



Recorded Message: The Hennessy Report from Keystone Partners. A free flowing conversation with leaders in the HR community talking about themselves, the industry and their work. Brought to you in cooperation with NEHRA, the Northeast Human Resources Association.

Dave Hennessy: Welcome to the Hennessy Report. I'm Dave Hennessy. Very excited for this podcast. The first of 2019. Sitting down with somebody who I've been trying to have as a guest on the podcast for about a year now. Lisa Kelly-Croswell, the CHRO of Boston Medical Center. Boston Medical Center plays a unique role in the very expansive Boston healthcare industry. Lisa also discuss how she is driving the change of HR inside the organization. And you'll hear why Lisa is one of the people really reshaping the HR function. Next up on the podcast is Melanie Foley, the Chief Talent Officer at Liberty Mutual Insurance.

And now, I bring you my conversation with Lisa Kelly-Croswell.

Lisa, welcome to the podcast.

Lisa Kelly-Croswell: Thank you Dave.

Dave: Great to have you and you know, we usually like to start off the podcast to find out a little bit about our guests outside of the business. Wondering a little bit about your early life, and how, maybe something early in your life that led you to this path of human resources leadership, or person, or something that you call back on and say, "Oh, that kind of got me going in this direction."

Lisa: I certainly didn't think I was going to be in human resources when I started off. In fact, I had no idea what it was. But my bachelor's degree is in finance, and the last summer internship I had was working in a bank. The bank leaders decided that they were going to try out a leadership development program, and use the interns as guinea pigs. And so ...

Dave: A pilot.

Lisa: Yeah, it was a pilot. And so, they applied the leadership development course to us, and afterwards I said, "I really liked that," and, "How do I do that?" The person ...

Dave: The concept, the experience, how the trainer, all the stuff that was going on, you enjoyed, yeah.

Lisa: I did, yeah. What the outcome was, which was, if you develop leaders in the best possible way, they drive business outcomes. So I'd been in the finance area for so long and so I was pretty much an outcomes focused person. So the reverse of this, which was how do you drive business outcomes through people just kind of hit me in an interesting way.

Dave: Wow...

Lisa: I asked them, "Well, how do I do this?" And they said, well you need a master's degree. And I said, "Well where do I get a master's degree?" And they said, "Funny enough, where you're in school right now," which



was University of Illinois in Champaign, Illinois, "Is the number two program for labor and industrial relations in the country." So I happened to be right there, and I found ...

Dave: Cornell must be the other one, right?

Lisa: Cornell was number one.

Dave: Right, right, yeah.

Lisa: Exactly. And so I ...

Dave: But you were right there in your backyard.

Lisa: I was right there, and so I found out what this was about, and I stayed for graduate school and then took my first job out of college, on campus recruiting at Frito-Lay, making potato chips. Yeah.

Dave: That's great. And the finance background, oh we do not hear a lot of people coming into the HR people strategy field from finance, but I bet it serves you so well.

Lisa: It does.

Dave: All the guests I've been talking to, the way the HR function is evolving, and having technical and marketing and financial skills is so valuable. Can you speak to that a little bit, about how it's helping you in your work?

Lisa: Yeah, it makes a huge difference, because I think, I'll just say, my own philosophy is that the most important thing is what the organization is trying to accomplish. What's our vision, what are our goals, what's our strategy. And then, everything else works backwards from there, including the HR or people side of things. And so, knowing that up front, and having been at least academically trained, and understanding what business levers are important, I still, to this day, start there and work backwards and say, "What are the people or organizational levers that are actually going to drive the business outcomes that we're looking for."

Dave: Right. That's amazing. Of course this organization, you have so many stakeholders. There's financial concerns, but there's so many connections to Boston University, to the city, to the state, to the people that you serve in the community. In fact, your mission is exceptional care without exception, and I think you're a unique healthcare organization in Boston. I'm pretty sure about that. Maybe you could talk a little bit about that mission statement, or that, what do you call those, slogans or what you live by, and what it means to be practicing HR in this organization.

Lisa: It's been quite fascinating. Our hospital started in 1864, and I often say that we're digging out of 1864 for some things that we've been working on. But it has a great history and has evolved over time. The latest piece of evolution happened just over 20 years ago where Boston City Hospital, which was the city hospital that was actually run by the city, and Boston University Hospital merged and became Boston Medical Center. At that



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point in time, it became, not public institution any longer. It's a non-profit organization that brought together those two institutions.

