

**BRUCE:** I really believe in today's world with all the opportunities that we have as both as a company and as a society, the idea of really being purpose oriented. And I know that always comes out by that, but being purpose oriented and why you're in business. Obviously you're in business to create long-term financial sustainability, but you're in business to impact something. I know for us as an organization, we are deep and impacting the outcomes of the, of the individuals, the health outcomes of the individuals we serve through making it easy.

**CHRIS:** Welcome to *No Turning Back*, a McChrystal Group podcast hosted by General Stan McChrystal, and me, Chris Fussell. Our goal here is simple: to have serious conversations with serious leaders, so we can learn from the best, and navigate these complex times together. Thanks for joining us.

Over the next several weeks, Stan and I will be embarking on a new mini-series, called “Slow is Smooth, Smooth is Fast.” The title comes from a concept in special operations, where operators move more methodically and slowly to, in the end, make fewer mistakes. I learned early on in the SEAL teams that the adrenaline and push during moments of crisis can create an unnecessary level of speed, leading to unnecessary errors and ultimately causing critical time.

In this series, we’re excited to hear how industry leaders are managing their pace as COVID-19 continues to challenge operations. We’re curious to hear how they are tackling unpredictability, being intentional in their leadership, and adapting to crises as they unfold.

**ANNA:** We're officially in the "Slow is Smooth, Smooth is Fast" series, with a special guest: Bruce Broussard, the CEO of Humana. As organizations jump into 2022, they are eager to start the year with energy and vigor and leave behind the challenges of the past two years. We know all organizations – especially ones in healthcare, like Humana – must be more intentional than ever before.

In this episode, we spoke with Bruce Broussard and how *speed* affects the healthcare system. Bruce speaks about how the healthcare system should adopt the "Slow is Smooth, Smooth is Fast" idea by focusing on disease prevention, not just treatment.

Stan and Bruce speak about why and how digital transformation is an evolution of the healthcare system, and even touch on the recent Theranos trial - considering how innovation will continue to affect the healthcare system.

We hope you enjoy this fascinating discussion. Thank you to Bruce and his team for making the time. Now, over to Stan.

**STAN:** Well, Bruce, thanks for joining us this morning. I was, Chris could be here with us. He'll sorry. He'll miss this particular one, but we'll obviously share it to him. And we've been excited to have you on one because we know each other well, but also because you are a significant leader in an incredibly important sector of our economy and of our lives.

I had a dental appointment yesterday. I have a doctor's appointment this afternoon. So, every one of us have a relationship with healthcare, which is really different than almost any other part of our lives, because we are at parts of our lives.

We're dependent upon it. And other parts we're dependent upon it for things for our loved ones. And yet I would argue most of us don't understand it very well. So, what I'm going to start with is you're transforming an insurance company into an integrated healthcare system. And as you and I discussed before, you had to do a digital transformation to do that.

But I would argue that most people, me included don't really know exactly what that means. So, would you walk us through Humana's own digital transformation, in the context of where healthcare is going today?

**BRUCE:** Stan, thank you for having us. And I'm just excited to be here. And, as you mentioned, healthcare is personal. It is really, we deal with it in so many different contexts, sometimes more routine and sometimes, you know, in a time of, of great needs. So it is, it is an area of, I think everyone's in.

At first, just maybe just start to say, when we talk about digital transformation, it's really an evolution of the healthcare system, and, and it's this idea of moving to more orientation to holistic, I mean holistic health. From the point of view, it's merging healthcare and lifestyle together.

I'll give you an example. We have a 77-year-old member, and I think you're familiar, we serve about 5 million seniors. She was in South Carolina and had, a history of, of having chronic asthma and during a home visit just recently by one of our home health nurses, asking her about the, when does the, when does she see it aggravated by these conditions? And come to find out she had a mice in her home. And you, you laugh, and of course, we took care of that. We've got the pest management and, and took care of the problem, but that's an example where traditionally healthcare system has been oriented to really just providing medicine to deal with her conditions.

But there's more of a holistic view of what the problem is and, and really addressing that core issue, which didn't take care of her asthma, but it really took care of her living a much more productive life and frankly, much less expensive on the healthcare system. So, this idea of being holistic is really, really important, as we think about the evolution of healthcare.

Just in that, I think where that starts from, is this idea of how do we evolve the system to paying for outcomes, quality, as opposed to what's done, what's treatment.

