

# Inspiring Women

## Episode 61: Dr. Dana Zanone

Laurie McGraw:

Welcome to Inspiring Women, with Laurie McGraw. I am your host, Laurie McGraw. I have spent the past 30 years in leadership and over the years I've come to learn one thing. Women need women, and not just any women, but inspiring women. Tune in every week to hear from women at the pinnacle of their careers and from others who are just starting out. Episodes can be found at [inspiringwomen.show](http://inspiringwomen.show), or subscribe on your favorite podcast app. Thanks for listening. And I hope you will be inspired

Welcome to this episode of Inspiring Women. And I am so pleased today to be talking to Dr Dana Zanone. Dr Zanone is the vice president and health informatics officer at Adventist Health. Now she has spent the past dozen years or so, implementing large scale technology across all points of care in large systems like Adventist Health. She has deep experience in technology, and importantly in the use of that technology, at the point of care for the best optimal delivery of care by the physicians and clinicians of the organizations that she's working with. Dr Zanone started herself, in private practice before she became a large scale HIO health informatics officer. And Dr Zanone, I'm so pleased to be speaking with you today.

Dr Dana Zanone:

Well, it's wonderful to be here. Thank you so much for having me.

Laurie McGraw:

Well. Great. Well, let's get started. I always start off on Inspiring Women, you've got this long career with technology and delivering clinical systems into healthcare organizations, but what are you doing right now? What is the day to day of being an HIO, a health informatics officer at Adventist Health?

Dr Dana Zanone:

I think one of the biggest challenges is always looking ahead, looking to the future and make sure that we are steering the Titanic, so to speak, towards what is believed to be that end goal of, or where technology is going to take us. And of course, in healthcare, we are behind the eight ball when it comes to technology, we're behind say, banks and social media platforms and those kind of things. So we can look and see both the positive things and where they've gone, but also lessons learned and try to avoid some of the pitfalls that we've seen in technology. So I think that's our biggest challenge, is try to steer this large ship towards the future and technology and where we're going to go.

Laurie McGraw:

I want to talk about that because you've got so much experience in these systems and I have a long background in healthcare technology and know how complex it is, yet at the same time in that space things outside of healthcare are absolutely speeding up. So I'm going to want to get some perspective on that from you, but before we go right there, it'd be great to just get a little bit of the personal story, the background. You started off in as a family medicine physician in your own practice before you moved into technology implementations. How did that happen? How did you go from being a physician in amazingly important career opportunity, to then moving into technology?

Dr Dana Zanone:

It was an interesting evolution because if you would've asked any of my med student mentors or residency mentors, they would've laughed because I am very much a people person and really love people from birth to older people. And that's one of the reasons I became a family physicians. But what happened is, my partner and I wanted to be a paperless office. So in 2000 and 2001, that's a novel concept. Most family physicians were still on paper at that time. EHR was sort of a up and coming thing, but that's what we wanted to do. So we investigated and we put in a system called, A4 HealthMatics, which today is now, Allscripts Professional. And at that time I started taking some classes and I had a great friend who was a Microsoft certified person, and he was a really good friend to me.

And so for free, which doesn't happen very often, he felt sorry for our little two person practice, helped me... Yeah, he was great. So, don't discard the value and the wisdom of people, maybe not in the healthcare industry, but that are interested in advocating for you and helping you. So he did, and taught me so much about servers and the infrastructure and hardware and what needed to be done, and even about security and backups and all kinds of things. And I took some classes and I found that I really had a knack for the logic of putting in alerts and building things within the system. So I just started doing that and it was not even just about putting in the technology, but it was also about putting in the processes. And the process, the operational processes are just as important because you have to have the people to actually do the jobs.

The technology doesn't do the job for you. So this was recognized. I sold my little two person office. We sold that to our local hospital, where they asked me to put the same system that I was achieving success with and some of our other family practice offices, which we did. And then we put Allscripts Enterprise into a multi specialty system and I helped them with that and the processes to make that successful. And then we moved on to the hospital and it was around that time that I then moved on to Omaha, Nebraska. So I am a technology person, but I'm more a process person, I would say.