Dave: And a teaching hospital, like Tufts and Harvard Medical School, right, right, right.

Lisa: Exactly, it's also a teaching hospital. As you said, many different stakeholders, it gets a little bit complicated. About the time, the last evolution, becoming Boston Medical Center, really that is where the mission was codified at that time of exceptional care without exception. It's an institution that's about, and we think about the whole health system, which includes a managed care plan. A lot of people don't know we own an insurance plan as well. It's about a three billion dollar business organization. Just to give you a little bit of scale, we see over a million people in our out-patient clinics a year, so a million people coming through our doors for the out-patient side. About 25,000 ...

Dave: How many sites is that?

Lisa: That's just right here.

Dave: Just here, a million people.

Lisa: A million people coming through.

Dave: Come to this campus.

Lisa: They come to this campus.

Dave: This healthcare campus.

Lisa: Every year.

Dave: Wow.

Lisa: We have about 25,000 in-patient visits a year. So people who come in and have to stay in the hospital. We have about, as you mentioned, it's a teaching hospital, so we have over 700 residents that work here and are learning to be physicians, attending physicians. We have over 3,000 emergency room visits a week. So 3,000 people walking through our doors.

Dave: On an emergency situation.

Lisa: On an emergency basis.

Dave: Is it number one in the city for emergency visits?

Lisa: Yeah, it's ... we're the largest ...



Dave: By far.

Lisa: ... level one trauma center in New England. It's the eighth busiest emergency room in the United States. So one of the things that is our bread and butter is trauma. It's being able to take care of patients who come and have traumatic events happen.

Dave: So, when you got here, four years ago I think it is, what were the things ... were you hired for a specific reason and/or what did you tackle first? When you came here, I'm sure that you saw opportunity. I hear that you're somebody who has an incredible amount of energy from people on your staff, and that people are so surprised by how much energy you have. So I know you came in with energy. Where did you pour that energy into, and was it a directive, or did you have to carve it all out for yourself? I'm just curious. First steps, and what you did.

Lisa: Yeah, it's really interesting, because this is my first hospital and my first non-profit.

Dave: Although you did work close to patients at Vertex, right? Because you were telling ...

Lisa: I did.

Dave: You were close to the healthcare sector in your last role, but yeah.

Lisa: Yes. So, right, right. That was in bio-technology, and then prior to that I was in managed care. I worked for Cigna Healthcare, so the whole healthcare realm...

Dave: The whole lifecycle.

Lisa: Is not foreign.

Dave: Right, that's right.

Lisa: Being on the provider, what we call the provider side or the hospital side, it's a little ... you think you know because you're dealing with patients in managed care and you're dealing with patients in biotech, but when you're dealing with an institution that's 24/7, you know, it doesn't shut down, 365 days, and as you mentioned, with all kinds of stakeholders, it's a little bit different.

Dave: What do they say, repairing the airplane while it's in flight or something.

Lisa: Yes, yes, yes.

Dave: Or there's some analogies like, you don't have time ...

Lisa: Building the plane while you're flying it.

Dave: Building ... right, building, that's what it is.



Lisa: Exactly, exactly. I was really excited to come, because our CEO Kate Walsh, she was one of the most amazing people ... human beings and CEOs that I've worked with, said her stated goal was transformation. And so in this era of healthcare reform, transformation is a must, with a steeper financial pressures, the what's happening in the market in terms of anything recently. We know, for example that CVS is acquiring Aetna. So all kinds of different ...

Dave: Oh, right. The full integration of healthcare, right, right.

Lisa: Exactly. All of those things are moving ...

Dave: Well you already talked about it with you, having insurance and managed care under your roof.

Lisa: Exactly. And so all of these things are happening. So the healthcare landscape is evolving so quickly, if we're going to compete, and if we're going to be able to deliver exceptional care without exception, we have to change, and we have to change in ways that are not just incremental, but change in ways that are transformative. So, I was excited to hear that that was her agenda and she said, "Come in, you have a white sheet, a white board to come and do what you think is the right thing to do." And because this is a place that is so fluid and so dynamic, it was an opportunity to come in, match that culture of fluidity and dynamism with what our people agenda would be.

Dave: There might be others out there that are wrestling with what you had to wrestle with four years ago in HR. Do you have any advice about making that shift? Things you learned about, "Okay. How do we bring it up to speed with what everything that's going on? All the best practices in HR today."

