



# LEADERS & Luminaries

*Empower Healthcare*



## Mastering the *Mentor* Mindscape

Draw a bead on  
the speed to lead

### Inside ▶

- ▶ Create your blueprint for succession planning
- ▶ Take a walk through the Supply Chain Ages
- ▶ What if... A Supply Chain exec entered politics?
- ▶ Salute the Bellwether and Future Famers Classes

## MISSION & VISION

Launched in late July 2007 by a group of influential veterans in the healthcare supply chain industry, Bellwether League Inc. operates as a 501(c)(6) not-for-profit corporation that identifies and honors men and women who have demonstrated significant leadership in, influence on and contributions to the healthcare supply chain.

Bellwether League's Board of Directors, a veteran group of industry advocates, evaluates and validates professionals submitted for consideration in its two award programs: Bellwethers and Future Famers.

The Board selects deceased, retired and currently active professionals with

a minimum of 25 years of exemplary service and leadership performance in supply chain operations that meet its criteria to be publicly recognized as Bellwether Class Honorees. Those honored demonstrate their qualifications by advancing the profession through work experience and performance and active participation in professional organizations and their communities.

Honorees include professionals from hospitals and other healthcare providers, manufacturers and distributors of healthcare products and services, group purchasing organizations, consulting firms, educational institutions and media outlets.

Future Famers represent supply chain professionals early in their healthcare

careers who do not yet qualify for Bellwether consideration, but have contributed to the healthcare supply chain profession in a meaningful way.

To date, Bellwether League has honored 112 innovators, leaders and pioneers in healthcare supply chain management in five distinct categories: Education & Media, Supply Chain Management, Group Purchasing, Supplier and Consulting Services. Bellwether League also has recognized 27 Future Famers.

The Hall of Fame for Healthcare Supply Chain Leadership is funded by six Founding/Platinum Sponsors – HealthTrust, Intalere, Owens & Minor, Premier, Vizient and VIE Healthcare – and a host of additional sponsors. 

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# THINKING TWICE, PUTTING CHALLENGES ON ICE

By Rick Dana Barlow

**Some say that hindsight is – or may be – 20/20, but that foresight may need a magnifying glass or even a jeweler’s loupe. Or better yet, good connections, a stroke of luck or superb timing.**

In any case, if you were given the magical opportunity for a “do-over,” what would you decide to do? The same thing? Or the sane thing? Maybe something completely different, fresh and new?

How would you answer that always creative question of “if you knew then what you know now about the healthcare supply chain management profession or even the healthcare industry in total, what would you have done differently, if anything, and why? Choose another career path? Plow ahead?

Bellwether League’s representative publication *Leaders & Luminaries* asked those in the Bellwether Community – including Bellwethers, Honorees, Future Famers and Sponsor executives – to ponder the question and share their thoughts.

Their responses, by and large, illuminate their character, dedication and determination to serve.

“The one thing would be the absolute necessity of involving physician staff in most every decision around product selection. I think if I had been more adamant at the start of my career in seeking out physician leaders and ‘forcing’ them to participate in decision-making, I would have been more successful sooner. Sure, this became obvious after some time, but I think I wasted years believing Supply Chain could operate in a vacuum to accomplish

their objectives. I believe most supply chain folks now realize this key point, but I wouldn’t be surprised at all to find there are still some who shy away from those difficult conversations with clinical leaders. Everyone avoids conflict, but this point is something supply chain leaders must master if they ultimately want to be successful!”

## John Gaida

*Bellwether Class of 2018,  
Secretary 2010-2012,  
Chairman 2013-2016,  
Chairman Emeritus 2017-2018*

“If I would have known that politics would be such a significant component of healthcare provider management, decision-making, healthcare change management and supply chain management, and it prohibited (in my view) many common-sense solutions from being approved because they might infringe upon someone else’s authority, operation, territory, or the ‘way things have always been done around here,’ I might have chosen another way to pay the bills.

I admit I have never been a fan of playing political games. But I did push myself to learn about how to do it, at least to some degree of competency.”

## Jamie Kowalski

*Bellwether League Co-Founder  
and Founding Chairman,  
Bellwether Class of 2017*

“The lack of good information on demand for and quality of the products as determined by the clinical team. The absence of clean lines of authority makes the management of the supply chain difficult. I would still have chosen to be a part of the solution.”

## Joe Pleasant

*Bellwether Class of 2014*

“The one thing I wish I would have known is how imperative it is to have a ‘working’ knowledge of clinical products and their processes. Product knowledge is so important to have [as well as] the ability to communicate with physicians, surgeons, nurses and care givers about the importance of a high-performing supply chain contributing to high quality, cost effective care.

“I would not have chosen a different career. I believe a driving force behind choosing healthcare as a vocation is one’s commitment of caring and giving to others in need.”

## Nicholas Toscano

*Bellwether Class of 2018*

“From my perspective, far too many systems are still caught up in the ‘70s. There are multiple layers of product review (GPO, IDN, Local facility), for generic products that happen every three years and waste provider and supplier resources. Value Analysis, far too often, becomes everyone singing ‘Kumbaya’ around the campfire, so that everyone’s voice is heard, be damned the cost.

“Some of the for-profit systems have figured this out and are far faster to deliver value to the suppliers, and far faster to implement, which takes not only product cost out (as the suppliers will provide better pricing to a system that has a lower cost of sales and conversion) but also organizational cost out.

# Press the Reset Button

“Recently, I spent a day traveling at significant expense to detail one of my client’s products in front of a group of 15 people at a not-for-profit [organization]. (This is one of the few commodity products that we represent.) When I asked how many suppliers that they had already spent an hour reviewing, I was told that I was the fifth supplier that they had seen. The system likely spends around \$60,000 annually on this line and has invested over 75 man hours just in looking at products that are as interchangeable as light bulbs! By the time that they complete the analysis, they will have invested over 5 percent of the annual product cost, while adding zero value.”

## **Carl Meyer**

*Bellwether Class of 2019*

“In retrospect, nothing would have caused me to make another decision because as my career progressed, I only became more drawn towards supply chain/operations. I was very fortunate that early in my career I was able to work in a variety of functions, including manufacturing, customer service, marketing, sales, product development and supply chain. All of these experiences helped me understand that supply chain is the ‘heart’ of any organization and that supply chain leadership was the best fit for me.”

## **Larry Smith**

*Bellwether Class of 2019*

“When I stepped into a Supply Chain leader role, I wish I would have known how much development in the area was needed. There was lack of data standards to help enable communication between Supply Chain providers and manufacturers. I expected that process to be much more formidable on both sides. Also, staff needed training and development to take advantage of new technology capabilities. I was also fortunate enough to connect with some very seasoned Supply Chain leaders who offered support and advice. This was invaluable and very welcomed.

“I do not think I would have changed the path I was on. I like the challenge of developing a strong team and have enjoyed seeing their successes and being able to contribute to the successes of the organization.”

## **Deborah Petretich Templeton, R.Ph.**

*Bellwether League Treasurer (2016-2021)*

“Change is difficult no matter how logical the argument for change. Supply chain management is ever evolving and always changing. Not everyone gets on board. It sometimes takes months, if not years, to affect change. More importantly, to hold the gain involves revisiting an implemented change while other change processes are in the works. I wish I had been more knowledgeable about change management and how things so seemingly

easy can sometimes be so difficult. Getting folks on board can be very compromising and frustrating. This is particularly true in healthcare supply chain. Yet I wouldn’t trade this career for any other. It has been very challenging and rewarding.”

## **George Hersch**

*Bellwether Class of 2019*

“I think that Supply Chain does not always have a seat at the C-suite table as a peer. This should happen every time because of the clinical integration of the supply chain and supply chain’s contribution to optimal cost and quality can assure optimal market share growth for the entire organization.”

## **Rand Ballard**

*Chief Customer Officer, Vizient Inc., Founding Sustaining Sponsor*

“If I had known about the critical strategic relevance that supply chain plays in other industries outside healthcare earlier in my professional career, I would have jumped in sooner and inserted myself into building out a stronger capability so desperately needed today in our healthcare industry. The various facets that supply chain addresses and touches within our healthcare is dynamic and ever changing, and continues to impact positively the landscape of creating more reliability, better cost control, growth and partnerships among an array of internal and external constituents.

Supply chain sophistication continues to grow and will offer even more challenges as consumerism flourishes in the healthcare environment. Healthcare supply chain offers such a terrific foundation of understanding our healthcare system overall from the ground up for young professionals entering into this industry and an opportunity to grow within and outside its boundaries. I wish I had that foresight earlier on in my career and in my professional life to get inside its walls.”

## **Tom Lubotsky**

*Vice President, Supply Chain, Allina Health, Professional Sponsor*

“I stumbled into Supply Chain, and during those first years tried to negotiate my way out. Admittedly, it took nearly five years to come to the realization that I had been called to this vocation, and it was at that point that I came to enjoy and eventually love what I do. I suspect that had I known how difficult and frustrating it was to influence clinicians and senior administrators alike I might not have stayed in the role. However, I am glad that I did not know in advance. I am glad that these learnings took place over many years and along the way I got better at overcoming these challenges.”

## **Edmond Hardin**

*Vice President and Chief Supply Chain Officer, Froedtert Health, Bronze Sustaining Sponsor*

# BENDING WITHOUT BREAKING: Supply Chain resilience knows no bounds

By Rick Dana Barlow

If you pit age and experience against vigor and youth, which pair of attributes do you believe might be the more resilient, particularly during tough times of budgetary crises, reform woes and uncertain foresight?

Some might say vigor and youth outpaces their opponents. That may be apparent in sports and popular front-of-camera media market segments. Others say age and experience trumps the opposing duo. That certainly seems the case in business and politics.

In healthcare, however, which balances between the areas of business, politics, service and yes, even sports, the determination remains not so orthodox.

While acknowledging the benefits and liabilities of both sides, many in the Bellwether Community – Bellwethers, Honorees, Future Famers and Sponsors – feel the healthcare segment offers more of a level playing field in the areas of risk and reward for varying reasons.

**Carl Meyer**, Bellwether Class of 2019, points toward mentoring and unity of purpose rather than years in life and practice.

“From my perspective this is not an older vs. younger question,” Meyer said. “In my opinion, every employee has something to offer. Younger employees typically embrace technology faster than older tenured employees. So while the younger employee can mentor the older in

terms of technology uptake, the older employee can mentor the younger in terms of organizational culture as well as lessons of failed or successful initiatives in the past. We can all learn from each other.”

**Br. Ned Gerber**, Bellwether Class of 2010, himself a veteran imbued with experience, dismisses age as a determiner and frames the issue against the backdrop of history.

“Age itself is not the issue,” Gerber told *Leaders & Luminaries*. “A younger person can do well; so can an older person. The key is proven results, and a personality that ‘clicks.’ However, I note that in the Judeo-Christian tradition, Levites – Old Testament clergy – were not considered fully prepared to assume their life roles until they were about 30 years of age. Cultures vary, but that still seems about right. Yes, outstanding people like Alexander the Great embarked on conquest in his early twenties. But he also pouted foolishly in his tent when his weary army wouldn’t continue marching east into modern-day India.”

**Siobhan O’Bara**, Senior Vice President, Industry Engagement and Services, GS1 US, Silver Sustaining Sponsor, defends more of a developmental mindset.

“I think it has nothing to do with age or your experience,” O’Bara said. “Resiliency is a characteristic of individuals. If you are not resilient, I think you limit your choices and your career to situations

that are very safe. If you are resilient then you go forward with confidence that this situation may not turn out perfectly, but you may surprise yourself; and either way, you will learn and move forward. Resiliency has absolutely less to do with the idea that ‘I’ve done this for 30 years, so I know how to navigate,’ and more to do with resistance to fearful thinking that leads a person to always choose the safest action and never take a risk or try something new.”

Mostly it depends on the individual, according to **Jamie Kowalski**, Bellwether League Co-Founder and Founding Chairman, Bellwether Class of 2017, “their ability to handle change, challenge, solving problems, energy, bravery – to try new things, confidence and support from the boss,” he said.

“Of course, the ‘older’ pro might have experienced certain situations and problems before or even often,” Kowalski continued. “They might be able to draw on what they learned – what worked before, and be more likely to stick with it until the solution takes hold.”

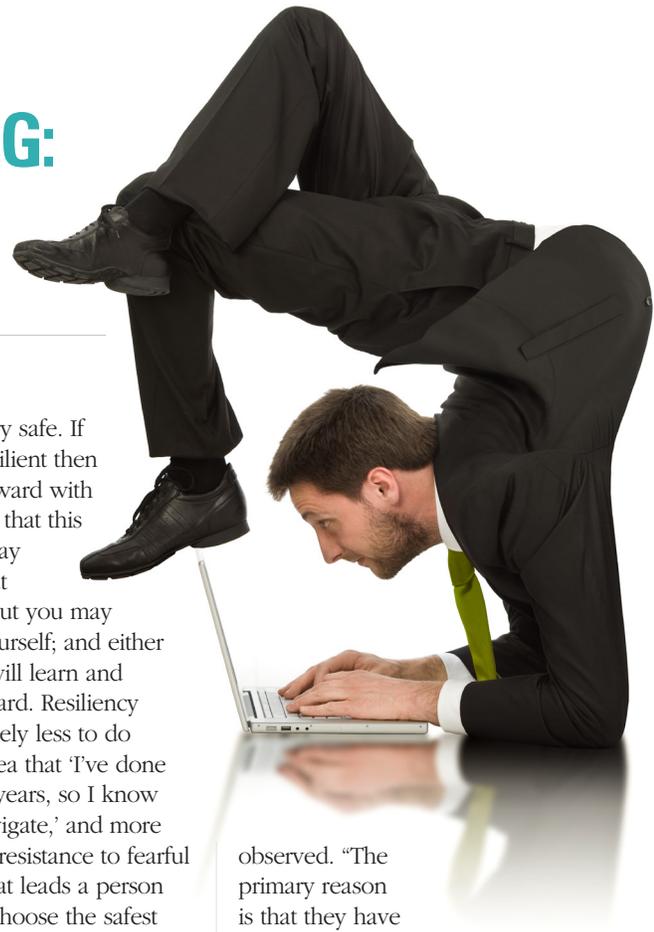
What moves with age and experience is the art and science of bobbing and weaving, according to **Nicholas Toscano**, Bellwether Class of 2018.