Laurie McGraw:

Well, one of the largest issues and just myself, my background, many years at Allscripts and those types of systems. So I have a vendor perspective if you will, on that side of things, but there was a lot of heartache and heartburn implementing those systems. So as a physician leader, understand the process, how were you able to be helpful? And there's a big difference from a two physician practice, where there still are tremendous amount of important workflows, to moving to a system like Adventist Health with thousands and thousands of clinicians on the front line.

Dr Dana Zanone:

Yeah. It's really interesting. I would say that Allscripts and any of the other vendors, EPIC, Cerner you name them, they're just full of wonderful and well-meaning people. And I have encountered so many of them through the years, but they're not doctors by and large, and it's what I say, "They don't speak, doctor." They didn't learn that deep cultural learning that we as physicians learned in our med school and residency about how to care for a patient. And so I take the opposite tactic. I don't approach technology as, "Okay, I've got this technology. Now I need to take care of the patient."

I approach it from the opposite way, know how to take care of a patient and I know how to do that efficiently. How do I make the technology accommodate that workflow so that I have given the providers the easy button and I have done my best job of taking care of that patient and make sure that nothing has fallen through the cracks? And when you approach it from that standpoint and you get the buy in from all of your colleagues, if they're a cardiologist or neurologist, whoever they may happen to be, and you translate their workflow and what they do every day and make that technology work for them, that's where you see success. It's not the technology, it's the process that comes first.

Laurie McGraw:

Well process really matters. And we also know, for electronic health records, for all of the positives that they've brought to the healthcare system, they've brought enormous challenge in the form of burden, in particular, and burnout to physicians. And you've written about, and talked about how to balance the needs of the physician, the physicians' moral code with the needs of the system and the technology or value based care types of things that are important to the overall healthcare system. Could you talk about that a little bit more? I think that's such an important thing that even today, those issues need to be addressed with a lot of effort.

Dr Dana Zanone:

It is, and I don't think I've ever been to an interview or a conference where change management wasn't discussed. And when we talk about physician burnouts and there's many physicians around the country that have discussed this, is it really that physicians are burned out from being physicians? Because we didn't use to see that 60, 70 years ago. A doctor would become a doctor and they would be a doctor well into their seventies and not even want to retire. And now we have lots of physicians that are leaving the field and some people have pointed the finger at technology. Other people have pointed the finger at lots of different other things. But when I look at it, I say, if you align the technology to the physicians inner moral code, you are going to be more successful.

And so in my article, I really talk about the fact that the moral code to physicians, their internal moral code, is about the highest level of taking care of each one of those patients and the families and friends that go along with those patients. And so aligning what you're doing with technology to that, is helpful. And I was particularly talking about this with population health, because that's sort of the new buzzword, value-based care, population health. Are we all going to go in that direction? I believe we are, but physicians don't take care of a bunch of Blue Cross and Blue Shield patients, or they don't take care of a bunch of Aetna patients, doctors take care of a patient and they don't care what insurance that patient has. That person in front of them, at that moment needs to be taken care of. And so technology in my mind, even though they can find the insurance information or they can find out all these other things about the patient.

We should make that technology smart enough for that doctor and that one particular patient, that they know that if they take action, as we've asked them to for that patient, that it is fair and equitable for all patients. I'm not just giving mammograms to Blue Cross and Blue Shield patients, I'm not just giving colonoscopies to Aetna patients, all my patients need those services. And so it's important on the executive level and from an administrator, that I understand where we're going with all of these different metrics and measures, and that I'm meeting the requirements of those insurers. But what I say in that is, the individual doctor needs to take care of all their patients equitably, and that's a major moral focus for them.

Laurie McGraw:

And how are you doing in terms of just, with all the experience that you have of these technology implementations in large scale healthcare systems? How are you able to bring that to life? As a physician, you know this deeply, the way you talk about it sounds right to me. And yet, that you also know that this is not always what people lead with first, in large scale implementations. So how are you able to break through, or where aren't you, that you want to still break through?

Dr Dana Zanone:

As far as the moral code of physicians?

Laurie McGraw:

Right. That orientation that you're talking about of the physician, patient relationship being the more, I would say, primary versus population health, which looks more broadly at certain populations.

