your center, and I'm impressed by the talent, the productivity and clearly the mentorship that you're providing to them, because, you know, they're applying and they're doing well in our processes. So really want to understand, how do you approach developing kind of a center of excellence and being a talent magnet and kind of helping these young researchers along in their career to seize opportunities? AMS healthcare fellowship being one of them, but obviously they're competing successfully for grants elsewhere.

Gillian
This is an interesting question, because I think it there's a few answers to this question. First, we've been very fortunate to have had wonderful people apply for AMS fellowships and be part of the AMS community. And they benefit greatly from that. I think really, if we go back several years ago, there were a number of individuals with a vision for what the Krembil Center for Neuro Informatics, the Digital Innovation Hub, the research space at CAMH ought to look like. And it turned into this place, fortunately, where, if you are interested in pursuing real mental health research that you're you want to make a difference. This is your life ambition. You have the credentials, the training. Where else would you go? Like this is where you can access data, you can access patients, you can, you know, there's a policy folks that understand the policy side. So it's really about creating the space that is the perfect place to, you know, perfect is an overstatement, of course, but you know, the right conditions to be able to do research in this space. So a lot of folks had that vision, including myself, and trying to do everything we can to make sure we have the infrastructure, the people and beyond. And, of course, the money through generous donors and through the various funders that exist out there, that others also tap into. There's also been an understanding that we need everyone's ideas. We need every kind of way of thinking if we're going to move the needle in mental health in this country. And so the kinds of individuals at Chem H who've been successful in becoming part of the AMS community through the fellowship program or other ways have brought really unique kinds of expertise. You know, they've been experts in ethics. They've been experts in sort of the equity space, not necessarily being one type. And I think having a center that is able to bring that kind of knowledge together, and actually, everyone feels like they've got a home and a place. It's not an easy thing to do. But I think it's been very valuable in having that relationship being successful.

Helen
Well, they have been successful. I'm going to pick up on one thing that you raised, which is the relationship with the foundation. So one of the things that we do for the incoming Fellows is actually

expose them to the talented people who run the foundations that support research in largely in hospitals, but not exclusively. Last year, our fellows had a chance to spend some time with Debbie Gillis, who was the chair of the CAMH foundation. What kind of relationship do you need to have to build out getting some free advice here for fellows? But what kind of advice would you give to somebody who wants to sort of, you know, build out a relationship with the foundation? Because they're sort of the unseen, least from where I sat, the unseen, but very important part of, you know, the healthcare system.

Gillian
And their ears are and eyes are out there in the community, constantly picking up on what matters to people across the city, across the province, and, at times, across the country. And so I found it very important to have a few people that you can go to and have you know, first of all, a few of those coffee conversations. Let folks know what you're working on. Hear what matters to the people that they're talking to, you know, and they're talking to everyone from patients who walked out the door yesterday and want to give back to, you know, donors that have their name on the hospital or a wing or so on and so forth. And so they really have a bit of a pulse as to what, what matters. I would say that understanding some of their drivers, like, what are their metrics, what you know, what do they have to achieve? So that you can help them achieve that is very important. I also think that, you know, I've worked in particular with our foundation at CAMH, and they're trying to be respectful of the fact that we have our day to day jobs as clinicians, as researchers, as educators, or, you know, and so on. Are trying to be respectful of calling on us. And I always say call on me anytime like I would love to meet with potential donors. I would love to talk about any of these things we can give real life examples of the actual potential impact, and that is really helpful for them, but it also gives me a sort of a window, or a way to kind of get in.

Helen
I'm going to close by asking you about the leadership roles at varying levels and and you have you've got roles at the national level, you've got roles you're on the but the Ontario health data Council, so you've got a role at provincial level, so you're kind of involved and engaged in the systems thinking that makes all this work, as well as as at the local level, in terms of your own community, how important is it for you To make a difference at each of those levels, and how do they fit together for you?

Gillian
So I don't always know how to articulate it, but they all fit together, and I knew they would for you, they all fit together. And sometimes you don't know until you're working on at least for myself, I don't know until I'm working on a particular issue that you know a relationship at a particular level, or the work that's being done is so relevant, an example of that is something that we're looking at locally, at Chem H, around scopes of practice for nursing. Well, of course, and what nurses can do at Chem H, well, of course, we need to look at a provincial level, what does the College of Nurses of Ontario says? But we also have to look at, what does the public hospitals act say? And then we need to look at more locally, what do our direct care staff need in terms of education and so on and so forth. So it's very easy to sort of go between when you know they exist, and I will say that I don't think it was necessarily purposeful to, you know, get involved in these various levels. I grew up as a

kid where you just did these sorts of things. You know, you volunteered at the local food bank. And you we, I think it was during particular time of conflict we did Valentine's Day cards for the Canadian troops overseas. And, you know, even though I'm from a small rural community, my parents were teaching us about the interconnectedness of us all and and so I think those values and that kind of work kind of really came about in in the work that I do, and has been very beneficial in being able to get things done when you know how it all works. Well, I don't know how it all works, but I'm trying to figure out how it all works and and be a part of moving some of our agendas forward.

Helen
I think that's a great place to conclude you've created opportunities. You've created opportunities for people, for systems. Although you describe yourself as sort of young in your career, I'm really looking forward to seeing what you're going to be doing in five or ten years, because you are a remarkable leader, and I'm just delighted to spend time with you.

Gillian
And I'm delighted to spend time with you, Helen.