And that's really where you see a significant amount of change going on in healthcare. And that's where digital transformation is happening, because you need really more proactive technology, you're able to take care of some of the great scientific changes that are happening in healthcare. And on top of that, you're also then being able to really make an impact on the fragmentation of the industry, that's been created today. So, there's a whole host of great things that happen. But at

the heart of it, is really changing our perspective that healthcare isn't about treatment; it's truly about holistic care.

**STAN:** To pull on that thread a little bit, Bruce, because I find that very interesting. I wear a watch that monitors how much I exercise in a day and it'll do a number of other things. It should tell me when I say something stupid, like it should beep or shock me, but it doesn't. But we have all of these different ways to gather information. What could it look like in a few years?

Like, for example, what could my doctor, or my pharmacist, what kind of information could inform them in a way that would help them shape outcomes?

**BRUCE:** I will tell you, I wear a similar watch, that is just gives you so much information about your daily activities, remind you of some things that maybe you need to do more of or less than, and it's and it's, and it's true. Just an amazing, amazing advancement of technology. And I, and I, I don't think that's going to slow down. And, and really when I think about healthcare technology, some of it is some basic infrastructural stuff, interoperability. What I mean by that is being able to share information from one provider to another, from, you know, an insurance company, to caregivers, to patients. And one of the challenges is that healthcare data has been locked up in its silos. And so, this interoperability, the ability to share data through some of the, the advanced technology, and the ability to, APIs it's called, has really advanced and our regulatory environment is catching up to that. And I think that's one area that people don't really appreciate: the ability to, to increase the speed of, of information through making it much more interoperable.

The second part is what you were just articulating is the ability to capture data and capture real time information. Your watch is a great example of that. Some of the things that people can put in their homes today that can monitor their health and especially if your chronic conditions, that's another great example of that. So our, our ability to capture more proactive data, real time data, more deeper about the moment as opposed to about the symptoms, I think will advance. And in addition, continuing to advance our clinical understanding. When you go into a hospital today, the amount of technology that's on the bedside, whether it's even in the bed itself and the ability to monitor that has greatly improved. And then this is a really important part: analytics. Being able to take that data, use machine learning, and other and more sophisticated, analytical capabilities that have been developed over the last number of years and apply that.

And so, you have now more information, information that can pass quicker, and at that you're able to analyze it, which gives great insight to how do you personalize it? How do you become proactive? And how do you become become much more oriented to how do you enter having an intervention that's appropriate in healthcare? So, some great stuff coming alive, and that's not even talking about the whole genomics and genome gene therapy that we've just seen, obviously in the vaccination and the ability to turn that around so quickly.

**STAN:** Yeah, that's exciting. I want to talk about speed in a couple of different ways. First is not long ago. We had Lidia Fonseca, of Pfizer, the Chief of Digital Transformation. And she talked about the effect of the digital transformation on the ability to field the vaccines for COVID-19

faster. And of course, I was focused on the scientific part of it. And she said, where we really made the biggest difference was in the ability to gather information from clinical trials more rapidly, and then in the production and distribution.

Which seems sort of nuts and bolts and operator-like, but in reality, it helps compress fielding those. In my military experience, we found the “golden hour” on the battlefield was what people needed to understand. And, and for listeners, what that refers to is when a soldier is when a soldier is wounded, you can get them to a trauma hospital, if critical care facility, within an hour of the time, they were wounded, their likelihood of surviving and having a much less severe impact from the wound, goes up dramatically, anything over an hour and you lose that ability, tails off pretty quickly.

So, we did an awful lot of work to do two things. First is on the ground to ensure that buddies, the soldier next to them had more medical understanding them before they could give buddy care, to stabilize. But then also we would have medical evacuation resources all around the country so we could reach every location and get them to a hospital within that golden hour. And it was a tremendous effort, but of course it paid off.

Now, when we think about faster healthcare, you mentioned knowing earlier having information more available to the patient, how do we get to faster, more efficient healthcare in a, in a broader societal system?

**BRUCE:** Yeah, it's interesting. Some of it is similar to what you're describing or what have you, you need to treat somebody quickly. And I think the healthcare system is a way it's established today... I think that there's a lot of what they do, right. And that is getting somebody stabilized, getting them in the hospital. Obviously, ER, as a, as a, as an appropriate point for that. I think in addition, some of the advances in science today are allowing us to be much more pointed and being able to find out what is the proper treatment through monitoring. And then in addition, how do you, find that intervention and some of the gene therapy and other areas are really being able to offer this amazing scientific side.