Dr Dana Zanone:

I think I've just been pretty successful of making that upfront. I'm a very transparent person. So any leadership position that I've been in, I lead with that as a leader. And I say, I have a set of guiding principles that are internal to myself, and I bring this to my role and we need to align. And that first principle is patients come first, always. And it's all patients, it's not just a particular group of patients, and I'm going to do my best to make sure that we do the best job we can to do that. And my second goal in all of my roles has been to, I find myself, the physician for the physicians. What do I need to do to help physicians, other providers and staff take care of those patients that we all really care about? And if you just focus on those two major principles in any kind of meeting, you can get to consensus with people, because different people are going to have different opinions. But if you agree on what the underlying moral principle is, most of the time they all come to the same conclusion.

Laurie McGraw:

Well, that's actually really helpful. I think that's terrific advice because many people work on complex problems. There's not enough resources, there's not enough time, there's not enough... Who knows what, to solve a particularly large scale organizational level problem. And you're simplifying it to guiding principles that you stand by and what you stand for and that helps you advance whatever the agenda, project that you're doing. Dana, I think that's terrific advice, actually. I wanted to pivot a bit in the conversation to some other large issues that are out there in

healthcare today, in the mental health area. And you have shared stories, just about how this is a critical issue to you. You see it, you feel it, you have some personal experience with this, and you shared a very personal story about your sister. I wanted to ask you about this, just to bring light on some of these issues of mental health, which we're all reading about, but just how serious they are and how they play out in the healthcare system. Would you mind Dana, just sharing a bit about that?

Dr Dana Zanone:

No, not at all. And in fact, as one of the morals of my family is, you don't have to be crazy to be in our family. We'll train you. And I kid about that, but in my family, there has been a lot of depression and bipolar disorder. And as a physician, I know that, that is a hereditary condition. It's a pretty high likelihood, if you have a parent with bipolar disorder, about 25%, if you have one parent with bipolar disorder that you too will have bipolar disorder. My mother has bipolar disorder and she is still alive and doing well on medicine, but earlier in her life, she was not nearly as stable. My sister also had bipolar disorder and from a young age, essentially, a child into her adolescence. She was different, quote unquote, is how I will say it. And so she really struggled with this and Laura, you and I, when we had chatted before, I talked about this, mental illness is a brain disease.

It's an inherited brain disease, just like having high cholesterol, just like having a tendency for Type 2 diabetes, just so many other diseases are inherited and this is inherited too. And so it's important for us to talk about it and be open about it. And that's one of the reasons I'm very open about it. And in the case of my sister, she really did struggle and she had such severe psychotic type bipolar disorder, that she was in and out of different inpatient care a number of times through the years. She had numerous suicide attempts. She became addicted to drugs as a result of her disease. And eventually it took her life when she was 46 years old, leaving behind three beautiful daughters. And it's just really a tragedy because the death rate for bipolar disorder is about 10% untreated.

And so that's what the natural course of the disease is. And so it is really important for us to treat it like a disease and to get people to remission and keep them in remission and remove the stigma, the social stigma that goes along with that, so that people can lead healthy, productive lives. And I use her as my example, that I wish I would've known her as an adult, treated and in remission. And I never got that chance. And it makes me sad. It makes me sad that I never had that opportunity.

Laurie McGraw:

Well Dana, this story is first of all, incredible, and I really appreciate you sharing it. It is tragic. It is. It's hard to hear in terms of how painful that must be for you, your family and other people who were in the circle of your sister's life. As you talk about it, as you are in conversations, there's a lot of conversation today about mental health and mental health awareness, and people feeling... The pandemic has brought a new light on that, perhaps. Do you think that's helping? Do you think that we're having the right conversations? Do you think more services are needed? What do you see as the things that need to get done, given just how very close this issue is to you personally?

Dr Dana Zanone:

I think the pandemic has really increased the suffering of a number of people who maybe, have teetered on the precipice of severe depression or having other things. Many people have lost their homes and their jobs and just social interaction. We're social creatures and it's almost startling now when I go out in public, because we spent so much time sequestered and it makes people anxious. I feel that anxiety is really high right now, just we're afraid of each other because of the disease and everything that's been going on. And I think it's fed into the other underlying political unrest that I think our country has been facing. So there's a lot of things I believe, that are playing into it.