“Yes, ‘older’ more seasoned pros are more resilient,” he

observed. “The primary reason is that they have ‘been there, done that.’ They have experienced the consequences of wrong decisions of lack of clarity in deciding. Older folks are much more politically savvy in their approach to certain challenges. Older pros have also learned over time to be better listeners. Every organization has its politics, and the ability to navigate through the political maze to get a positive result simply comes from experience, and frankly, screwing it up a few times previously.”

**Rand Ballard**, Chief Customer Officer, Vizient, Founding Sustaining Sponsor, doesn’t see a difference between the two.

“It depends on the individual and their ability to adapt and be agile,” he said. “There are plenty of older pros that have adapted and continue to adapt and show great resilience. Similarly, there are many younger pros who believe they can improve every day. I believe this is individual-specific, and not age-specific.”



### **Mark Van Sumeren,**

Bellwether League Board Member 2014-2019, insists that an argument can be made either way.

“Older professionals should have the wisdom and experience to ‘read’ the issue more deeply, more broadly and with less anxiety,” he observed. “Having experienced change and business challenges throughout their careers, they have the ability to draw on these experiences to place the challenge into perspective better than their younger counterparts.”

“Yet the younger professional often is less set in their ways, more willing to consider new and different approaches, to experiment and to ‘go with the flow.’ They are likely to ask more questions, to ask ‘why not’ rather than try to shape the answer according to past norms.”

**Bill McFaul,** Bellwether Class of 2008, offers a stark assessment with this accepted idiom of yore: “Unfortunately, it is difficult to teach an old dog new tricks,” he mused.

### **Looking both ways**

Energy – natural rather than “enhanced” – tends to accompany youth even as wisdom, which may involve how to apply energy, tends to accompany experience.

“Older, more experienced executives tend to be more resilient because of experience,” indicated **Jim Francis,** Bellwether Class of 2017. “Through years of trial and error, they know instinctively how to bounce back and respond during times of difficulty. They are not easily swayed by negative feedback or dismissive input. Older executives are experiencing greater change than ever before though and the ability to accept that will directly impact their ability to respond to challenges.

“Younger executives tend to be less invested and less resilient to change,” Francis countered. “They may give up more easily and move on to the next, new project without much retrospective assessment of what they could have done differently to be successful. Of course, this is not characteristic of all younger executives.”

### **Deborah Petretich**

**Templeton, R.Ph.,** Bellwether League Treasurer 2016-2021, emphasizes the benefit of a balanced perspective.

“Resiliency with age, takes a different form. It may not be speed to produce, but experience can lift you out of difficult situations faster,” she noted. “You know that sometimes things will not always be perfect and that failure is just part of the cycle. You can also predict what and how you will need to message your team to get them through difficult times. Remaining calm, confident and in control is learned over time and is invaluable behavior.”

Too many assumptions and pre-conceived notions fuel stereotypical observations and cloud the real issues, according to **Karen Conway,** Bellwether League Board Member 2018-2020, and Vice President, Healthcare Value, GHX, Gold Sustaining Sponsor.

“First, [this] assumes older means more experienced and younger means faster and that both experienced and faster are qualities tied to resilience,” she said. “I believe resilience comes from within, and is more associated with someone’s belief in themselves and in a higher purpose. In fact, the most resilient people I know recognize that experience can be a barrier to resiliency if they allow themselves to believe that what they have done and led to success in the past will lead to the same

in the future. The belief that ‘what got you here will get you there’ can be debilitating, especially in an industry like healthcare where the business and revenue models are turning upside down and science is continually disproving what we previously thought was best for patients. One of many dichotomies held by real leaders is the ability to be confident in their competencies and recognize they must continually learn and surround themselves with others who complement and at times challenge their preconceptions.

“On the other hand, faster does not always lead to more resilience,” Conway continued. “First, faster at the wrong time, such as in the important planning process, can lead to failures. But once you have planned effectively, being fast to implement (as intended), measure and continually improve is a key enabler of resilient people, organizations and systems. Another view into the same enabling characteristic is the ability to fail fast, learn from those failures, and rapidly apply those learnings in the face of adversity. Leaders, young or old, who do not let adversity define them, but rather see it as the impetus to seek a new solution, are the most resilient of all.”

**Mary Starr,** Bellwether Class of 2018, echoes the idea that this issue is “more person-dependent than age/tenure-dependent” and that resilience occurs during both stages of one’s career.

“Experience helps keep things in perspective,” Starr said. “Many urgent requests or emergencies that pop up have been seen before, or a similar situation has been managed successfully at a previous time. Additionally, I think age/experiences help understand the ‘people’

component of work. Not everyone works in the same fashion, has the same personal or professional priorities and may have a very different communication style. This can be more frustrating to a younger professional, while experience helps you recognize these differences as natural and expected.

“Energy and an unjaded view of possibilities can provide plentiful momentum,” Starr continued. “The ‘we’ve always done it this way’ attitude doesn’t (usually) exist, and there is an optimistic view of one’s ability to impact positive change. Additionally, although not true on a wholesale level, the ability to adapt to change, in particular technological changes, can make doing some components of the job itself somewhat easier for a younger professional.”

### **Playing the long game**

With age and experience linked to time, which moves forward, some give the edge to the mature, in terms of wisdom from world weariness.

“Older more experienced and seasoned pros might be considered as more resilient because they understand the implications for changes based on their years of experiences,” said **Dick Perrin,** Bellwether Class of 2014. “Over time, they have had the opportunity to develop different methods of coping and may thus be more resilient depending on the situations or changes they are encountering in the environment.”

**Brent Johnson,** Bellwether Class of 2014, agrees.

“Older, seasoned workers tend to be more resilient because they’ve been through many changes and have learned to accept and adapt,” he noted.

*Continued on page 8*

“I think older, more experienced and seasoned pros are resilient,” asserted **John Gaida**, Bellwether Class of 2018, and Bellwether League Secretary 2010-2012, Chairman 2013-2016 and Chairman Emeritus 2016-2018. “I say that not just because I am one, but because I think so many of us have seen tougher times and have pushed through them. We’ve learned to put up with adversity that I think would be a much bigger problem for the ‘younger, newer pros.’ I may be wrong, but I think younger folks want immediate success and satisfaction and are not so prone to put in the time necessary to be successful. I don’t say that to criticize, but I think it’s become a part of our recent culture to want success now and have little patience to persevere whatever odds necessary to be successful.”

They are seasoned by their experiences, insists **Ted Almon**, Bellwether Class of 2010. “The rough edges of their personalities and attitudes have been smoothed by time. Their cache of knowledge and wisdom has had longer to accrue, and their tolerance has been strengthened by being able to look at difficult experiences in the rear-view mirror,” he added.

Because they’ve lived for a time they’re more likely to take the proper time to make a decision, according to **Joe Pleasant**, Bellwether Class of 2014. “I believe older are more resilient because they have experience in dealing with a large number of situations and tend to put things in perspective. Many younger managers tend to jump to a decision and want to move immediately to a decision or take a position,” he observed.

Older, experienced professionals “should be able to see the whole picture and know when it is better to bend and adapt. The negative is that they may be less adaptable. Overall, they have the advantage of being able to see the big picture over time and understand why resilience is needed,” said **Jim Olsen**, Bellwether Class of 2015.

“To be sure, this group is more resilient because over the years, through the mountains and valleys of life, they have learned what their minds and bodies can accomplish and worry less,” acknowledged **Edmond Hardin**, Vice President and Chief Supply Chain Officer, Froedtert Health, Bronze Sustaining Sponsor.

But **Tom Hughes**, Bellwether Class of 2012, shows the benefits of his age and experience by urging caution against entrapment from sacred-cow thinking.

“Yes, more seasoned and experienced is good but don’t get stuck in the mud,” Hughes insisted. “Don’t say or even think ‘what worked for me 20 years ago’ is just as good now. Take a 360-degree look around and you will see a much more diverse and younger group of managers and customer and staff. Forget the ‘this too will pass attitude!’”

Experience over time should enable perspective, according to **Tom Lubotsky**, Vice President, Supply Chain, Allina Health, and Professional Sponsor.

“With experience hopefully comes a better understanding of yourself, balance and perspective, an established self-confidence and humbleness,” he said. “These elements provide the ability to recover or adjust to changes in the industry and working environment. By knowing oneself, you can lead others more effectively through

turbulent times. The know-how of engaging with others effectively to seek balanced perspectives will lead to solutions where collective ownership is evident and action is understood. Knowing what you know and don’t know along with the focus on ‘we’ vs. ‘I’ will create better teams and partnerships required to sustain even the hardest turbulent times.”

### Agility, speed to move

If anything, professionals in the early stages of their career possess the nimbleness to pivot off challenges and pounce on opportunities quickly.

“Younger workers accept change because they don’t view their current job as their life-time career,” **Johnson** indicated. “They will move on if things don’t go well.”

They are full of energy, enjoy new things and are hopeful, **Hardin** summarized.

“Sometimes younger managers are more resilient because they haven’t had the years of entropy or extended experiences that have resulted in them building blockages and are thus more willing to take chances because of their limited past experiences,” **Perrin** observed.

**Almon** agrees. “Their idealism hasn’t been diminished by time and the cynicism it can foster. They feel indomitable and still have the attitude that nothing is impossible. As we all know, attitude is everything. They are full of the vigor of youth and have the energy to overcome the most difficult of challenges,” he said.

“Resiliency of youth cannot be discounted,” **Templeton** noted. “The ability to pick up the pieces of something that didn’t go well, learn from it and move on can happen



quickly. This can strengthen the ability to problem solve, build competence and confidence. Having good coping skills is important. These experiences will collectively build character and allow connections and contributions that will be invaluable.”

But Toscano encourages the younger set to invest in those paving the way for them. “There is a wealth of knowledge and experience from the ‘Old Pros.’ Younger pros should embrace the opportunities to listen and learn,” he said. “It will ultimately allow the younger pro to communicate better with the Chief of Surgery and avoid him or her from going to the CEO and demanding you be fired immediately!”

Lubotsky welcomes new blood into the profession because it’s necessary to keep the developmental momentum flowing.

“An emerging young work force can bring energy, unconventional approaches and a thirst for taking on recoveries required based on major changes in a marketplace,” he observed. “They bring fresh thinking that if harnessed and properly channeled can make remarkable contributions. And they may bring a capacity fueled by the vigor to solve real issues that make them more valuable in times of turbulence.” **1**

# BENDING WITHOUT BREAKING: What underlines, undermines work-life balance?

By Rick Dana Barlow

Achieving the proper balance between work and life, the office and home, not only shakes out as an art and a science but moreover as a state of mind.

Whether teetering around a thin line or a slippery slope, a healthcare supply chain professional may find navigating and negotiating between those worlds to be a tricky trek, rife with pitfalls, pratfalls and plenty of pressure.

“What’s your (diversion) hobby?” asked **Mark Van Sumeren**, Bellwether League Board Member 2014-2019.

“In the business world today, it’s clear that there is never enough time to get done everything you must do.

To many, that creates an unsatisfying and unproductive situation – an overt sense that it’s never good enough only exacerbates the problem. In response, too many people subscribe to the notion that success is predicted on how many hours you work, rather than how many how many hours you work productively.

“Successful leaders typically have a passion or devotion outside their work, something that not only relieves the stress, [but] also focuses the mind and re-charges the batteries,” Van Sumeren continued. “Whether it’s reading, exercise a hobby, or simply meditation, a routine does not become a distraction or an impediment. Instead, it increases the productivity of the hours you do work. In fact, when work is the most stressful, taking even a few minutes to divert your attention



will lessen the stress, focus the mind and improve the quality of what you do.”

Sometimes you just have to make a clean break for it, according to **Jim Olsen**, Bellwether Class of 2015.

“Work-life balance is the key for me,” Olsen insisted. “Taking even a few minutes every day to do something you enjoy – and is totally unrelated to work – is very important. For me it is reading something unrelated to work and listening to music. When I travel on vacation I do not read e-mails. I am available by phone and will respond to an e-mail I am alerted to, but I will not be pulled into the daily e-mail traffic.”

For some, a clean break can foment a different kind of separation anxiety, so it

takes conscientious work to include leisure, as anathematic as that sounds.

Sashaying between work and stress relief remains a challenge for **Deborah Petretich Templeton, R.Ph.**, Bellwether League Treasurer 2016-2021.