But I'd like to take it a little further because I do think a little bit of what you've talked about in the past around this idea of being able to be “Slow is smooth and Smooth is Fast” is, is a little bit of where healthcare is going today. And I think once we get them treated properly, as the question is, how do you prevent it from happening again? Now, obviously in the military and in the particular environment that you're talking about, a lot of that is as, as much more reactive, but in healthcare today, we can turn from being reactive to being proactive. And so, as we stabilize people, so if someone has a heart attack, stabilizing them and ensuring that they're, you know, they're, they're capable of now reentering a normal life, but once they do that, the question is how do you prevent it from happening again? And in healthcare, it's always been rewarded to treat and not prevent. And really what we are pushing for in multiple different parts of healthcare and Humana leading the way here is really about how do we encourage prevention?

And this is where this idea of being able to pay for outcomes is an important part of that. And a lot of what you were just asking about the technology that's being there is really giving us the

tools to be able to be proactive, to be able to understand where people are in their, their life. And, and so, for example, we, we, we today can monitor people's weight gain and, and if they're gaining weight and they, they have a tradition of having, heart attacks, you understand there's fluid building in their body.

And that is a, that is a negative aspect of, of that. And we can then treat that as opposed to them showing up in the ER. I gave you an example of the individual that had asthma as another example of that. And so, we, as an organization, are very much oriented to how do you use that "Slow is smooth" concept as you, after you treat them and, and, and really moving the healthcare system.

There's a lot of work there. I'll give you some statistics. Only 23% of the people in the US have primary care providers. There's one thing we all can do, is have a primary care provider that we go and get periodic checkups. The second thing is, is that there is a shortage of behavioral health in our country and if you're not mentally healthy, you are not going to be physically healthy. And I know people always think about the physical health, but the mental health is an important part of that. And so I would just continue to go back to let's get them stabilized. I think the infrastructure today does that well, but then be able to utilize this opportunity to then prevent it from happening in the future.

It can't prevent everything, but there is a significant amount of activity that we can have that would prevent longer-term disease progression.

**STAN:** I think this is really important. And I'd like to continue this part of it, just a moment, because you really talk about almost two ends of the spectrum: patient on one end and the care providers on another end. And we had a tradition of paying people when we have a problem to solve that problem. Like we bring a plumber in when the sink is jammed, but we don't ever do any maintenance on it until that moment. And so we have a different relationship between individuals like me and the healthcare system, which implies there is going to be a role that I must play as an individual that is different from what many of us have done in the past.

You mentioned 23% of us have primary healthcare providers. I was once told by the, the head of the American Cancer Society, that if we would stop use of tobacco, that one third of all cancer cases in the United States would stop. They, they just wouldn't appear. And, and that's a stunning number that is based upon a behavior of choice. How do we change attitudes? You would think that individuals would be self-motivated to take great care of themselves. How do we change attitudes to do that?

**BRUCE:** That's a great question. And I wish I had all the answers. I, I do think, you know, health and wealth are, are two areas where, you know, day-to-day decisions, have long-term either benefits or detriments. And I, I just feel, you know, the short-term compromise of doing something that's healthy one day, it might be inconvenient and, it might be, you'd rather eat something that is less healthy. But that, that adds up over a period of time and your example of smoking's a good example of that.

I think, I think first it brings in an obligation on individuals, like each one of us, that we should take our health as a, as an investment for the long-term and, and really helping those decisions. And there's a number of different ways to engage in your health. You mentioned the watch reminding you to, to do, to, to do various different activities, even to sleep well at night, and I, and so I don't think it's more individuals taking accountability for their health and being able to, to advance them.

Now there is a, I would say a second thing, and this is really a role that Humana continues to serve, is we want to be in assistant for that. We want to help them recognizing it's not the easiest choices to make. And at the same time, there's a lot of individuals in our society today that just don't have some of the resources that allow them to have the proper education and the proper access. So, so a significant amount of our effort is to really bring that to them to allow them to have access to that. Maybe they, they don't have access because of where they live, how they live, you know, they're working all the time and how can they get assistance in that? And so, for us, it's really about how do we bring that together?