Lisa: Yeah, I would say just a couple things. One is, it really is back to the "do something." It's back to establishing a couple of proof points that demonstrate that some action that you actually take is going to move something forward. That opens the door for people to ask for more. But also if I think about, what is going to help us get to our targets, whether, most organizations have a cost or revenue or operating income, they have equality, service, safety, whatever. Balanced scorecard type of measures. Every organization sort of has that. If you're not understanding what those are, and then figuring out what are the actions you can take to make a difference, either directly or indirectly in that, then you're not bringing value. I'm sort of the Tom Brady school of ... I don't know if you ever heard him interviewed ...

Dave: About a thousand times. I almost don't miss an interview with him.

Lisa: Okay, so you hear that...

Dave: If that's not weird.

Lisa: No. You know, I'm a Tom freak as well. I don't think that's weird at all. One of his lines that he says over and over again in different ways is, "We do our talking on the field." I think many times in other HR organizations that have been a party to, we sometimes, and it's not all bad, but sometimes we talk about what's not working, or what needs to work or what needs to be done differently. Well, part of it is our job.



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Coaching, advising, sharing information. So we do have to talk, and I think where you can start becoming exceptional is, you're actually doing something. So I like to say we do our talking on the field.

Dave: That's right, the organization, the employees see it, the patients see it, and that's ...

Lisa: Exactly. You may throw an interception, and you have to go sit on the bench.

Dave: Right. And learn from that.

Lisa: And learn from that and redo it. But you may also throw a touchdown. But you have to throw.

Dave: Right. So that's your point, about action ...

Lisa: To figure out, yes. To figure out whether one of those things is going to happen. If you don't throw anything at all, you can be assured ...

Dave: There'll be zero points.

Lisa: That's exactly right. So that's the kind of mindset that we have here.

Dave: Right. That's how you approach things.

Lisa: Yeah.

Dave: What are you wrestling with now, as you're looking towards the next couple years, what are you hoping to ... what's the next generation of your people strategy, I guess is ...

Lisa: Yeah, I think ... yes, I think we have now established a vision and a set of values that they complement our mission. It took a while because, including the organization has so many things going on, sometimes people think of a vision as our CEO called it, it's something that ends up on a T-shirt. It's not something that ends up being actionable. So we took a little bit of time to really craft a vision that's made Boston the healthiest urban population in the world. That is our vision. And once we got it out there ...

Dave: Something people can get behind that.

Lisa: Something people can get behind and all of the things that are happening with healthcare reform and accountable care. Those things ... and social determinants of health...

Dave: Can you talk about that one? Social ... yeah.

Lisa: Social determinants? Yes. Basically what social determinants of health means in a nutshell is that study after study shows that human health is not just about what's happening clinically with you. It is in large part impacted by other things that are happening socially. So whether it is your education, housing, food ...



Dave: Family situation ...

Lisa: Transportation.

Dave: Right, right, right.

Lisa: Any of these kinds of things.

Dave: The whole ecosystem is ...

Lisa: That's exactly right. And study after study says that those things can have a more profound impact on whether you're actually healthy or not than just your regular clinical things that you would check. One of our most profound learnings happened a few months before I joined, which was when the Boston Marathon bombings happened. You'll remember the injuries and the deaths. But one of the first things I heard when I came, that links to this kind of whole health kind of thinking was the employees ... obviously it was a horrible situation, and the impact on the healthcare workers was horrible. Because of our particular expertise in trauma, we see trauma a lot and so ...

Dave: You see the majority of those cases.

Lisa: But this was over the top. And then the next ...

Dave: All at the same time.

Lisa: In the coming days after that, we continued to see trauma. All of a sudden, our people who say, "We see this every day, and this was so horrific that we're taking a step back and saying, how are we helping ourselves, and are we really okay, or are we just used to it?" So one of the things that we did last year was we actually hired a what we call a resiliency coach. She's a licensed, clinical social worker. It's almost EAP on steroids on site. So it's not waiting for anybody ... a person to come directly to her. She's out on the floors, walking around, talking to people.

Dave: Present, available, they know ...

Lisa: Present, available and then also starting to do some active programming where normally most people have an EAP, so if somebody has a problem, you pick up the phone, you call. This is for individuals and groups before you have a problem, or understanding what the work environment is like

Dave: Right, some awareness around ...

Lisa: Some awareness, and then helping people identify problems that they don't even know they have.