“I often find myself struggling with this type of balance,” Templeton told *Leaders & Luminaries*. “Luckily, I have a spouse that gives me the sign that I need a break. Taking time away, reading things outside of job topics and finding a hobby (e.g., running, etc) that can put your mind in a new space, even for a few minutes, can help. It is always important to remember that the work will always be there, but personal events may not. Take the path that matters most in the long run.”

As you invest in your job, your career, your organization, your industry, you have to invest in yourself, urges **Joe Pleasant**, Bellwether Class of 2014.

“You must always have time to invest in your development, both professionally and personally,” he said. “If you do not then you will not be an asset to yourself or the company. Good organizations recognize that and provide for it.”

**Brent Johnson**, Bellwether Class of 2014, stresses the importance of balancing work and life.

“Work is a necessary part of your life but if it becomes everything then ‘burnout’ is certainly likely,” he warned. “On their deathbed no one ever says they wished they would have spent more time working. Family, friends, hobbies, faith and other things need to be balanced with work.”

Balance can remain at the same level no matter the effort between work and life, urges **Rand Ballard**, Chief Customer Officer, Vizient, Founding Sustaining Sponsor.

“I believe in the ‘work hard/ play hard’ motto – you must find some time to do something for yourself and for your family,” he said. “That keeps you refreshed and from burning out.”

Doing rounds in the workplace can offer a wake-up call, according to **Tom Hughes**, Bellwether Class of 2012.

“By communicating, both in terms of frequency and quality,

*Continued on page 10*

get out of your office and walk the supply chain back and forth, including suppliers, distributors, and your GPO,” he said. “Burnout tends to take place when you didn’t see it coming!”

**Dick Perrin**, Bellwether Class of 2014, concurs.

“Failure to plan and consider priorities will result in not being able to accomplish anything of significance because there are so many demands that impact our daily existence,” he said.

Just as work maintains its priorities, so does life, but you only control one of the two – even if you’re the boss, according to **John Gaida**, Bellwether Class of 2018, and Bellwether League Secretary 2010-2012, Chairman 2013-2016 and Chairman Emeritus 2016-2018.

“Decide where your job sits in relation to your life,” Gaida asserted. “Family comes first. If you have a good family life, you can put up with more stress and conflict at work. If both are in crisis, fix the family first then find a job you can be happy with while making the family happy. There’s just no easy answer here. If you are not happy at work the majority of time, it is time to find something else.”

It’s all about perspective, according to **Br. Ned Gerber**, Bellwether Class of 2010.

“It is imperative to have personal goals and values beyond work,” he insisted. “Work is truly vital, but obviously, life is more than that. As the old saying goes, ‘Nobody on his/her deathbed wishes he had spent more time at the office!’ We also need at least a couple [of]



very strong friendships outside of immediate work responsibilities. Studies have shown that people are far happier, and even live longer, when this is true.”

### Bailing on burnout

Dealing with stress is a difficult challenge, according to **Nicholas Toscano**, Bellwether Class of 2018, and if left unchecked, that stress can lead to burnout.

“I try to maintain my competence and composure by [forcing] myself to take time for myself,” Toscano said. “Taking time to think and meditate on what’s important to you, your family, your friends is a good way to balance the stress before it turns to burnout. Another way I deal with stress is to engage with my positive colleagues that I admire and trust and even schedule some social events after work. I also cope with the challenges of my job by doing some volunteer work in my community. Volunteer work that is helping people

that are less fortunate is a good way of channeling your stress from your job, too. The power of giving has a very positive effect on stress. I have also made it a point to join professional organizations to attend meetings and conferences to interact with others challenged with similar workplace issues. I have found that to be very helpful in resolving work problems.”

Job resilience is key to a long and successful career in healthcare, insists **Mary Starr**, Bellwether Class of 2018.

“With the constant overlapping priorities, increased demands and urgent requests, the job can become overwhelming,” she said. “I find some long-term projects that are personally satisfying because they are either an area of interest or include a team of people I find enjoyable and stimulating to work with. [This] helps even out the work and add positive highlights to a day or week. Additionally, the many ‘no’s’ received should not be seen

as a measurement of success and instead should be seen as efforts toward progress. Try not to take them personally – sometimes easier said than done.”

**Karen Conway**, Bellwether League Board Member, 2018-2020, Vice President, Healthcare Value, GHX, Gold Sustaining Sponsor, acknowledges she’s still learning how to juggle life and work demands.

“I admit to being one of those who has long tried to tackle bigger demands and decisions and greater accountability by trying to work harder and longer,” she indicated. “I have learned the hard way that this is not only unsustainable, it [also] is not conducive to optimal performance. As both coaches and managers have advised me, it is critical to make the time to do whatever recharges you personally, such that you can best contribute your unique talents to what you seek to accomplish. It also helps you determine the most important work to

achieve those goals. For me it is taking time in the morning to do some yoga, meditate and reflect on where to spend my time and attention, and whenever possible, to spend some time in nature. I also find it extremely valuable to reflect on where I have made mistakes, and without judging, to learn and make adjustments for future improvements. This, perhaps, is the hardest but also the most valuable lesson of all.”

Long hours, incessant and insatiable demands with big decisions and accountability measures can stretch your ability to maintain your competence and composure without burning out. Certainly, that accurately describes the life of a Chief Supply Chain Officer in healthcare today, which **Jim Francis**, Bellwether Class of 2017, knows all too well.

“In these roles, largely due to technological improvements, there is no respite from being accessible, 24/7, 365 days a year,” he lamented. “The only thing that changes is your environment from time-to-time. So yes, I do get burnt out on occasion. To recharge it is important that you are always working on new and innovative improvements to your supply chain, initiatives that will stimulate new thoughts and energy. You have to constantly challenge yourself and team to embark on new initiatives, learning and education. Increasing your competency will result in higher levels of performance personally and for your organization. I also enjoy networking and learning from others, so attendance at industry events is an important way to stay engaged.

Fortunately, with multiple locations across five states, my organization enables me to visit with colleagues in many areas, another key way to improve and maintain your engagement and prevent burnout.”

A progressive and understanding employer can make a difference, too, according to **Siobhan O’Bara**, Senior Vice President, Industry Engagement and Services, GS1 US, Silver Sustaining Sponsor.

“I feel fortunate that in my career I have worked in environments that have allowed me to make decisions with the recognition that not all of them will turn out to be perfect or right,” O’Bara said. “Innovation happens when people feel safe making decisions and working outside their comfort zones, when they are not afraid to fail. When you know you’re allowed to make a mistake, within reason, that’s an environment where you get a lot of work done, where it’s challenging and fulfilling and you learn. We all work hard. We have to be able to do that in a supported, fear-free environment. It’s important to stay humble, but unafraid to keep moving forward.”

**Jamie Kowalski**, Bellwether League Co-Founder and Founding Chairman, Bellwether Class of 2017, sees the balance as a multi-faceted exercise that can include a variety of activities, such as reading, talking to peers, site visits if possible and attending local, regional and national conferences, depending on budget, distance and/or time off. Then again, it can be a mentoring initiative, too.

“Seek out those in the organization who can help because they have been

through it before and can offer you with proven solutions, or staff to whom you can delegate with minimal prep time and micromanagement,” Kowalski advised. “This could include your boss, but that means not just dumping your challenge on him or her, but also thinking it through [on your own] so you can offer your alternative solutions for the boss to critique and then help you select the best one. It may even mean obtaining support and additional resources from your boss.

“Your mindset might best be considering what you are doing as an adventure, or contest,” he continued. “How much can you learn and do in a period of time? Once you start feeling like it is a burden or a lost cause, it is likely you are dealing with burnout and should begin your search for something else.”

Balancing work and life should be treasured, according to **Tom Lubotsky**, Vice President, Supply Chain, Allina Health, and Professional Sponsor.

“Protecting your time during a work week is an important discipline,” he said. “By inserting private time, you can take a moment to reflect on the work that you and your team is addressing, behaviors that you believe need to be addressed by yourself or with others, take time to read about specific industry topics essential to the development of the work at hand, get out and round on various departments or complete critical planning. This is why in most sports, there is the privilege allowed to take a ‘timeout.’ And time is indeed a privilege that should be used wisely. It is so easy to

float throughout your day immersed in non-value add activities that can retard the efforts and key work that needs to be accomplished.

“It is also essential that you make time to attend key forums, talk to colleagues addressing similar work challenges and invest time in developing yourself,” he added. “You may not realize that you are improving your productivity and self-being by being engaged in your industry outside your workplace. By doing so, you help yourself create better context, strategies, solutions and most importantly, a better self. Establishing balance and perspective will enable you to maintain your competence and composure without burning out.”

After working for several major consulting firms and healthcare provider organizations over the years, **Edmond Hardin**, Vice President and Chief Supply Chain Officer, Froedtert Health, Bronze Sustaining Sponsor, offers a different perspective.

“I picked up some great work habits, including a drive to work an excessive amount of hours when the job required, a near craving to work with smart, exceptional and inspiring individuals, and a willingness to be the catalyst for change whenever and when I cannot to embrace change,” he said. “At the end of the day, you do not count the hours when you constantly love what you do and love who you are doing it with.” 

# CLIMBING THE MENTOR MOUNTAIN

*“Moral imperative” as much as a journey of discovery and progress*

By Rick Dana Barlow



## Imagine

walking into the hospital auditorium crammed with more than 200 professionally clad and coiffed executives all interested in that open Chief Procurement Officer position advertised by the integrated delivery network in which the hospital belongs.

Your eyes scan the room, surveying the competition for familiar faces, friends or foes from competitors around town, all of whom have migrated here to gather more information about this newly available – and enviable – employment opportunity.

During the reception that followed the IDN presentation, you learn that not everyone attending this event was angling for the job. In fact, a number of those mingling around the room

were mentors of candidates, there to guide and support their charges for this influential and lucrative opportunity.

Mentors? Some here brought their mentors? Why didn't I think of that, you ask yourself. More importantly, why don't I have a mentor of my own, you muse.

What if the healthcare supply chain profession didn't have mentors willing to guide and mold future executives and leaders? Where would the next generation be? How would they develop?

“Decades ago materiel managers evolved differently than today,” recalled **George Hersch**, Bellwether Class of 2019. “We had the benefit of both mentoring and practical experience. IDNs were rare. Starting your supply chain career meant being a supervisor or an assistant director in an acute-care hospital. You also had the benefit of doing every job you supervised. So we all learned not only from textbooks but [also by] doing the actual work! Imagine doing purchasing one day, receiving another day, conducting a value analysis meeting later in the month, etc. Wow, what a combination of rich experience gained in helping your team out directly on occasion!

“In today's IDNs, supply chain folks are often narrowly slotted into system roles and even hospital-based roles,” Hersch continued. “This makes mentoring a moral imperative for young folks entering our career path. Advancement for them means that leaders must share their knowledge and provide opportunities to experience different aspects of supply chain management. Mentoring facilitates learning in an accelerated way. It allows young professionals to question and challenge the status quo. It stirs the creative juices that lead to process improvement in all areas of supply chain. It is essential to the success of our future leaders in supply chain.”

**Deborah Petretich Templeton, R.Ph.**, Bellwether League Treasurer (2016-2021), acknowledges the inherent dangers of an absence of mentoring.

“[A] lack of mentoring in the healthcare supply chain would have a negative effect on availability of having a well-trained pool of successors to meet the challenges of the future,” Templeton asserted. “As healthcare is changing, the demands on supply chain leaders are becoming even greater. Being able to share experiences and help inspire confidence and build the leaders of tomorrow is extremely important.

“Mentoring allows a chance to offer an outside perspective on both mentee and your business,” she added. “It should allow a forum to listen, confidentially, to the things that are worrying the mentee about your business. It should offer help to the mentee by the mentor sharing their own experience of both failure and success. The mentor can give friendly, unbiased support, provide honest and constructive feedback and be a sounding board for ideas. This is all important for the development of supply chain leaders of the future.”

Some fear the dearth of mentoring will have a detrimental effect on healthcare supply chain professional – and industry – development.

“I'd like to think there has always been mentoring taking place in the industry – but maybe not as much,” observed **John Gaida**, Bellwether Class of 2018, Bellwether League Secretary 2010-2012, Chairman 2013-2016 and Chairman Emeritus 2016-2018. “Years ago, I never heard anyone even talking about mentoring, whereas now it seems to be an important topic, and many are purposefully trying to be mentors to those up and comers in our industry. I think it would be detrimental to supply chain if it stopped. It is important for the



seasoned (old) supply chain leaders to spend time passing along what took years to learn. If nothing else, the process speeds up the learning cycle. Now it is also important for the one being mentored to listen and learn – or at least to consciously make good judgments on whether to copy or disregard those lessons being taught.”

### Slip-sliding away?

**Jamie Kowalski**, Bellwether League Co-Founder and Founding Chairman, Bellwether Class of 2017, questions the supply of mentoring versus the demand for it.

“Unfortunately, there is not enough mentoring happening now,” he lamented. “This is limiting – and slowing down – the development of people who can become qualified to handle their own responsibilities better, as well as being prepared to manage more complexity and responsibility in higher level positions.”

Kowalski cites statistics of his “2016 Healthcare Supply Chain Leaders Survey on Leadership and Succession,” synopsisizing that the data do not provide a “pretty” picture. At the time of the survey, 29 percent of current Supply Chain Leaders who responded intended to leave their position and/or retire within the next three years. Further, 48 percent believed that there are not enough qualified professionals to take their place by the time they leave. Plus, 64 percent responded that it will take up to three years for successor prospects to prepare for the position.