Give you some examples. Last year we sent over 6 million home tests to someone's home. That allowed them to, to have cancer screenings where they didn't have to go in, and take time off of work. We did it free for them and in addition it reminded them of it so they didn't have to think, you know, after doing it upon themselves and we made it as convenient as possible. But we also engaged.

And I'm, I don't know if I told you this story, Stan, but I had a had of a member that contacted me, I don't know, nine months ago, a year ago. And he says, "I want to be in one of your commercials." I said. Okay. And what you tell me a story about a year before that we sent him a cancer test, colonoscopy, a test for, for his colon and, prevention, but our analytics said he had a high probability of potentially having colon cancer. And he says, "I wouldn't never done this before. And in fact, when someone called me and said, you know, asked me about it, and, and knowing that I received it, I sort of said, 'oh, okay, I'll do it.' Kind of thing." Come to find out it showed that he had, he had an initial state of colon. He went through the therapy and, you know, about nine months ago he was cancer free.

And he said, "it's an example where you're moving, not about paying my, in paying my healthcare, but moving about proactively engaging me about my healthcare." And I think, I think it's combination of the accountable ability of the individual and changing the conversation of the healthcare system to be very oriented to that proactive care.

**STAN:** That's fascinating. And I'll tell you a personal story that, that resonates with that. I was commanding 2<sup>nd</sup> Ranger Battalion some years ago out of Fort Lewis, Washington. And it was during peace time before 9/11, but it was a very physical unit. So a lot of people would get sports like injuries from parachuting or things that we did.

And so, I went to the, the head of the hospital and I said, "I would like to get physical therapists from your command, put down in my battalion." And they initially said, "Nope." And I said,

“why not?” And they said, “you don't have the need.” And I said, “I know we have the need.” And they said, “No.”

“Look, I brought the records.” Rangers don't come to the hospital, which was on the other side of post, to get, to go to physical therapy. And if you had the need, then you could make the argument. I said, I have the need - they won't go there for two reasons. The first reason was: it was the other side of posts. It was hard to, to break away from your squad or platoon to do that. And the other was, there was a certain fear that if they went to the hospital and they were branded as broken, that they would be put out of the unit, almost like a professional athlete.

And so, we were able to make the argument over time and we got physical therapists put down in our gym, the weight room where everybody worked out and people could go over to the little office they had in the corner, they could get checked out without any of the stigma, and also the physical therapists would walk around and see people favoring a shoulder or something like that, and take care of things before they became injuries that were lasting.

And so it was a culture change on the part of the Rangers, their interaction with the healthcare, but it was also as you talk, moving health care, closer to where we are, to where we live. And that brings up the next question, because what we're talking about now, I think, is making healthcare more retail: in grocery stores in Walmarts and things like that where it's... you walk by it so often it's hard to argue that you don't have time to go over, to see the doctor or to do a test. Where does that where's that going?

**BRUCE:** I would say, you know, in COVID really brought this alive, is that convenience and in all our life, I mean, we're, we're becoming spoiled because of the digital horizon we've, we've seen and, and, and just the continued evolution of, of it that convenience is really important and access is really important.

And so, there's, there's, there's movement of how do we make it convenient to engage in your health and, and, and all the way from, you know, your watch, I'll go back to that, to retail, to telehealth, which is a great example of in-home care, going really back to that, to the early 1900s, where someone would come to your home and not only provide you traditional home care, but also provide you care that would traditionally have been in an office setting or in a hospital, in your home. And I, this, this, if there is a trend I would pick and, and really, you know, emphasizes this convenience on top of this change to pay for quality and costs as an outcome are two areas where really healthcare has moving towards.

Let me give me an example. Pre 2019, we saw about 19,000 health visits. In 2020, it has skyrocketed to 9.5 million and then it's dropped down to about six and a half million because of the normalization of people being able to go into the offices and the hospitals today. But, but that six and a half million compared to 19,000 is a great example where this orientation towards convenience. Now we're big believers in the home. I mean, we've made some big investments in the home, and we feel bringing care through technology and through mobilizing clinicians to go into the home is a great opportunity to increase that convenience. And as we increase that

convenience, getting back to your point, with the right structure around healthcare, around payment, I believe you're going to see a much more engaged population around their health.