And I also think, when we talk about technology and I like technology and I'm not a technologist, but children should not, in my opinion and this is my recommendation as a physician, shouldn't be on their devices more than one to two a day. And yet I know that children are on there nine, 10, 12 hours a day. And the studies show that this leads to a higher incidence of depression and triggers other mental disorders. So I think that's one of the things that we need to talk about. We need to get education out there. And I think parents need to be able to limit that device interaction and become aware of how impactful it is on young people, and on themselves. We all need to disconnect, put your phone aside. How many times have we all gotten a ding in the middle of the night and you're not on call, but yet you still wake up and look at that message at one o'clock in the morning that you really you didn't need to look at until early in the morning, until the next day.

Laurie McGraw:

Right. And so when you think about technology in the actual work that you do, are you also trying to decrease the amount that people have to spend using that technology? How does that play into what you do?

Dr Dana Zanone:

Oh yeah, absolutely. I know it's paradoxical for me and every CMIO that it listens to this will understand this is, I count the clicks, I'm a click counter on how do I reduce clicks? If you're going to add something for a doctor or a nurse to have to do, what else have you taken away? What have you done to give them the easy button? How have you set everything up so that they just have to click one button to get all the five different things that needs to happen for, I'll just say, lung cancer screening? How do we make sure that it's just one click and now they've dropped the right note into their note and they've ordered the CT scan and they've ordered the follow-up for the CT scan, and they've given the education to the patient? So those are some of the things that I think about as a technologist, is the technology should help them, they shouldn't be serving the technology. Does that make sense?

Laurie McGraw:

Yeah, absolutely. And also, those two are complex problems to solve because there's more and more technology coming forward. Some of it's shiny, some of it doesn't work in the workflows, which creates new issues. So I understand the complexity of it, but Dana, as you think ahead, and as we close out here, on Inspiring Women, what are you optimistic about in terms, are you optimistic about the future of technology and healthcare and solving some of these large issues? What's your point of view there?

Dr Dana Zanone:

I do. I'm very optimistic about it. One of the things that I am super enthusiastic about is AI. And the reason that I'm enthusiastic about AI, even though I know that there are some real world, especially real world in the United States problems to solve and making sure that Dana Zanone and her record everywhere she goes, is Dana Zanone. And just imagine if you have a much more common name like, Maria Gomez, that is following me around. But when I look at AI, there's the opportunity to make technology actually work for us. And so that when a recommendation is made for a patient, that I have explored every opportunity out there to know that this is the right Maria Gomez, and she has not yet had her mammogram, even though 10 other Maria Gomez's did get their mammogram.

And so that's both the challenge of the next few years, but also the excitement to me, that I see. And I also see that I think in the digital space for patients, consumers, that we will see more technology in the healthcare space that actually is helpful for them, rather than the opposite. I chuckle sometimes when I see Google and other people are getting into the healthcare space like they're going to just jump in and solve it. It's very complicated, it's very complex. We all know that, but I think we need to look at it like, why do people go on Facebook? Why do they use Instagram? Why do they use whatever program it is that they're using, games that attract us? And we need to replicate that experience for patients so that, that technology does help them.

Laurie McGraw:

I agree. And there's certainly a lot more to do there. And one of the things I also recently read, I found very encouraging, were that there were more women moving into STEM career choices, as a next wave of employment opportunities. So Dana, last question, as we close up, this has been so interesting and I really appreciate you sharing your perspectives and your personal stories, but for those younger women, perhaps who are exploring opportunities in STEM and in technology, any last closing advice that you'd like to leave on Inspiring Women here?

Dr Dana Zanone:

Well, I would say, I highly encourage women to do STEM, and especially in the healthcare industry, it is still predominantly male dominated as you and I both know, but overall it's almost entirely women who actually take care of patients. And so that's very interesting to me that there's such a disparate gap between who takes care of patients and who actually is making decisions in healthcare. And so I say to women when they say, "Oh, well I think there's nothing wrong with being a nurse. And it's a great field to be in if that's what you're chosen to do", but don't just choose to do that because you think that's the only thing you do. Get to the highest level of education that you can possibly reach so that you can be the one to help drive decisions when it comes to healthcare. And it, when it comes to the values that this country holds and the value that we bring to the table as mothers and decision makers, within our own families and our own culture.

Laurie McGraw:

Well, that is great advice. I'm happy to hear it. And I agree with it. And we have been talking to Dr. Dana Zanone, here on Inspiring Women and Dana, thank you so much.

Dr Dana Zanone:

Thank you so much for having me. I really appreciate it.

Laurie McGraw:

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