“And further disappointing, is that less than half of the Supply Chain Leaders have a written succession plan,” he added. “Mentoring can help make up for the gaps.”

**Carl Meyer**, Bellwether Class of 2019, refers to Kowalski’s study as indicative of the lack of mentoring in the healthcare supply chain that is “evidenced in the lack of ‘ready now’ talent to fill the significant number of Healthcare Supply Chain leaders that will be retiring in the next 5 to 10 years.

“With succession planning seldom in the job description for Supply Chain leaders, many of the up-and-comers have had little formal training – outside of work, partly due to trying to get 80 hours of work into a 60-hour work week,” he added.

The role of a Supply Chain Leader includes many touch points, such as clinical, financial, operational and strategic, according to **Nicholas Toscano**, Bellwether Class of 2018. “Having a mentor to guide one through this complexity is invaluable,” he indicated. “[So is] having that mentor who has the vision and passion to share his/her knowledge, experience and expertise. Mentoring is one of the best forms of caring for others success. Mentors allow you to find the true belief in one’s self.”

The industry and profession are better off with mentoring, emphasizes Rand Ballard, Chief Customer Officer, Vizient, Founding Sustaining Sponsor. “There is a lot to be learned from past experiences, as has been said many times,” he noted. “The best way to repeat history is not study it. I believe that applies to mentoring also.”

**Joe Pleasant**, Bellwether Class of 2014, views mentoring similarly.

“Mentoring allows the transfer of experiences that allow the mentee to potentially avoid mistakes as they face similar experiences,” he noted. “In addition it provides a source for asking questions about critical decisions in the mentee’s career.”

But **Larry Smith**, Bellwether Class of 2019, highlights the inefficiency and waste in the face of mentoring’s absence.

“Lack of mentoring in the healthcare supply chain (or any supply chain)

would mean that all the experience and knowledge of previous generations of supply chain leaders would walk out the door when they leave or retire,” Smith said. “This would mean that everything would need to be relearned again and that all the same mistakes would likely happen again.”

**Kevin McMillen**, Vice President, Key Accounts, STERIS Instrument Management Services, Silver Sustaining Sponsor, urges the industry and profession to take mentoring more seriously as it is “critical” in healthcare supply chain.

“High-performing companies embrace mentoring,” he said. “Without it future leaders would be less equipped to take a successful leadership role.”

But mentoring shouldn’t be limited in range or scope and should take place both internally and externally.

From McMillen’s perspective, internal mentoring:

- Begins with direct supervisors who should mentor their staff so that they create a pathway to advancement for themselves and their staff.
- Challenges internal leadership to accept responsibility for mentoring persons in the organization that are identified as future leaders.
- Identifies future leaders based on the challenges they accept and their willingness to go beyond their existing job descriptions. Not all staff are suitable for serious mentoring, McMillen cautioned. Key Performance Indicators should be established to identify the individual’s worthy of being mentored in a serious and meaningful way, he added.

Concurrently, in McMillen’s opinion, external mentoring:

- Involves individuals that have received their MBAs and have successfully completed an Internship and would be serious candidates for mentoring and advancement.
- Involves professional organizations, such as ACHE, AHRMM and HFMA, to provide opportunities for advanced study and leadership mentoring that should be mandatory for future healthcare leaders.

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- Involves organizations in many communities that are served by successful retired executives from many industries. These organizations have a wide and varied pool of talent that can serve future healthcare supply chain leaders very well, according to McMillen. Bringing the thought processes and experience from outside healthcare often brings new ideas which can be developed successfully for healthcare supply chain, he noted.

But **Edmond Hardin**, Vice President and Chief Supply Chain Officer, Froedtert Health, Bronze Sustaining Sponsor, warns against matchmaking mentorships, favoring more organic development instead.

“Mentoring is essential but I am not a fan of formal, contrived relationships,” he said. “For nearly a decade I worked for several organizations that had formal mentoring programs – the kind where the mentor and mentee were assigned to one another – and came to believe that this is how well-run organizations promoted teaching the next generation.

“Then I went to work for an organization that refused to have a formal, assigned program,” Hardin continued. “Instead, they encouraged – but never required – the younger generation to identify one to two mentors. The experienced generation, in turn, was not required to accept the invitation as a mentor. Rather than put the energy and resources behind a formal program, the organization reinforced the importance of mentoring by annually recognizing the best mentors through a highly selective nomination process and mentees were recognized through promotion since at this organization a meritocracy culture prevailed and, to be sure, those that were mentored demonstrated greater success.”

The healthcare supply chain industry is “far better off advancing our mentoring capabilities,” according to **Tom Lubotsky**, Vice President, Supply Chain, Allina Health, Professional Sponsor. “Lending insight, advice, and knowledge can only help those emerging leaders prepare themselves for larger and broader responsibilities.

“Unfortunately, our industry has not invested enough, both money and time, into talent management (competencies assessment, career path architecture, recruiting and onboarding, training and development, performance management) and hence, we may be creating more gaps of supply chain talent to lean on, especially as our healthcare supply chain industry matures,” Lubotsky observed. “Despite all the good intentions and mission statements about valuing people, the real priorities are evident by the organization’s action. Carrying out mentoring in the most effective fashion deserves attention in order to develop talent and a best team. Every organization is accountable for how it attracts, develops and deploys its most valuable resources – its talent – in order to meet the demanding needs of its customer requirements and to deliver the very best of service. It is your best investment.”

### Sacred cows over the moon

If mentoring is so valuable and valued, then why is it such a challenge to grow and maintain? Burdensome? Costly? Time-consuming? Why is it not standard operating procedure?

“Sit down with any young professional seeking a greater understanding of supply chain,” **Hersch** recommended. “What do you notice? Look at their faces and listen to their questions. You immediately notice an eagerness to learn. Add to that an appreciation for knowledge shared. It is more rewarding than anything you can imagine doing in the course of your regular work day. So why don’t many leaders do it? The obvious answer is that it takes a lot of time. The pressures of financial performance and mandated goals require significant effort and time. Sadly, mentoring others is often considered a luxury that time just doesn’t afford.

“But setting time aside for mentoring builds a stronger team,” he asserted. “When this is realized, mentoring becomes an important part of the day. One way to think about mentoring is how much time should be devoted to it. Mentoring can be as valuable in smaller chunks of focused

time as it can be in longer conversations. It can also serve to avoid time consuming problems to unravel later if only the knowledge on how to address a particular issue could have been shared in advance. Your subordinates will appreciate and so will you in the long run.”

**Templeton** and **Toscano** both point to time as the costly culprit, a barrier and a burden, respectively. And that’s short-sighted as well as wrong.

“A good mentor should be willing to dedicate the time necessary to give the mentee a meaningful experience,” Templeton encouraged. “Having an upfront discussion with the person requesting the mentorship should include a discussion about coming prepared for discussions, doing ‘homework’ as applicable and being willing to make the most of the time together is critical.

“To overcome the challenge of allowing time for mentorship, the mentor needs to realize that there is also value,” she continued. “This includes the ability to improve communication and personal skills and to develop leadership and management qualities. It allows the mentor to reinforce their own skills and knowledge of the subject matter being discussed. It increases confidence and motivation. It allows engagement in a volunteering opportunity and is valued by employers. It is also something that can be included on a CV.”

Many don’t want the added responsibilities perceived to accompany mentoring, according to **Toscano**. “Some people who have attempted to mentor will put so much pressure on themselves and believe it is just too tough,” he added.

That’s why they need to approach the relationship as a partnership, Toscano emphasized, so that the collaboration benefits both mentor and mentee.

“In my mentoring role, I continue to give an ear to listen,” he said. “However, I also get to learn and understand more about being an effective leader. Giving and getting honest feedback is an imperative.” Priorities can overshadow something like mentoring, McMillen observes.

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# FUTURE FAMERS FLIP FLIP THE PERSPECTIVE

Seasoned healthcare supply chain executives and leaders may express passionate points of view on mentoring their successors who represent the next generation of executives and leaders. Those viewpoints span commitment, expectations and even what “up-and-comers” really need to succeed.

But what do these next-generation executives and leaders really want – or even think they need?

## Four Future Famers share their insights.

### On what they expect and look for specifically in a mentor for their professional career...

“I think it is key to have a mentor (or two) as I grow in my career and leadership responsibilities. I was fortunate to have two very strong experienced senior leaders, Jon Stegner and Gary Lennon, that mentored me early in my career in healthcare supply chain and planned out a succession into my current role as part of their legacies and to help continue to drive the work we started together. I learned a lot from both of them. They had long and storied careers in the automotive manufacturing supply chain industry and moved into healthcare towards the end of their careers to share some of the best practices they had developed. They’ve both retired now and remain mentors, but it is still important to have mentors that have been in situations before that can provide guidance and counsel. There is rarely a need to have to figure things out for the first time.”

**Eric Tritch** | *Future Famers Class of 2015*

“Knowledge and wisdom that I don’t already have. We all want to learn and evolve, and the only way to do that is to be willing to learn new things.”

**Jimmy Henderson**

*Future Famers Class of 2016*

“A mentor needs to be self-aware and empathetic. A good mentor listens well, asks good questions and encourages

their mentees to continue to grow and learn. A good mentor reminds their mentees that the future holds plenty of magic – and that I am the magician. Why? Because amidst the ‘busy-ness’ of work and the plethora of deliverables and deadlines, reminding us all of why we do this and that the future is for us to create is what life is all about!”

**Jun Amora** | *Future Famers Class of 2019*

“Investment in the mentoring relationship, positive influence, willing to listen and share knowledge.”

**Erin Bromley**

*Future Famers Class of 2019*

### On the specific attributes, personality traits, qualities that they use to define a mentor...

**TRITCH:** “Someone who is willing to take time to develop and coach you. Someone who has experience in a lot of situations that can provide advice and suggestions for consideration. Sometimes I think it is good to have a mentor [whose] style is different from yours to give you another perspective to consider as well.”

**HENDERSON:** “Experience is key, but they have to know how to teach. The best mentors lead by example. They never ask you to do anything that they are not willing to do.”

**AMORA:** “A mentor needs to be self-aware and empathetic. A good mentor listens well, asks good questions and encourages their mentees to continue to grow and learn. A good mentor reminds their mentees that the future holds plenty of magic.”

**BROMLEY:** “Invested in the mentoring relationship, willing to share knowledge, promotes a positive attitude, respected by colleagues in the organization or field of work.”

### On how they’re treated by a mentor affects their desire and willingness to serve as a mentor to someone else, as in pay it forward...

**TRITCH:** “I think it is important to have a mentor at any point in your career and to look for opportunities to mentor others. It serves you well in both situations to help your development.”

**HENDERSON:** “I’ve had both good and bad mentors. I think it comes down to your true desire to pass on the experience that you’ve gained.”

**AMORA:** “Humans are very good at mimicking behavior. Parents often serve as our first mentors and they leave imprints of their values and dreams upon us. In essence, how a mentor treats you can also leave a lasting impression.”

**BROMLEY:** “If you have had a successful mentoring relationship you understand the benefits it can provide and are willing to invest to grow others.”

### On what they wished they had known about the profession before joining supply chain management and whether they would have chosen a different career path...

**TRITCH:** “I think knowing how much supply chain gets to interact with all aspects of the business applies in any industry, and is now seen as a key value-add function in healthcare would have encouraged me to focus even more on supply chain from the start.”

**HENDERSON:** “The lack of overall respect. Supply chain is all guts no glory. It affects how you feel about doing what you do. I tried many other occupations, but ultimately, came right back to supply chain. Even if I chose another occupation to pursue, I feel like I would have ended up in the supply chain field.”

**AMORA:** “I think I’ve continued to learn things about the supply chain that continues to pleasantly surprise me. Supply Chain is unique in that it is so broad, it has impacts to Finance, Clinical Operations, but can also serve as a hub for some serious innovation.”

**BROMLEY:** “Starting out I didn’t know much about supply chain. I had taken one class while finishing my Master’s that touched on the topic. I wish I would have been more exposed to it so I could have chosen to focus on the field from the beginning. Supply Chain in healthcare offers so many opportunities and can open so many doors for young professionals. Supply Chain touches every part of the health system and forces you to understand the ins and outs of daily operations.”

“Healthcare Supply Chain is a very busy endeavor,” he said. “In many organizations there is simply not time set aside for mentoring or being mentored. The daily tasks take precedent. Senior leadership in healthcare needs to understand the value of mentoring to their organization and therefore drive and create time for mentoring.”

Of course, if prospective mentors themselves weren't recipients of guidance – and they see themselves as successful – then it's convenient and simple just to perpetuate the process.

“Most in a mentor position were not mentored themselves,” Kowalski indicated. “They had no role model. They do not know where and how – and when – to begin. Since they might be stuck feeling their way through it, they might balk at even beginning since that trial-and-error method generally takes more time than if they already know what mentoring is all about. They need to find a mentor or some other source (book, seminar, etc.) from which to quickly learn what it is and how to set up a mentoring plan and process. It's not rocket science.”

**Gaida** emphasizes that not having or making the time or thinking that because they had to learn on their own then the younger generation should do the same are short-sighted excuses.

“Surrounding yourself with smart, enthusiastic people, giving them pointers on how to achieve the positive results we all seek, and monitoring positive outcomes is by far more rewarding than sitting back and watching someone blunder ahead with likely failures,” he told *Leaders & Luminaries*. “And while I get the notion that having some failures and learning positive lessons from that experience is also important, teachable moments can be achieved without watching someone fail just for the sake of failure.”