I just, I just feel it. And, and, and I think you're gonna see a much better outcome, not measured by the science that we've cured this particular cancer, which will be part of that, more about we are preventing heart attack. We're preventing, you know, individuals having challenges with breathing, by making sure they have the proper medication. Ensuring that people that have diabetes are properly managing their A1C. And those are the things that we see, especially in seniors and complex chronic conditions, that are really both costing the healthcare system, a lot of money, and in addition, really causing people's lifestyle to not be to the level that they could live.

**STAN:** No, it's, it's really, interesting. Now a question about leadership and healthcare. You know, send over the last two years with COVID-19, we've had sort of a national debate on whether healthcare leaders are experts, follow the science or whether they're also leaders, whether they have a role in telling people, not just what the science is, but telling them what they should do.

I'll tell a quick story. When I was a full Colonel, I was commanding the Ranger Regiment, later after the battalion, and I had to have my rotator cuff repaired. And so, I had surgery and whatnot, and I went back into a recovery for that. And I started working out as hard as I could, in a sling, to include running and whatnot.

And as my, but my regimental surgeon was leaving the unit. I asked him to do an outbrief and tell me, and I always asked the softball question: what could I do better as a leader? And he looked at me, he says, well, when you had your shoulder fixed, you came back too quickly. And I actually thought it was a way to sort of give me a backhanded compliment that I was a tough guy and I, I didn't coddle myself. And so, I sort of sat up a little straighter and I said, I take that as criticism. Thank you. But really I was feeling good about myself and he looked at me. He says, no, you don't get it at all. You screwed every other Ranger in the regiment because you made it not okay to recover correctly. And then I kind of looked at it... you know what I'm saying? I can't believe you said that, but, but he was a great surgeon.

So, you know, we've had a lot of debate about, should healthcare providers go back and get in their corner and shut up until they're asked a question, or should they help shape behavior? And I'd be interested in your thoughts on where it is and where you think it's going.

**BRUCE:** Yeah. I have a pretty pointed common areas. I think the science and the experts, the clinicians have a big role in being able to influence, the, what we do as, as a society. Obviously, I, I don't have a science background. I'm not a clinician, so I'm really speaking of, of, colleagues of mine and they, they really should, should be, you know, pushing the, in the right way, pushing all of us to do the right thing somewhere to your comment that you made about the surgeon, because they are, they are the experts. They're the ones that are, you know, understand the complexity of whether it's vaccine vaccinations or your recovery. They understand the, the reasons that are, what happens if you don't do that. And I, and they, they've, they're both because



of their education and because of just what they've observed over their career. So, I think they have an active role in that. You know, I, I have an individual that I know that didn't get vaccinated.

And he's, you know, in his early fifties. And he is basically life support right now because of that decision. And now he is looking to the clinicians to solve his problem. Then I, and they're doing everything they can to help him. But it's interesting that he's, he's, he's willing to churn and have that expertise in that, in that very complicated time of need, but didn't engage in value, their circumstance, on the prevention side. And I just find that that's sort of a paradox.

I find that just, it just sort of, if you believe that they are experts and you're entrusting them in this time of, of complete complexity and, you know, in all of the, what goes with that, then why not trust them in the time of simplicity? What if one thing you have to do? And I just find that we, we really have some wonderful clinicians in this country. We have great research that supports it. We have great science, we have the proper regulatory environment and when we should trust it, because I do believe that they're doing the right thing for the population and they, they continue to build their expertise that we should really be honored to have as part of our healthcare system.

**STAN:** I couldn't agree with you more, Bruce. I think you absolutely nailed it there. And I, of course, have someone close to me who did not get vaccinated. Subsequently had a COVID, caught COVID had a stroke related to that and will never recover effectively from that. And so, it becomes very personal for all of us.

I want to ask a question that's related to that idea of credibility and people trusting. We had the very famous Theranos trial here recently, and Elizabeth Holmes had to defend her role in trying to create a system of very rapid blood tests that seemed, in the moment, to be almost miracle-like. To what degree do we struggle with maintaining the credibility of the healthcare system? How should we view that? How should the listener today view things like that in the larger context?

**BRUCE:** Yeah, I would probably differentiate that from the, the pressures and, and, and, the pushing of, you know, the, the investors in private equity and raising money and all the things from healthcare.