Dave: I wanted to talk to you about another practice that you have in here called the Grayken Center for Substance Abuse and Addiction. You hear a lot about this with the state and city government getting involved



and can you talk a little bit about this center and what this means to the community and to Boston Medical Center?

Lisa: Yeah, we were fortunate enough, about a year ago, to receive a \$25 million gift from the Grayken family here in Boston to establish the Grayken Center for Addiction Medicine. It really was just sort of, first of all, we're just very appreciative of it, and it really was shining a bright light on an area that Boston Medical Center has had expertise in for a very long time. For I would say the last 20 years, we've been established as experts in treating substance use disorders. The state and people all across the country have called on us because of the different programming that we've had. It's a place that's a very humble place, so we don't talk about it.

We don't talk about all of our programming, but with the institution of the Grayken Center, it's like, okay, how can we do the greatest amount of good for the greatest number of people. That's kind of the background, part of the background and the mindset of what we're trying to do with the Grayken Center. So it's largely about how do we provide our clinical expertise and support nationally. So, one of the things that happened this year was there was a question came up about, "can we translate that expertise to helping other employers?" So that started coming up in a number of different ways, and not just the clinical community, but how do we help other employers who are now facing, in really big ways, issues with their employees and substance use disorders. It's an all-time high.

Dave: Absolutely.

Lisa: So, we started again with a white sheet, and we built what we call an employer resource library that has a number of different sections in it with examples of actions an employer can take to help support their employees with substance use disorder. So it was not just a list of ... when we did some research of how should we think about this, there were a number of places that talk about things that you can do. There weren't a lot of places that talked about how do you do it. So for every sort of chapter, we have, this is what you might want to do as an employer, and here's an example. So, you might want to engage your organization in the facts around substance use disorder. Here is a PowerPoint presentation that you can take right off of our site.

Dave: And present to your employees, yeah, right.

Lisa: Put your logo on it, and present to your employers. How do we look at what substance use disorders are costing your organization?

Dave: Oh, there's metrics on that?

Lisa: Yes. So you should look at how much it's costing your organization.

Dave: Because you have it on average, you know.

Lisa: Exactly. So then we have a guide that says, look at these five metrics. Some of them should go up, some of them should go down. And you can see where you are and some of the kinds of things that you should do about it. We're really excited to get something out there. We recently went to the, when we released it, we



went to the Greater Boston Chamber of Commerce, they were kind enough to host us. We were on a panel with Suffolk Construction, because substance use disorder and opiates is huge in the construction industry, and we tag teamed a conversation about this. So, yes, you can go and find the library and then Michael Botticelli, who's the Executive Director of the Grayken Center, he worked in the White House with President Obama for eight years on his topic.

Dave: Right, I did hear about that, yes.

Lisa: Yes. He also raises the same quite often to come out and do talks on substance use disorders.

Dave: So he's the leader?

Lisa: He's the leader and Executive Director of the Grayken Center, yes.

Dave: Wow, wow. Geez, some star power too, right?

Lisa: Yeah, he's terrific.

Dave: NEHRA has a young professionals group, I don't know if you knew. It's called NEHRA YP.

Lisa: All right, I like it.

Dave: We have at the podcast and Keystone, we produce the podcast in cooperation with NEHRA. In fact, you have, I think you said you've had somebody go through the NEHRA women's leadership program recently.

Lisa: Yes.

Dave: You were just talking about that before we started the recording. Give that a little plug for the NEHRA team.

Lisa: Yes, give ... yeah, it's great. We're excited about that.

Dave: Okay. And this question comes from one Sarah Dumont from Essex Partners. She's a member of NEHRA YP. And she's also ... she also happens to be the producer of The Hennessy Report, and is sitting right here with us. In fact, we're going to have Sarah ask the question for you.

Lisa: Thank you Sarah.

Sarah Dumont: So, I'm curious. I looked this up. By 2025, millennials will make up about 75 percent of the workforce. I was wondering if you have a specific strategy to retain and grow millennial employees here at BMC, and if that strategy differs from something you would do with Gen X or Gen Z?

Lisa: My short answer is, I don't have a strategy yet for it. And we need one. I would say that there are a couple things I would think about to get started. One is we do have a very active young professionals employee



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resource group here at Boston Medical Center. They formed about two years ago. They're very active in working on career development, they're very active in the community, and in volunteering, and they're very active in really wanting to take action to support the goals and strategy of the organization. So I'm really proud of them.