From **Meyer's** perspective, any mentoring mentality starts at the top.

“If the CEO does not see Supply Chain as a strategic resource, then he or she is unlikely to direct Human Resources to be working with the Supply Chain leadership on investing in coaching, guiding, mentoring and directing the

next generation of Supply Chain leaders in that organization,” he said. “This will likely improve as we see continued consolidation among providers as those with leading Supply Chains will have demonstrable results that other forward thinking Senior Executives will look to incorporate and emulate to achieve similar industry leading results across their care delivery platforms.”

The C-suite also must recognize that mentoring represents an investment in their organization, according to **Lubotsky**.

“In the fast-paced business world we all live in, it is hard to devote the time and energy – the investment – to develop our very own people,” he noted. “It becomes one more thing on the agenda of things that have to be done, which is already overly ambitious. We would prefer to look the other way and hope that these individuals can carry out the responsibilities and decisions in the most optimal fashion on their own. Yet we all realize that no matter how talented one is, there is always improvement, including the need to be counseled and to provide insight on how to improve oneself and [his or her] leadership capabilities.

“If we as leaders believe that talent is the best investment in organization can make, that attitude must drive one's own actions to make the time to improve it,” Lubotsky continued. “By formalizing mentoring as part of your performance goals, one can then set forward specific actions to achieve the expectations set and self-assess how well one delivered on these objectives. To encourage these efforts, a firm and consistent commitment to an organization's culture on developing best talent is also required so that there is a perpetuated environment toward setting priorities and action to it. Finally, integrating more ‘experiential learning’ by providing enriching experiences that enable individuals to learn, acquire new skills, and gain expertise is another opportunity for mentors to coach and infuse their knowledge with developing others.”

What organizations and prospective mentors may fail to recognize is how mentoring benefits them as well as the mentees and organizations, too.

## CONNECTING THE DOTS BE

**To mentor or not to mentor, that is not the question. But is mentoring the cause for or solution for effective planning? Yes.**

In a recent newspaper story about mentoring and succession planning, a retiring company executive/owner was quoted as saying:

**“If we mentored properly to begin with, succession planning wouldn't be nearly as difficult because you would have a whole generation entering the workforce with leadership in mind.”**

Such an astute observation garnered unanimous agreement from the Bellwether Community.

“I strongly agree. We must be doing this. For those who do not believe in either mentoring or developing a succession plan, consider this: Who knows what is needed to be successful in the Supply Chain Leader position better than the incumbent? Who knows more about what Supply Chain is all about better than the incumbent? If the incumbent either disagrees with the answers to those rhetorical questions and/or doesn't feel it's his or her job to mentor or produce a Succession Plan (maybe because he or she didn't inherit one from the incumbent when he or she took over that position), they don't ‘get it.’ They owe it to the organization that gave them their chance X years ago.”

**Jamie Kowalski** *Bellwether League Co-Founder and Founding Chairman, Bellwether Class of 2017*

“I agree! The key word here is ‘leadership.’ If mentoring is done thoroughly, leadership is taught above all else. There wouldn't be enough room here

“I find even though it takes more time from your day job, the rewards of mentoring many times benefit the mentor more than the mentee, as you also learn and are able to be a part of growth,”

**Ballard** said.

# TWEEN MENTORING AND SUCCESSION PLANNING

to expound on the virtues of leadership. Suffice it to say, if someone is a good leader, that inherently means they have many, many other positive traits like compassion, honesty, drive, humility, and on and on.”

**John Gaida** | *Bellwether Class of 2018, Bellwether League Secretary 2010-2012, Chairman 2013-2016, Chairman Emeritus 2017-2018*

“Completely agree. [It] follows the adage that ‘if you invest in your people, they may leave; if you invest in and embrace your people, they are likely to stay and outperform your competition.’”

**Carl Meyer** | *Bellwether Class of 2019*

“Sharing perspective allows others to envision what things could be not what they are. Our job as leaders involves more than knowledge-sharing. We want to share our enthusiasm for our profession. We want to encourage others to enter this profession to which many of us have devoted decades. It is the growth and innovation part of our profession that gets young professionals excited about being part of the next generation of supply chain leaders. If we take time to convey that, the next generation of leaders will take care of itself.”

**George Hersch** | *Bellwether Class of 2019*

“I tend to agree with this assessment. Many companies seem to feel they need to go external to fill their executive talent needs, but if you do a good job of hiring, mentoring and developing then external hires could be reduced.”

**Larry Smith** | *Bellwether Class of 2019*

“I would agree that it would make succession planning easier as there would be a primed pipeline of leaders. Having experiences that help to build the

“My experience has been that it is worth the time and often gives the mentor a refreshed vision of the marketplace and current environment from the mentee’s perspective.” Pleasant noted.

skills necessary for leading and managing people takes time and encouragement. These roles are often not built on instant successes, but a collection of experiences that developed the skills for leadership. Although many things in healthcare are changing, the skills needed to lead people are not. As leaders of today, it is our duty to ensure that we have the talent needed to build on current successes and develop the next generation of processes and people for the future.”

**Deborah Petretich Templeton, R.Ph.**  
*Bellwether League Treasurer (2016-2022)*

“Agree. It always comes down to the people. Without them, no mission, corporate vision, strategy, growth or performance can be achieved. The investment into properly setting the culture, priorities and action of developing best talent that embraces all its elements including mentoring and succession planning will optimize the talent required to advance a company’s leadership base. An organization must be a good steward of all its resources, but especially to the people who commit their time, talent, energy and capabilities to the institution. Making the time daily to properly coach and develop others is the safest insurance policy toward accomplishing an organization’s goals and sustaining the momentum toward reaching new heights through evolving and developing its leadership talent.”

**Tom Lubotsky** | *Vice President, Supply Chain, Allina Health, Professional Sponsor*

“I do agree. A significant part of leading and mentoring is developing the next generation of leaders. The mentor’s ability to go through the experiences that I refer to as my ‘prouds and sorries’ with the mentee allowing them to realistically learn and understand what guiding principles and attributes are

**Hardin** calls it one of the highlights of his job.

“I love developing others and get a real kick seeing my mentees progress,” he indicated. “So it is hard for me to see this as a challenge or burden. Instead,

required to be an effective supply chain leader. Typically, successful individuals had positive influences showing them a pathway early in their career. The complexity of the role requires not only the technical skills, but most importantly, the people skills it takes to succeed.”

**Nicholas Toscano** | *Bellwether Class of 2018*

“Strongly agree. Strategic mentoring identifies and creates our future leaders. The lack of a well-thought-out plan of mentoring is like a ship without a rudder that bobs aimlessly in the sea.”

**Kevin McMillen** | *Vice President, Key Accounts, STERIS Instrument Management Services, Silver Sustaining Sponsor*

“I agree with that – I think succession planning is an integral part of any three-year strategic plan. Mentoring people on what they need to do and accomplish so they can succeed is a key component of succession planning.”

**Rand Ballard** | *Chief Customer Officer, Vizient, Founding Sustaining Sponsor*

“I wholeheartedly agree, though I believe that succession planning is more than simply a more advanced version of mentoring. Mentoring is more informal, and the catalyst should often be the mentee who seeks out the mentor. Conversely, succession planning is more formal and intentional on the part of the mentor. Personally, I approach many places in life, including work, with an attitude that I want to leave a place better than when I came to it. In order to do that I have to at least ensure the place does not fall apart when my absence becomes permanent. But would it not be better if the place ran just a bit better when you did leave? Of course it would, which is why place such importance on mentoring a few and require the same of my leaders.”

**Edmond Hardin** | *Vice President and Chief Supply Chain Officer, Froedtert Health, Bronze Sustaining Sponsor*

the experienced generation needs to reveal in the knowledge that ‘there is no limit to what a [person] can do or where he can go if he doesn’t mind who gets the credit.’”



# FROM BLUEPRINT TO BASELINE IN SUCCESSION PLANNING

By Jamie C. Kowalski

One of the more challenging aspects of healthcare supply chain management really resides outside of the boundaries and realm of actual supply chain management because it focuses on a fundamental of business: **Succession planning.**

As with any business, enterprise or operation that requires leadership, when that leader departs, someone must succeed him or her to maintain continuity to a certain degree and keep that business, enterprise or operation running. In healthcare for sure, customers – most of whom may be patients receiving service – expect it because they need it.

Several months ago the United States celebrated the 50th anniversary of the Apollo 11 mission to put a man on the moon. Succession planning need not be or involve rocket science like that. Here are 10 tips to make sure your mission-critical succession planning efforts mission-ready.

## 1. Define it

A succession plan is a set of steps and instructions for when a business enterprise must get ready to replace a key employee. Succession planning requires careful consideration of questions like *who will take over, how long it will take and what procedures need to be passed on.*

Succession Plans should include two components: When the replacement is to be needed at a point of time in the future (e.g., for a retirement), and when the replacement is needed immediately (a death) because of an unforeseen event.

A Healthcare Supply Chain Leader/Executive (SCL/E) has the primary responsibility to prepare the succession plan for his or her position. The SCL/E's boss is not the person to prepare the plan because that person likely will not have the time, nor the knowledge of what Supply Chain Management is all about and what are the essential experience,

knowledge and skill sets that are needed in that position.

## 2. Plan strategically

The current SCL/E will need to prepare his or her own **Personal Plan**, one that helps define both professional and personal aspects of the SCL/E's life. It at least should answer the questions: *Do I intend to stay in this position, at this organization? For how long? Until I retire? When do I want that to be, if that decision is mine?*



The Strategic plan focuses on the state of the Supply Chain and what direction, path and pace it is on to reach goals and objectives. It includes: Current State-Quantitative Measurements/Metrics and Qualitative Measurements/Metrics; Strengths and Weaknesses; Opportunities and Threats; Objectives and Goals; Strategies and Tactics; Priorities; Contingencies; Resources Required; and a Timetable.

The Supply Chain Strategic Plan should be in sync with and support that of the Enterprise Plan, and be supported by the senior executives. Hence, engaging them is critical. As for the replacement SCL/E, the Strategic Plan can and should be used as the road map, so that months will not be needed to review the situation,

establish priorities and begin to implement them. This is an unnecessary waste of time.

## 3. Engage your boss

Engage the person to whom the SCL/E directly reports. If that is not the CEO and/or the CFO, then engage them, too. Their approval and support are critical. The SCL/E candidates for replacement have to be able and willing to complete the Supply Chain Strategic Plan as well as be compatible (professionally) with the key executives. This point cannot be overstated. And it may help the candidates decide if they are qualified and/or interested in executing an existing plan. If a candidate is not, then they should withdraw from consideration.

It is also advised to confer with the HR executive, who can guide the SCL/E through the process and the how the enterprise dealt with the other leaders who previously retired (see below).

## 4. Establish a timeline

The incumbent SCL/E has to at least develop a personal timeline regarding departure, primarily via retirement. Because it may take significant time to prepare the Strategic Plan, evaluate the needs and candidate qualifications, that lead time should be 3 to 5 years, whenever possible. That is only fair to the enterprise, and will facilitate the incumbent's legacy when the day comes.

Of course, the SCL/E should be cautious about revealing the plan and timeline. Unless the relationship with the boss and the senior executives is solid, they may decide to expedite the SCL/E's departure.

## 5. Prepare to invest

Developing and executing a Succession Plan will take time and money. Developing a budget, even based on best guesses, is much better than having nothing identified or estimated.

Prepare to spend the time and money on defining qualifications and traits, networking, want ads, potentially a

search firm, evaluating candidates (and using an organizational psychologist?), testing, interviews and likely, negotiating.

## 6. Document policies and procedures

Those who have spent time working in a hospital or integrated delivery network (IDN) already know that they rely hugely on written policies and procedures. Usually, they are considered a resource to be used by staff during training or internal education programs, or a guide when dealing with an infrequent situation. For a new SCL/E, having knowledge of and access to these reference documents is a time, a job, and possibly, a life saver.

## 7. Develop talent requirements (including personal traits, skills, knowledge and experience)

When it's time to begin thinking about what is needed in a replacement, caution is the first consideration. SCL/Es might have an unrealistic image of their own qualifications (a k a, being a legend in one's own mind) and feel it is necessary that for any candidate to have a chance at selection, they must have at least the same qualifications, if not better ones than the incumbent. This can lead to limiting truly qualified candidates from applying and/or being considered, wasting precious time (the retirement date will arrive before it seems possible) and money (paying a "qualified" candidate more than necessary), and frustrating the staff, executive team and the rest of the managers.

Rather than be the sole developer of the qualifications, SCL/Es can access sample job descriptions from professional societies, HR, consultants, peers and even books. If a search firm is going to be engaged, it should have samples, or know where to get them.

Please note that a 2016 national survey of 105 healthcare SCL/Es<sup>1</sup> showed that almost 100 percent of the respondents stated it is more important for a qualified SCL/E to have strong *leader* skills, experience and traits, than have strong Supply Chain technical knowledge and skills (e.g., inventory optimization calculations, forecasting, optimum order quantity calculations, etc.). This is because the SCL/E of today and



of the future is an *executive*, not a manager or technical specialist.

A list of skills, traits and experience desirable in a SCL/E can be found in many articles, books and associations.

The SCL/E should make sure that candidates be evaluated for a solid combination of those skills, traits, knowledge and experience. Another way to evaluate the most preferred candidates is to consider *performance, readiness and potential*. These are related but very different and equally important.