I think the healthcare has a very strong regulatory wrap around it, and now we can always criticize is a, too much. Is it too little? Is it in this particular, that particular, but it has served us well on a number of different areas. Nothing's perfect in the world, but I would say our regulatory environment, when put it up to the rest of the world is very, very strong in healthcare.

I think, I think, you know, what, what Elizabeth circumstances is, as it's happened in many different industries, some large public companies. I could maybe give an example, years and years ago, of Enron being an example of that. And you know, small companies and the pressures of both, from an ego point of view, of the, of the leader to the need, to raise money, improve and meet your commitments to, you know, the desire that there's a high motivation for you because

of, you know, net worth and everything else that the, those pressures, when all brought together with a certain personality are going to create this situation, no matter if it's in healthcare or not.

And I would say that her circumstance, probably it doesn't shed light on healthcare is more just the, the continued pressures of, of the venture world and financial world. Again, I, I would say it's one example, but there's many, many successes there. And what we see in the, in the world today is that there's a lot of subsequent companies that have been recreated out of that same environment that have really changed the trajectory of healthcare. I know there's a number of startup companies that we've invested in that have just made a, made a difference in healthcare. And so, I, I wouldn't let though one, one bad apple ruined the rest of the orchard there. I really believe that it's a, it's a, it's a circumstance of, of greed and financial pressures.

**STAN:** Bruce, I think that's really good perspective for everybody to hear. I'm not going to ask a final question and it's going to be sort of an open-ended leadership question. And in doing it, I'm going to put you alongside two people, friends of mine, Michael Dowling of Northwell Health, and then Mark Harrison of Intermountain Health, two extraordinary leaders in a very tough time in the healthcare world. I'm going to ask you about leading a great big healthcare company at a time when healthcare is important for all of us, maybe it feels more important than ever.

But at the same time, it's complex, not just for the patients and the customers, but for the people who work in it. It sometimes can feel thankless. How do you lead a big organization that's doing a really tough job?

**BRUCE:** Yeah, a few things there. I think, you know, we can, I think one basic skill, you know, I think we all have to have really great people around you. I'll get into more details about other leadership traits, but it starts with that. And, but you're going to have, you know, really great people around you, but when not directed in the right direction and motivated for the right reasons, that that isn't as effective. And then, so that really gets me to my second point is I really believe in today's world with all the opportunities that we have as both as a company and as a society, the idea of really being purpose oriented. And I know that always comes out by that, but being purpose oriented and why you're in business.

Obviously you're in business to create long-term financial sustainability, but you're in business to impact something. I know for us as an organization, we are deep and impacting the outcomes of the, of the individuals, the health outcomes of the individuals we serve through making it easy. And, and to me having a, a, a, just a shine on that purpose allows the decision making not to be easy, but easier. And the clarity becomes much clearer as a result of that, because you can get, you can justify any kind of decision there. And, and those decisions then, you know, build upon themselves. As I always say, if you start off and you leave the port and you're one degree off and you're going 3000 miles, you're going to be way off. And, and so the farther you're away from the port that the more, you know, you're going to be at lost, you're going to be at lost at sea. And I really find the purpose as the really rounding component to that.

Now the second part of that is to create a culture that is servitude, that you are serving others. And I know for me as an individual, I really believe my job is to serve others. Although, you

know, the organizational structure and chart always points of the different way through, you know, uh, the way, the way it has a hierarchy. But my job is by helping others, removing barriers of my teammates and the company to allow their job to be easier, to provide, you know, motivation and aspiration for the, so they feel good about what they're doing, and then to be very oriented to how are we improving the lives of our customers?

And then the last thing I would say is, is that you, you have to, you know, you have to help on a day-to-day basis on the direction of the company and obviously metrics and measuring your progress and where you're going and how you're progressing. What speed, what, what things you didn't, you know, accomplish and the learnings from that.

Which leads me to the last thing: is that I have found in life. If you look at it as a mistake or something that you made a mistake, as opposed to looking at it as an opportunity to learn. It's a different perspective. And, for me in our organization, the thing that I constantly harp on, and it's hard because, you know, sometimes, sometimes things become a little more dramatic and it really, this is a great opportunity for us to learn from and get better.

So, purpose is important and the drive towards purpose, the ability to then, you know, hire great people and have great people around you, the ability to then utilize the, the direction that you're applying your purpose to and measuring your progress is really important. And then creating a learning environment where you learn from the opportunities, that either you had successes or areas that you, that you, they hasn't turned out to be as what you've planned.