Sarah: Thank you for that answer, Lisa. I have another question for you. I was wondering, outside of the HR industry, I find that other people tend to have a negative stigma about HR. How would you talk to somebody who thinks that HR is sort of the bad police here at BMC?

Lisa: That's a great question. The first thing I would say is that this is definitely a field that you don't go into if you want to be popular, because there is that stigma. I think it's gotten much better over time, but I think it's going to stick around for a little bit, because it's part of the nature of some of the things that we do, are uncomfortable for people. So, I'll just start with that. Having said that, the most profound thing that anybody ever said to me about this field was my sister. She said, "Lisa, our human resources department is neither human, nor a resource."

And that just stuck with me ever since. So, my approach has been to make sure those two places are covered. So it really starts with being really focused on humanity. And really understanding that people are people, and yes they may be employees once they join your organization, but they don't leave their soccer mom hat or their church leadership or their art if they're artistic. They don't leave that on the doorstep when they walk in the door, so our goal is to, one of the goals, and one of my principles is to make sure that we're talking to, and interacting with, and taking actions that relate to people on the most fundamental human level, as opposed to the employee level. So that's the human side.

And then on the resource side, it really is making sure that we're listening to what people are telling us they need. So, one of my common questions is, "How do I make life easier for you? What barriers can I remove for you?" It's just a slightly different way than saying, "Hey, the HR functional approach is, what's your benefits? What are your compensation? How do we do recruiting? How do we do employee relations?" You have to do all of that. But if you're walking into it backwards from, "What can I do for you?" You come at it and the priorities that you set. What you're going to do first, can oftentimes be different than what your functional HR head says that you need to do. When you do that, when you're addressing and providing resources for what's most fundamental for what people are trying to accomplish, they start to have a different view on what you're about as a function.

Dave: Lisa, if you could go back and give advice to the 25 or 30 year old Lisa. Write a letter of advice to you then, what would you write?

Lisa: I probably would write two things. Number one, I would write something that goes back to something I heard in a program called *Women Unlimited*. It's a developmental and coaching organization for women here in Boston. One of the lines they use frequently is, "Think excellence, not perfection." The way to actually accelerate progress is not to get bogged down in all of the details and bogged down ...

Dave: It reminds me of our earlier conversation about doing something, right?



Lisa: Yes, yes.

Dave: You can't wait until it's perfect.

Lisa: Exactly, exactly.

Dave: It also reminds me of a musician I love, Regina Spektor. Do you know Regina Spektor? But she has this line that she shouts out in a song a few times, "Good is better than perfect." Similar to what you're saying.

Lisa: Yeah, yeah, it's very, very similar. So I think I would have been able to drive more value, contribute more and I find that now, it's almost a mindset, think excellence, not perfection. And then the second thing I would say is, "Be resilient."

Dave: If you could go to dinner with any person, who would it be and why?

Lisa: The person I would have gone to dinner with was Mother Teresa. My first question to her would be, "How do you do it?" Which is, how do you ... the inspiration, the continuing to be hands on with people who need it and be a strategic inspirational influence across the world. Sometimes doing both of those things in the same day, in the same hour, I think was extraordinary. I think when I think about leaders, whether it's around the country or the world, or here at Boston Medical Center, that is something that kind of has to happen in a world that runs at the pace that our world is running at today.

Dave: Right, you feel like you can't keep up and serve everybody and make everybody ...

Lisa: You have to be able to do the one on one thing, support on the ground, and you have to be inspiring in a big way. I thought she was the most prolific person, in being able to do that, and also have a high level of emotional intelligence throughout. So that's who I would have dinner with.

Dave: Interesting. My last question. A book that changed your life?

Lisa: I think it's a book that may not be familiar with a lot of people. It's called *The Other 90 Percent* with Robert Cooper.

Dave: I don't know it.

Lisa: And he also wrote a book called *Executive EQ*. And what I like about it, and why it was transformational, is the book about executive EQ was written around the time people started talking about emotional intelligence. And so for me, when it's a combination of, I'll call it science and data, and studies and humanness. When we blend both of those together, and I would add stories. So you add data and stories about who you can become, and how to remain or become more emotionally intelligent, that has been sort of a foundation for me.

Dave: And you go back to that, sounds like?

Lisa: I go back to that, yeah.



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Dave: That's cool. Well thank you so much, and thank you so much for being a guest on the podcast. This was a great discussion.

Lisa: It was an honor and a pleasure.

Dave: Thank you.

Lisa: Thank you so much, and thank you Sarah as well.

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