**Potential** is the likelihood that an individual can develop into a successful leader with significantly expanded, higher-level leadership responsibilities.

**Performance** is the individual's level of success in executing objectives in one's current (or past) roles. This would include the ability to demonstrate required competencies. **Readiness** is the degree to which an individual's competencies, experiences, knowledge, and personal attributes meet the requirements for a role or job.

Finally, when considering traits or characteristics, think of the following: Listening, creating a vision, authenticity, ability to see the big picture, fairness, judgment, analytical skills, managing change, leading change, connecting dots, logic and conceptual thinking, handling ambiguity, emotional maturity, adaptability,

passion for results, facilitating success of others/staff; win-win negotiation, sincerity, and maybe most importantly, organizational cultural fit.

## 8. Source talent (available and potential)

While the same 2016 survey referenced earlier also pointed out the concern for an apparent lack of qualified people to take over the vacancies that retiring SCL/Es will bring, if one considers all the potential sources of good candidates, the "shortage" seems less daunting. In addition to search firms and their databases of candidates, additional candidates can be found in universities (program directors or placement offices), associations' bulletin boards, internet sites, peers, suppliers, and GPOs. Job seekers can access numerous websites and other job posting "bulleting boards." Placing ads can bring a large number of job seekers, but also will require a lot of time to screen and rate them.

Last, but by no means least, the SCL/E's staff or other people in the hospital/IDN (e.g., pharmacy, nursing, administration, management engineering, etc.) can be qualified candidates, if not now, then at some point in the near future (remember that the Plan should be prepared 3 to 5 years *before* the incumbent is going to retire) with the help of taking courses, seminars, site visits, reading books, and

*Continued on page 23*



## TAKE A WALK WITH SUPPLY CHAIN THROUGH THE AGES ●●●●●●●●●●

By Michael Duke and Rick Dana Barlow

### Gilded Age (1850s-1910)

### Golden Age (1910-1950s)

Some might posit that the concept of supply chain can be traced as far back as the early Old Testament times when more primitive societies endured famine and other hardships, even though many lived into the triple digits.

But supply chain as a dedicated function, career and profession remains a bit more contemporary in the grand scheme of history, just inside of 200 years or so, if you exclude as “outliers” the handful of apothecaries, merchants and retailers offering a variety of merchandise used for rudimentary healthcare applications.

Retired healthcare supply chain veteran and historian Michael Duke, and *Leaders & Luminaries* Executive Editor Rick Dana Barlow collaborated to chronicle some milestone observations in healthcare supply chain lore. Both concentrated on high points, acknowledging the flexibility of this historical record.

**BUYING PATTERNS:** Doctors, primarily outside of urban areas, bought what they needed and wanted from what was available through local retail general stores and any apothecaries, the forerunners of pharmacies, which sold drugs and chemicals, toiletries, paints and other products. Note that outside of urban areas, the bulk of a physician’s business involved making house calls so he limited what he carried in a bag.

**DISTRIBUTION PATTERNS:** Foot traffic, horses and covered wagons, but trains for moving product longer distances. Bicycles, motorized bikes, motorcycles and scooters also emerged as options, followed by the rudimentary automobile near the end of this age. Among the notable companies during this time were McKesson & Robbins and the Clafin Co.

**GROUP PURCHASING PATTERNS:** Completely decentralized among physician practices and hospitals, the bulk of which were located in key urban areas. Cooperative/group purchasing (buying in bulk) limited to burgeoning major industries at the time, such as railroad/transportation, steel and oil. At the end of this age, the railroad industry would serve as the ignition for a healthcare-specific model to debut.

**PHYSICIAN PREFERENCE:** Because doctors, by and large, bought what they needed and wanted they generally had complete autonomy and control, choosing from what was available.

**PAYER REIMBURSEMENT:** The concept of insurance would not debut until the Golden Age (next one), patients paid – or traded – for services with whatever cash, goods and services they could offer. The wealthy certainly could attract more attention; the poor relied on the generosity and heart of the physician.

**BUYING PATTERNS:** By this time, antiseptic techniques and cleanliness made hospitals a “safer” place for patients to go for healthcare. In the previous era, the lack of knowledge and understanding about infection control and prevention made hospitals a dangerous and risky place for patients. Doctors also were better trained in the science of medicine.

Supply purchasing was highly decentralized within hospitals. Typically, purchasing agents bought only those supplies used by most, if not all, departments, such as office supplies, forms and commonly used medical/surgical products used on nursing floors, as well as food, furniture and limited types of equipment. Departments such as pharmacy, laboratory, operating room and radiology as well as linen, by and large, are viewed as being too specialized or technical for anyone outside of those departments to handle contracting and buying. By the next age, however, food and dietary supplies disappeared from departmental oversight and moved to the emerging dietary arena. Nursing floors and “specialized” department heads regularly meet with sales representatives who detail products and have free access throughout the hospital.

**DISTRIBUTION PATTERNS:** The formation and emergence of local, regional and several national wholesalers provided opportunities for hospitals to buy products in larger quantities. Hospitals purchased from a combination of local wholesalers and direct from manufacturers, if possible. However, this era saw the emergence of a number of hospital product suppliers, including American Hospital Supply, the Clafin Co., Mills Hospital Supply and Owens & Minor Co., were among a few that would become well-recognized industry names in the decades to come.

**GROUP PURCHASING PATTERNS:** The first group purchasing organization in the nation is established in 1910, The Hospital Bureau of Standards and Supplies of New York, by a seasoned railroad executive with hospital ties and a keen interest in accounting and purchasing. In subsequent years a number of urban, faith-based and state-based purchasing groups emulate this “cooperative buying” model and open their doors; some affiliate with the Hospital Bureau, which would extend its influence into the next age but gradually fade and exit the industry by the close.

**PHYSICIAN PREFERENCE:** Major advances in medical technology impact and accelerate the development of implantable devices in the orthopedic and cardiovascular segments. During the 1940s collaboration between cardiac surgeons and electrical engineers led to the concept of cardiac pacing provided by an external generator. These physician/engineer collaborations continued to evolve around the world and led to a series of breakthrough technologies: The first battery-operated wearable pacemaker (1957), the first totally implantable pacemaker (1958) and the first long-term correction of heart block with a self-contained, implantable pacemaker (1960). As a natural evolution of these collaborative relationships, physicians in these segments turn to these innovative device manufacturers to obtain training and advice regarding the use and selection of implants.

**PAYER REIMBURSEMENT:** In 1929, the Blue Cross and Blue Shield plans are established and introduce a new payment scheme named “cost-plus.” In this new methodology physicians are compensated according to “reasonable and customary charges” that they themselves set, and hospitals are reimbursed on a percentage of their actual costs plus a percentage of their working and equity capital. In 1945, Kaiser Permanente opens to the public with a prepaid plan model. By 1940 only 9 percent of Americans had some form of health insurance; by 1950, more than 50 percent did, and by 1960 that total reached two-thirds of the population.



## Silver Age (1960-1980s)

**BUYING PATTERNS:** At the beginning of this age purchasing remained largely decentralized within hospitals, but the advent/concept of centralized purchasing functions modeled after other industries emerges and quickly spreads to many hospitals throughout the 1970s such that nearly 90 percent of hospitals with 150 beds or more reporting that they have a director of purchasing or materials management on staff. Meanwhile, Dean Ammer, Ph.D., (Bellwether Class of 2008), the foremost industry and university expert on supply chain operations, reinforces the migration of food and dietary products away from supply chain. His 1973 survey showed that 57 percent of the respondent hospital's purchasing departments had "no role" in procuring "Food and Dietary Supplies," a marked departure from the previous age and the dawn of cooperative buying, the forerunner of group purchasing.

By the 1980s changes in hospital reimbursement begin to fuel a new focus on cost and the attributes of a centralized purchasing department with a significant span of control over organizational spending starts to gain momentum. At the same time very high-cost equipment and devices debut, courtesy of advances in medical technology especially in orthopedics, cardiology and medical imaging.

**DISTRIBUTION PATTERNS:** In the 1960s most med/surg manufacturers relied on local distribution companies to stock and ship products to hospital customers. Many regional distributors exist in metropolitan areas, carrying largely the same products and (duplicate) inventories. Distributors like American Hospital Supply (courtesy of its merger with Baxter Travenol Laboratories) and Medline also maintain a solid footing in product manufacturing, with Owens & Minor branching into med/surg and retail merchandising via its Cardinal Drug Centers and Foremost-McKesson Inc. expanding as well. More national distributors emerge in the 1970s, such as General Medical Corp. and Will Ross.

During the 1960s orders are placed by mail, phone, blanket orders or directly with sales representatives. Automated punch card ordering is introduced in the 1970s (ASAP by American Hospital Supply Corp). Fax machines become a new mode for placing orders toward the late 1980s, soon to meet up with basic proprietary electronic data interchange (EDI), including ASAP and COACT via Baxter, Enterprise Systems Inc., Johnson & Johnson and VHA. By the close of this age, providers and suppliers alike were debating about supply data standards with the debut of the Common Category Database.

**GROUP PURCHASING PATTERNS:** Numerous regional GPOs, some of which were associated with state or metropolitan hospital associations provide product contracting to hospitals. By the late 1980s, a group of nationally oriented GPOs begins to gain influence and traction, including American HealthCare Systems, AmeriNet, Premier Health Alliance and Voluntary Hospitals of America (VHA).

**PHYSICIAN PREFERENCE:** As this age begins and rumbles through the 1970s buying preferences are exercised by physicians and hospital department heads. Purchasing serves more of an order placement role with the exception involving items used by multiple departments and carried in inventory. However, in the 1980s the shift to "managed care" and diagnosis-related group (DRG)-based reimbursement signals a need to focus on controlling expenditures for high-cost supplies and implantable devices ordered by physicians. This era also ushers in a number of significant advances in medical imaging technology: CAT (1972), first PET system (1973), first PACS (1984) and the introduction of MRI in the early 1980s.

**PAYER REIMBURSEMENT:** Medicare is signed into law in 1965 and providers are reimbursed what they report as the cost to care for Medicare patients, which is known as cost-based reimbursement. Under this system very little cost pressures exist for hospitals through the 1960s and 1970s. However, in 1980 New Jersey implements Diagnosis Related Groups (DRGs) as an experiment, and in 1983 DRGs are implemented nationwide for Medicare patients. This triggers a shift in the balance of political and economic power between the providers of medical care (doctors and hospitals) and those that pay for it (insurance companies and other payers). Because hospitals are no longer reimbursed by Medicare for their reported cost of care they increase their focus on "cost containment" as a vital economic factor.

## Modern Age (1990-2010s)

**BUYING PATTERNS:** Centralization of health system buying functions and increasing the span of control of the centralized function continues as the industry maintains a focus on cost containment fueled by the implementation of the Prospective Payment System during the Silver Age.

During this age advances in healthcare and supply chain information technology begin to both challenge and enable how buying processes are facilitated within the industry. The "Efficient Healthcare Consumer Response" (EHCR) initiative study that is published in 1996, challenges the industry to remove \$11 billion in supply chain process costs. By the end of the 1990s, providers and suppliers are enmeshed in open EDI transactions even as online electronic commerce exchanges debut on the internet and World Wide Web, which are designed to enhance process efficiency by streamlining the flow of information between manufacturers, distributors, GPOs and providers. Several industry groups form to rally providers and suppliers around the need for supply data standards, including the Universal Product Number (UPN) initiative in the 1990s and the Unique Device Identification (UDI) initiative in the next decade that was mandated by the FDA in 2007, primarily for the manufacturing segment.

**DISTRIBUTION PATTERNS:** The federal healthcare reform initiative during the 1990s accelerated the consolidation of providers, hospital systems, GPOs, distributors and manufacturers as organizations embraced clinical pathways that standardized portions of patient care and looked to build market share and scale. Until this age, most suppliers distributed product in bulk to providers, but by the early 1990s, providers began embracing lower unit-of-measure deliveries, including just-in-time (JIT), stockless and other modifications and variations as cost-reduction strategies. By the turn of the century/millennium, healthcare reform efforts also lead to the emergence of integrated delivery networks (IDNs), which are multi-facility systems of acute-care and nonacute-care facilities. A number of these organizations establish consolidated service centers, which basically are shared service warehouses that specialize in logistics and other clinical support services.

**GROUP PURCHASING PATTERNS:** "Bigger is better" and "size matters" seem to be the prevailing mantra. Significant consolidation occurs. Among the largest and most highlighted deals are American Healthcare Systems, Premier Health Alliance and SunHealth merging to form Premier; VHA and UHC combining their GPO operations into Novation; COHR/Purchase Connection and Health Services Corporation of America (HSCA) forming MedAssets. By mid-decade before the end of the age, Vizient and Premier, along with HealthTrust, which consolidated much of the investor-owned hospital side and a number of faith-based organizations, represented more than half of the healthcare industry's annual purchasing volume. GPOs also expanded their service reach by offering custom contracting for large IDNs, cost and quality improvement consulting, collaborative projects, education, analytical tools, e-commerce, public policy advocacy and regional aggregation groups, as well as performance improvement, labor and workforce management and information technology services.