**STAN:** Wow. I would tell you by way of thanks that when I get to listen to really great leaders, a common theme of humility comes through, and that's not expected. You would think that you rise to the leadership of a big company and you're successful at doing that, that you get pretty puffed up. You'd feel pretty good about yourselves in the morning. Look yourself in the mirror and say, that's a rich and famous, powerful man. That's a great leader. But that's not what I see. And that's not what I hear. And, and I know it to be genuine, so I just want to express my admiration.

**BRUCE:** Just on that humility thing. But anything, the thing that's the greatest part of my, my life is my family, and they keep me having that humility. They, they, they knocked me down every time I go home, or if I puffed that, that, chest out, they, they put me in the right place. So, it's great to have relationships that always keep you in check.

**STAN:** That's always good. I've always told people if they have a problem with humidity, get married. Well, thank you so much. I really appreciate it, Bruce. And this has been a real treat for me and all of our listeners.

**BRUCE:** I enjoyed it too. Thank you very much. Take care.

**CHRIS:** All right, so we'll dive in here on Bruce Broussard. Obviously there was just conversation between the two of you, but I've go back and listen to it and had spent time with Bruce over, over the years. Thoughtful discussion. One thing that jumped out at me is that

leaders in his space, even at that level, they're still talking about very practical steps like practical examples of this is where it needs to healthcare needs to be shifting. Here's what I'm trying to do at organizationally. But Bruce, I think is testament to who he is as a leader, it still ties down to individual stories. Here's how we help this person. And can we scale that across the industry.

**STAN:** Yeah, I think particularly when you talk about digitization or the use of technology. He talks about it in macro terms in some cases, but he also talks about it: what's the experience for each patient as they go through the process? Whether it's appointment making or it's getting reimbursed or, or all of these things.

And I, since we're still early in a huge transformation in health care, in that regard, telemedicine is part of it, and other things, but I think he would communicate that there's so much potential to make it better. That thus far, has not yet realized.

**CHRIS:** Yeah. I mean, it's a, it's just a thought experiment, but the, as you know, growing up in a medical family, both my grandfathers were doctors, both their spouses were nurses, that sort of trickled down. And my grandfather got out of medicine. He was a, he was a physician in World War II, and then stopped practicing right as the change into the current sort of medical system was coming into being. Insurance companies were getting inside of the medical practice and he just didn't want to be a doctor anymore in that, in that world. So that was in the 60s and he, he stopped practicing. It would be interesting to, if you could take, like we spend a lot of time, you and I with design thinkers and folks in the creative spaces, think about organizational structures and physical structures. If you could take those folks back and say, look, here's, here's, what's going to be at our fingertips in like 50 or 60 years technology-wise, how, how populations will live when medicine and healthcare is being redesigned, you know, two, three generations ago, if they could have forecast it out to how we would interact as society, the economic realities, you just there's no way they would have built the same system.

Right? How many changes were they made to? Oh, because their user experience was so limited to: the sick person, goes to a doctor, pays a bill, goes home and you repeat, repeat until you die. Right. And it was a very simple and sort of elegant relationship. And now it's nothing like that.

**STAN:** Yeah, I'm, I'm really taken by Bruce's discussion and your description there of, well, what we'd really like in healthcare. You know, I would really like somebody to be concerned about my wellness from beginning to end, whether I eat right, whether my joints hurt. And as I evolve through life, as my eyes start to have problems and all these other things, to have a holistic... people who are owners, or at least co-owners of my help as I go forward. And that's in the Army, to a degree, we had some of that, particularly in units where you had a unit surgeon and you had a very close relationship, but when you're not in that, and you literally go to transactional, transactional interactions between certain specialists at all, it's not quite as satisfying.

**CHRIS:** And I love the example you gave of, you know, from the military experience, trying to articulate that to decision makers about putting a physical therapist in with a unit. But you can

pull certain levers there that you can't in other spaces. So, it's great leaders like Bruce were thinking ahead on it.

I'm curious, you know, just taking some takeaways from that discussion, where that sort of... it's like systems level thinking, I think is the next shift, right? To your point, we're on the cusp of this, and now it's being enabled in new ways from wearables to, you know, remote doctor's visits to how, how your information can be managed more securely.