**PHYSICIAN PREFERENCE:** While physician influence and control of buying decisions for high tech and implantable devices remains prevalent at the beginning of this age, several events start to challenge this paradigm. A perfect storm fueled by innovative advances in medical technology and devices, a focus on cost containment driven by the implementation of the Prospective Payment System in the Silver Age, coupled with the impact of industry-driven quality initiatives, including the IHI's "Save 100,000 Lives Campaign" in 2004 and the Triple Aim Framework in 2007 begin to define and pave a more collaborative pathway for procurement teams, physicians and clinical users to work together and jointly make buying decisions by focusing on total cost, quality improvement and outcomes data. The 2010 passage of the Affordable Care Act (ACA) increases clinical, financial and operational pressure on hospitals, physicians and healthcare systems, stretching and straining their relations with suppliers and GPOs.

**PAYER REIMBURSEMENT:** DRGs continue to increase pressure on the margins associated with individual procedures, providers and tests but managed care did not stem the increasing tide of healthcare service consumption. Consequently, and despite elaborate efforts to control costs, advances in medical technology coupled with increased service usage propelled the share of healthcare costs as a percent of the GDP, doubling it in a span of seven years. With enforcement of the ACA, providers and payers look to expand the responsibility and reimbursement for patient care beyond the hospital and into non-acute facilities and into patient homes without sacrificing quality.

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## Post-Modern Age (2020s-forward)

**BUYING PATTERNS:** As procurement/supply chain and purchased service costs overtake labor as the leading expense channel in a healthcare organization, the C-suite finally sits up and takes notice, acknowledging the importance of managing product and service resources, and investing in the information technology and skills development needed to excel. With the emergence of artificial intelligence, augmented and virtual reality, blockchain philosophy to an extent and robotic/cobotic/remote-controlled technology, supply chain professionals focus more on designing, managing and operating the technological assistance tools than on the products and stuff those tools move around. Product, equipment and employee tracking become much simpler through enterprise-wide sensor arrays triggered on surfaces and through airwaves. Most notably, with increased investments in people and technology, the professional and transactional relationships between buyers and sellers also evolve to more closely resemble those in other industries, and healthcare procurement and purchased service practices finally start sidling up to keep pace with other industries instead of lagging woefully behind, significantly narrowing that stereotypical 10-year gap.

**DISTRIBUTION PATTERNS:** To some degree, distributors blend their human, process and technological resources with their colleagues managing the consolidated service centers scattered throughout the largest metropolitan areas in the nation – including all 50 states. With the fused intelligence, the clinically integrated procurement pros focus on the new “last mile,” which encompasses the storeroom to the patient room to the patient’s home and his or her relevant post-acute treatments.

**GROUP PURCHASING PATTERNS:** The consolidation wave, which defined much of the previous age and was prevalent in the age prior, peaks with the industry topping off with about six independent “parent” GPOs, representing more than \$400 billion in annual purchasing volume from healthcare provider organizations. From there the model shifts into a type of franchising whereby GPOs license their programs and offer their services to local

and regional IDN organizations and healthcare systems with more control over product and service behaviors. Much like an engine powers a motorized vehicle or a CPU powers a computer the GPOs morph into healthcare service organizations (HSOs), fueling and funding procurement, purchased service and supply channel operations, dispatching performance teams to guide customers on clinical, financial, informational, operational and technological issues. Enabled by “big data and analytics” as well as interoperability, manufacturers, distributors, GPOs and providers now start to manage the costs of their interlocked supply chains internally instead of shifting them around one to another. With a deeper focus on total cost to deliver value, they drive revenue and profit through new and innovative product and process development that over time will be folded into the total cost equation as part of cyclical progress.

**PHYSICIAN PREFERENCE:** Because practicing physicians and surgeons actively participate and serve on the procurement staff they are tied directly into product and purchased service-related decisions, which are rooted in data analytics, extensive testing and patient outcomes information gleaned from interoperable information systems linking procurement – including the item master and charge data master with surgical services, laboratory, diagnostic imaging,

electronic health records, billing and accounts payable. As a result, clinical preferences are tied to patient health and wellness, leaving the industry to focus added pressure on pricing elevated by research and development, production and distribution costs.

**PAYER REIMBURSEMENT:** Humana may have been the last payer to have invested in and owned hospital operations, thereby blurring the lines between provider and payer realms, outside of the Kaiser Permanente model, but payers finally return to investing in provider operations. They focus their efforts on the top two cost centers within provider organizations – procurement and purchased services and internal labor – as seeds toward deeper investment in and oversight of the provider segment. Their hope eventually is to unify the provider and payer communities (under payer control, of course) to reflect the direct-to-consumer relationship with suppliers that define the retail market.

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**SUCCESSION PLANNING** | *Continued from page 19*

most importantly, mentoring by the incumbent and her/his peer managers/leaders.

**9. Mentor the successor**

While mentoring is a very effective means to prepare an internal candidate who needs time to learn the ropes, it requires the SCL/E to develop a plan that includes content, mentor source, schedule, tools, etc. This is not the same as providing an orientation to an external candidate. It is also something that cannot – and should not – be delegated to other Supply Chain staff members, except those who might have the most in-depth knowledge of a topic and may be the best source to provide the mentoring for that topic. Other in-house resources might be the other service leaders with whom Supply Chain routinely interacts. This would be nursing, surgical services, pharmacy, accounting, HR, finance, engineering, food service and others. It should be clear, in advance, who will be the mentors, what will be covered, the schedule, and how the effectiveness of the mentoring will be determined.

This is one of the investments that must be made, particularly when the preferred candidate is a current employee who has the potential, with preparation, to move up and be successful in the new position.

**10. Hand over the keys**

Unless there is an unusual circumstance, the departing SCL/E should not linger, hang around, extend the departure date

because of lack of confidence in the new SCL/E (if so, and it is being filled by an in-house candidate, it's the incumbent's own fault). It might even be best if the retired SCL/E does not call, email or drop in for lunch, for even a reasonable and innocent appearing, "how are things going" conversation. Give the new SCL/E space, the benefit of the doubt and don't allow former peers to state how much the retiree is missed.

Succession Planning is terribly important and possibly the best thing a SCL/E can do for the employer, and especially for the replacement SCL/E. Unfortunately, according to the aforementioned survey, less than half the surveyed SCLs have

a written plan. That is risky business and totally a failure of what hopefully was a successful time as SCL/E in that organization.

1 - 2016 Survey on Healthcare Supply Chain Leadership and Succession. Survey conducted by Jamie C. Kowalski Consulting, LLC; Milwaukee, WI

*Jamie C. Kowalski is the Co-Founder and Founding Chairman (2007-2013) of Bellwether League, and is an Honoree of the Bellwether Class of 2017. Kowalski's surveys of healthcare organization executives on leadership and succession planning are highly regarded as an influential barometer and bellwether on industry trends.*



The Wetrich Group of Companies salutes Carl Meyer & the Bellwether Class of 2019 for dedicating their careers to making a difference in healthcare.

**BE THE LEADERS, FIND THE LEADERS, CREATE THE LEADERS<sup>SM</sup>**

## EXCEPTIONAL LEADERS PROFESSIONALLY DEVELOP EXCEPTIONAL STAFF



**How can or should an exceptional leader in healthcare supply chain bring out the best in their employees, staff, colleagues and peers? Decorated experts share bellwether insights.**

“Exceptional leaders should always be willing to take risks to develop those associated with them. The opportunity to fail, and the encouragement to continue when failure occurs, is what leads to the development of new leaders. I have on several occasions allowed my supply chain department heads to trade jobs – SPD going to storeroom, storeroom going to purchasing and purchasing to SPD. This example has worked out on several occasions and has led to several staff members having outstanding careers. But the leader must be willing to take the risk on behalf of the other staff.”

**Lee Boergadine**  
*Bellwether Class of 2008*

“Clearly communicate Supply Chain and individual measurable goals; manage, mentor and provide performance evaluations in an ongoing and positive manner. Hold staff accountable. Recognize effort and positive achievements. Provide the training and resources needed. Be non-judgmental in considering

ideas and suggestions. Welcome innovation, acknowledging that ideas do not always pan out. Create a team environment yet encourage collaboration throughout the enterprise.”

**Winifred Hayes, Ph.D.**  
*Bellwether Class of 2018*

“Exceptional leaders become the standard of behavior that one expects in a successful person. An exceptional leader listens to employees provides education and feedback based on metrics to employees about their role in the organization and eliminate any obstacles that prevent the team success. A leader also celebrates success with employees when they are successful. The leader must be an effective communicator.”

**Raymond Seigfried**  
*Bellwether Class of 2012*

“The first thing is just to listen carefully to them and actively question them about what they want. A square peg in a round hole is rarely effective and even more rarely happy. Then actively involve them in educational and experiential opportunities.

**Jim Olsen**  
*Bellwether Class of 2015*

“Knowledge and strategic information, values, permission to take risks and have fun.”

**Rand Ballard**  
*Chief Customer Officer, Vizient Inc.,  
Founding Sustaining Sponsor*

“Your employees are your team and they must know how valuable each member of the team is. Meet with them on a regular basis, update them on where we are with our goals and objectives. Reward your team by making them part of any bonus program. Get to know your team members as individuals and do what you

can to help them advance. Team members must know you care about them and their family.”

**Bob Simpson**  
*Bellwether Class of 2012*

“Create an environment where innovation and personal growth flourishes, a place where mistakes are allowed and learned from and the team is motivated to push themselves and take calculated risks to improve the status quo. Focus on career growth and development for the team, break down barriers, and ensure the team has the tools and equipment to do their job.”

**Erik Walerius**  
*Future Famers Class of 2016*

“Arrange for employees to be recognized for their contributions while still being coached to improve in certain areas.”

**Paul Powell**  
*Bellwether Class of 2009*

“I suggest that bringing out the best in employees has at least two dimensions. First, really understanding what each person can/should do best. Second, helping them express this. To achieve the first requires time and understanding. People are different, like colours in the rainbow. You may prefer green over blue or visa-versa. But it would be a sad/strange world if either disappeared tomorrow. And so it is with people. We may appreciate people in different ways for different things. But as King Solomon said, “He [God] has made everything beautiful in its time” (Ecc. 3:11).

“As to how such personal beauty or talent or ability is expressed, I suggest there are a few guidelines. First, it must be expressed with respect for the talents of others. Nobody should seek to elevate themselves by pushing others down. As a theologian once observed, ‘one candle

*Continued on page 28*



## Vance B. Moore

President, Mercy Virtual - Business Integration

**Visionary.  
Leader.  
Hall-of-Famer.**

Mercy congratulates our own Vance Moore on his selection to the Bellwether Class of 2019.

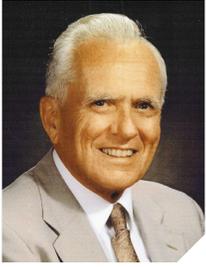
Vance exemplifies the pioneering spirit of our foundress, Sister Catherine McAuley, and the early Sisters of Mercy. His leadership in reimagining health care operations, distribution and delivery has allowed Mercy to continue providing affordable, quality care to all those in need.

Thanks, Vance, for making our patients' lives your life's work.



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## LISTENING, MENTORING HEART AND SOUL OF LAING'S CAREER

*Retired American Hospital Supply exec recalls Foster McGaw's impact, influence*

By Rick Dana Barlow

Deep within the archives of American Hospital Supply Corp. (now held by Cardinal Health Inc.), **Brien Laing** was classified as representing the spirit of customer service more than anyone else in the history of the company, save for its founder Foster McGaw.

How appropriate that McGaw actually interviewed Laing for a sales representative position within the organization, and ultimately hired Laing to carry a bag in the Southeast region, based in Atlanta.

Laing carried fond memories of “Mr. McGaw” and his “many strong beliefs, such as having a young potential employee as a guest in his home before he offered that person employment,” he recalled in an interview 10 years ago. “He taught us to put the customer at the head of our organization chart, and he believed so deeply in sharing his wealth, that as he was nearing his last years, he set aside enough money to comfortably take care of his family, and the rest he gave away.” His benefactors included the Presbyterian Church, Northwestern University, Loyola Hospital and others.

Laing was inducted into the Bellwether Class of 2009; McGaw was inducted into the Bellwether Class of 2010.

Seventy years ago, Laing started his career with AHSC and spent the bulk of his career at that company from 1949 to 1986. During that time, he served in various positions, including sales representative, sales training director, vice president of marketing, vice president of sales, president of American Hospital Supply, Ltd., Toronto, Ontario, Canada (1963-1966), president of American Hospital Supply Division (1972) and corporate group vice president of

American Hospital Supply Corporation. When Baxter Travenol Laboratories acquired AHSC in 1986 to become Baxter Healthcare Corp., Laing became vice president of corporate distribution until his retirement in 1988.

One of Laing's familiar refrains is that he insisted on being called by his first name, no matter who was talking to or with him. He also remembered and called everyone with whom he came in contact by his or her first name. To his credit, he often remembered the names of employees' spouses and children, too. He conversed with staffers frequently, whether inside the company's four walls, on campus or in the field. As an avid listener, he considered employees' opinions and suggestions as “music” to his ears.

“I was blessed with the opportunity to work with so many wonderful people in healthcare over the years,” he noted. “I also overwhelmingly believed that we learn from listening to others. My dad reminded me that everyone had a message for me, and I learned to listen.

“An equal parallel for me was to be recognized by a Harvard Business school case study,” he continued. “I could not be more humbled than by these two occurrences for they were stimulated by customers and fellow employees whose messages I heard while listening, and these messages were the bedrock of my learning to seek perfection. And that leads me to another of my analogies: ‘If you reach for stars, you may never grasp one, but you sure do not come up with a handful of mud!’”