How do you think that will... you, you led and lived through a step function change inside of special operations from individual units, going out with one terrible radio that never worked. And you kind of hope for the best, to a hyper connectedness where that individual operator on the ground was connected to their team connected to headquarters that might be, you know, two hours away, connected globally, and you could bring all sorts of different assets and intelligence to that, to that localized area. And so, we looked at, I was part of the generation that we looked at Vietnam or the previous generations, you know, great operators, completely different paradigm.

And then 20 years, they're gonna look back at this and say the same thing. And I think part of it's going to be the integration of, the, not healthcare, but like the readiness, the physical readiness, all the way down to like medical emergencies on the battlefield that will be hyper connected again in a way that we couldn't imagine in 2008 or what they'll look back on us. Any did, did that get your wheels turning? I mean, I know you think about more, more broadly as well.

**STAN:** Yeah. And when you talk about system and I'm going to describe it in this case as a unit and maybe it's the unit and the families around it. And so, you talk about, okay, a SEAL organization, a SEAL team, and you've got this larger ecosystem of their families and you say, okay, the first thing is I have to have them in good health generally. And so, the nutrition in every family matters, because most of your eating is done at home. And if you eat a lot of junk, when you're home, that's obviously gonna have an effect on what you do in your military role.

And then you talk about things like conditioning programs. Do I have the right equipment? Are we doing the right things? What sports injuries are we creating repetitively? You know, there's a time when we used to only run in boots when I was at the 82nd Airborne. You ran in combat boots on hard pavement. And of course, it was a guaranteed to crush your feet and knees over time. So, we started to evolve a little there. But if you think systemically now, and if you can get enough data and see trends, people in a unit are getting sick, you have an overuse injury that occurs repetitively. And then you think life cycle too, as an operator gets older, what are those things you've got to predict? What are those things you start to, to change assignments? We do some of that informally now, you know, where a person gets older, we moved into a slightly less stressful job. But how do we use data to do that? And how do we use that connectivity, so at any moment, a commander understands the health of the organization? Even if you could get down to how tired are they?

**CHRIS:** Yup. And you could imagine that it's a question of like how much bandwidth you can get forward, but you could imagine that with a unit, hopefully there's a long time before we have the, the level of sort of constant, combat cycles like, like you led us through, but you could see a

readiness, like, Hey, this, this unit is at 60% capability, 45 days into their four month rotation, because the first month, one month was so intense where this one's at 85% at the very end. And you could make calculated decisions probably around that as well.

**STAN:** I mean, you could probably be measure cognitive performance too, saying so-and-so's just losing a little bit of the focus here and we've got to adjust that into the factor. I mean, there's so many things we could do and we could do it in a military sense there, we could do it in our lives as well, and we could improve the quality of our performance in every aspect of our life. If we were willing to do that.

**CHRIS:** You can do that. And there were four large organizations like, like Bruce leads, there's obvious benefits here, economically and just their position in the market. You could imagine... the work we do thinking about what's the, what's the communication cadence and the decision-making cycle and all that structural stuff that goes into making an organization effective. If you could map, eventually, you'll be able to map that over sort of the wellness of the organization, and reorient, sort of an annual calendar even to say, look, you're ... make all of your peak decisions at the worst time of year, because max burnout, frustration and fatigue align with, when you try to close everything out and plan out the next. If we shifted all that by six weeks, you'd have much more cognitive readiness and emotional attuness this to the, to the, to the company. It's going to be fascinating what's right around the corner.

**STAN:** I remember Mike Bloomberg one day when he was Mayor of New York, one of his last couple of years there, we were talking. And I said, so how do you think you've done? You know, kind of an amateur question. And he goes, well, during my terms in office, the lifespan of New Yorker says increased three years. And I have to think about that: 18 million New Yorkers times three years, think about the effect on number of life events and things like that. That's how many Christmases is that? How many birthdays and family interactions at productivity? It's just amazing. And if we can think in terms of not just length of life, but quality, if our healthcare system can think in that way, it could be fundamentally different.

**CHRIS:** Well, reflecting on Bruce, it's great to see leaders at that level who have, like a Bloomberg who has the real ability to effect millions of lives in their career and take it so seriously and stay so focused on the mission. So I thought it was a great discussion.

**STAN:** Yeah, honor to talk to him.

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