The Harvard Business School published a case history titled, “Brien Laing, A Man

And His Work Following Thirty-Five Years of Service as President of American Hospital Supply Corporation's Largest Division,” copyright 1985 by the President and Fellows of Harvard College, because “The College wished to capture on paper some of the qualities, the beliefs and the behaviors of Brien Laing,” according to an official statement.

According to company archives, Laing also was “incredibly humble.” He believed in sharing or giving credit to others, no matter how much power you had. Consequently, Laing pioneered a number of employee recognition initiatives, one of which he himself earned in 1986, two years before his retirement from AHSC. Naturally, he deflected credit from himself. In addition to customer service, Laing emphasized that teamwork was part of the corporate culture – not by words but by deeds.

“I so believe in what I refer to as the ‘Power vs. Credit syndrome,’” Laing said. “Simply stated, if you have the power be sure to use it wisely and with care, and always strive to give the credit freely to others.”

After Baxter, Laing served on the Board of Directors of Span-America Medical Systems Inc. as a director and as non-executive chairman of the Board from 1988 to 1999.

At Span-America, Laing guided the company through the retirement of its founder and made a second CEO change a few years later – both very tough jobs as a non-executive chairman. Through it all, Laing instilled a strong set of solid management principles in the small and growing company. Span-America executives recalled that his character and integrity were absolutely

unimpeachable and clearly shined through in everything he did.

Laing led and inspired by example. Company executives used to laugh that he was one of those rare managers who could tell you that you were doing a lousy job but make you feel good about your job – and motivate you to improve.

Laing offered a litany of common words of management wisdom, some of which Span-America employees repeated long after he left the company, including: “Positive drop through,” “Always lean forward,” “It snows in Chicago in October,” “It’s either bad planning or bad management. Either way you’re on the hook,” “I rarely kept a manager or sales person who missed plan two years in a row.” Laing started many conversations (even with the financial guy) with, “Have you sold anything yet today?” and ended many with, “Go sell something.”

Laing believed in teams and leaders. “Every successful team, company, industry etc. needs a leader,” Laing said. “Leaders point the way, and usually are blessed with insight needed to be a leader. The rest who are alert enough, follow the leaders, and here again is another of my favorite analogies: ‘The second bite of the apple can be just as juicy.’ And here is another of my old adages which I believe in: ‘If you don’t know where you are going, any road will get you there.’”

Laing really appreciated new and innovative methods within supply chain management, promoting the profession and putting it on the commercial map as offering great service to the industry. He helped to promote stockless purchasing and inventory management, as well as the exchange cart system. He instigated a number of innovations at AHSC, including the ASAP materials management information system and bar coding.

Laing was responsible for training dozens of young managers who would go on to become CEOs of companies. His mentoring and emphasis on effective management were legendary. One managed to slip from his influence, largely because that rep’s heart seemed to be more into Hollywood, according to Laing. So he helped one of AHSC’s sales reps pursue his thespian dreams

**“I so believe in what I refer to as the ‘Power vs. Credit syndrome.’ Simply stated, if you have the power be sure to use it wisely and with care, and always strive to give the credit freely to others.”**

by leaving the company. That former rep did fairly well for himself by becoming a famous television star in the 1970s: Edgar McLean Stevenson became best known for playing Col. Henry Blake during the first three seasons of CBS-TV’s *M\*A\*S\*H* in the early 1970s. Stevenson died in 1996.

Laing also respected the purchasing profession to the point that he disliked the use of the term “warehouse” because “a warehouse is full of boxes and people who don’t care,” he said. Instead, he preferred “distribution center” as a more apt description. “It’s a distribution center because it’s full of products that save people’s lives.” Laing recalled he used to charge people \$1 whenever he heard them use the term warehouse. “The money would go into a kitty, and a personnel manager there would distribute those warehouse bucks to whoever needed them,” he recalled.

Laing was one of the first to recognize that vendors needed to play a role in educating the purchasing professional, which wasn’t that highly regarded back then. In fact, he used to run materials management seminars for purchasing professionals and served as one of the leading influencers in bringing that concept and term into healthcare.

“Each year I took two weeks off from my endeavors to serve our customers

to try and give something back to young college business students coming along,” he remembered. “I spent a week each year as a ‘visiting professor’ at the business schools at Florida A & M University in Tallahassee, and at the University of Colorado in Boulder. These kids just ate up my stuff as it represented the real world to them and gave them a chance to learn about opportunities in industry that should be forthcoming for them. To help them focus on our industry, healthcare, I used that industry as the basis of my lectures.

“One of my prize possessions came from the kids at Colorado who gave me a silver mug engraved ‘Professor Brien Laing,’” he continued. “And as a side light, one of the most successful parts of these visits was a ‘bull session’ with the kids at night over a case of beer in their student union building. They devoured input about the real world, something they often don’t get in college. In fact, I was stimulated to do this in the beginning, remembering that in my college days, the most interesting professors were those who had previous or parallel business experiences. And these visits brought graduating students to American and Baxter for interviews!”

Laing also advocated the concept of group purchasing, helping AHSC become one of the largest contractors in the industry that paved the way for other distributors to follow suit in supporting and working with GPOs.

Laing retired to Amelia Island, FL. After leaving Baxter, he resumed his education at McGill University, where he originally graduated in 1949 with a Bachelor’s degree in chemistry, and obtained three degrees in American history with concentration on African-American history. He earned a Ph.D. in history and was a renowned historian with the local parish.

Laing was a life-long student of Winston Churchill and usually was chock full of great Churchill quotes. He also organized and coordinated a Christmas dinner and gift day for underprivileged kids through his church every Christmas day for many years, attended by several hundred kids.

Laing, 88, passed away on Sunday afternoon, Jan. 4, 2015, at the Warner Center for Caring at Baptist Medical Center, Fernandina Beach, FL. [1](#)



can ignite another without sacrificing any of its own light.’ Second, it must be expressed within the framework of the Materials Department. Yes, this means reasonable rules – the world would be a mess without them. As Robert Frost said, ‘good fences make good neighbours.’ And third, it must be seen and not just said. Leaders often talk about respecting employees and treating them fairly. But if their own conduct belies this, people know it is a sham. Thus, I often look for little things – so do most others. Does your leader warmly say ‘good morning’ – and have a genuine interest in your life/family and their welfare? Does your leader treat his or her assistant with respect, especially when stressed? Does your leader talk too much, especially about his or her own ideas? As the old joke goes, there was a Harvard professor who was infatuated with himself. He was approached by a student, and waxed eloquent for 15 minutes on his theories. Then suddenly, he caught himself and said, ‘I’m sorry – I have talked too long – what do you think of my work?’”

**Br. Ned Gerber**

*Bellwether Class of 2010*

“To bring out the best in their employees, effective/exceptional leaders should:

- Lead by example while always be consistent
- Always lead with the team in mind
- Create an environment and culture of trust
- Empower employees to lead acknowledging and utilizing their subject matter expertise
- Associate with positive and energized people
- Make continual learning a priority
- Always be accountable to your team and yourself
- Demand open and honest communications
- Embrace change, take responsible risks, understand the difference between “doing things right” and “doing the right things”
- Seek others – their ideas, opinions and help
- Be passionate in your work. Be positioned with your team to “create the future” not simply play catch-up

**Nick Toscano**

*Bellwether Class of 2018*

- Continue to invest in the supply chain talent base – competencies and skill sets, leadership, broader knowledge of supply chain.
- Flatten out organizational structures to optimize the engagement of supply chain leaders and associates.
- Create a sound communication plan that allows more input and viewpoints to be routinely captured.
- Develop a career ladder approach for each job role that allows others to advance and broaden their knowledge of the “complete” supply chain.
- Align the meaningfulness of each supply chain associate’s role to the strategic plan and measures of performance impact.

**Tom Lubotsky**

*Vice President, Supply Chain, Allina Health, and Professional Sponsor*

# Congratulations

We salute the **Bellwether Class of 2019** on your outstanding contributions to health care.

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Bellwether League also invites you to nominate innovators, leaders, pioneers and visionaries in healthcare supply chain management for the Bellwether Class of 2020, as well as the Future Famers Class of 2020. Find the official nomination form online.

**Deadline: January 1, 2020**



# PURSuing A GROWTH MINDSET IS A CHOICE THAT REQUIRES CHANGE

By Nick Gaich

In our first edition of *Leaders & Luminaries*

I was inspired by all of the wonderful professionals dedicating their time and expertise as editorial advisory board members and contributors to this publication. This inspiration grew from a deeper appreciation of how they not only successfully navigated the pressures associated with change and choice, but more importantly how each in their own right became Champions of Change by instilling a willingness to adapt, demonstrating the virtue of humility to listen and learn from others and most importantly, a commitment to embed purpose in their work to better themselves and those around them.

In this edition of *Leaders and Luminaries* I would like to expand my lessons learned from those Champions of Change as well as other mentors, colleagues and family that I have been fortunate to receive their guidance and support along my own journey of change and choice.

## Change and Choice

Bob Sutton serves as Professor of Management Science, Stanford University School of Engineering, and writes a blog called, “15 things I believe in.” One of the nuggets he shares through his experiences in life and work is that the best leaders exhibit an “attitude of wisdom,” defined as a leader with the confidence to act on their convictions and the humility to keep searching for (and acting on) evidence that they are wrong. Tom Kelley, author, Partner at IDEO, defines it as confidence in what you know well but distrusting enough of what you don’t know to keep yourself learning more at all times.

This lesson resonated deeply with me as the greatest mentor in my life, my father, continually reinforced that as I aspired to become an empowering leader I must possess the confidence in myself as a professional, embody humility in how I apply the decisions I will make, surround myself with those that will stretch my understanding, and have the courage to take a step beyond conventional thinking when necessary.

Although still today I consider myself a most willing student continually striving to embody this axiom, my choice to become a life-long learner served as a cornerstone to broaden my skills, instill empathy and compassion in the decisions I will make and comfortable to challenge the status quo on behalf of improving the quality of my work for those that I support.

## Champions of Change

How do Champions of Change exemplify an “attitude of wisdom?” I believe there is one critical characteristic that paves the way as the initial first step in this journey, the significance of adopting a growth mindset. So can developing a growth mindset actually make a difference? Or is it just another inspiring catchphrase? As we have learned over many decades of clinical studies, it does



reflect current academic findings. In fact, Carol Dweck, the Lewis and Virginia Eaton Professor of Psychology at Stanford University, found in her research that belief systems play a significant role in our own abilities and potential, and fuel our behaviors and predicts our success.

## Fixed vs. Growth Mindset

As defined by Dweck, the difference in a fix vs. growth mindset is as follows: A “fixed mindset” assumes that our character, intelligence and creative ability are static givens that we can’t change in any meaningful way, and success is the affirmation of that inherent intelligence, an assessment of how those givens measure up against an equally fixed standard. Striving for success and avoiding failure at all costs become a way of maintaining the sense of being smart or skilled. A “growth mindset,” on the other hand, thrives on challenge and sees failure not as evidence of unintelligence but as a heartening springboard for growth and for stretching our existing abilities.

I am a firm believer that as outlined in Dweck’s research, developing a growth mindset is a cascade of positive interactions. It instills a desire to learn, and therefore a tendency to:

- Embrace change
- Persist in the face of setbacks
- See effort as the path to mastery
- Learn from criticism
- Find lessons and inspiration in the success of others

At the heart of what makes a “growth mindset” the essential stepping stone of becoming a Champion of Change is that it creates a passion for learning rather than a hunger for approval. It fully aligns and leverages the human condition in every decision, action and behavior we exhibit. Simply stated, I believe that adopting a growth mindset allow us to connect passion with purpose and reinforces a belief that our basic human qualities can be cultivated through our efforts.

*Continued on page 33*



# WHAT IF... Supply Chain experience could propel healthcare executives into politics?

*Mr. Seigfried Goes to Dover*

**Ray Seigfried** always has been something of an “actionist.” No, not “activist” in the sense that he publicly protests something and rallies other people to join his cause célèbre.

Twenty years ago Seigfried published an essay in an association magazine, titled “Declaration of Interdependence,” a treatise that extolled the virtues of “system thinking” as the strategy and tactic for getting things done. He explained why it works in materials management based on what his team was doing at the Newark, DE-based Christiana Care, where he had served as Senior Vice President, Administration, for the previous decade.

While pushing through supply chain’s traditional boundaries at Christiana Care, Seigfried initiated and led a diverse System Service Improvement Team that integrated supply chain with clinical service performance and also tackled a comprehensive physician preference item standardization project that generated \$4 million in savings in one year.

Prior to Seigfried’s decade-long C-suite position at Christiana Care, he had spent the prior 10 years in a variety of materials management leadership positions at several hospitals, a hospital system and a regional group purchasing organization.

His experience in the provider supply chain trenches as well as in the administrative ivory tower ignited a passion to teach, so once the century and millennium turned over, he dedicated another decade of his career to teaching as an adjunct faculty member at Penn State University where he taught Business Ethics and System Theory, followed by his serving as a Healthcare Administration Faculty Member at Arcadia University’s School of Global Business.

Bellwether League inducted Seigfried into the Bellwether Class of 2012.

In 2018, however, Seigfried decided to be politically direct. He threw his fedora into the ring to run for a Delaware state representative post due to be vacated with the retirement of the current officeholder. After outlasting four Democratic primary challengers also vying for the seat, Seigfried went on to defeat his Republican opponent last November with nearly 63 percent of the popular vote to be elected Delaware State Representative for District 7. Currently, Rep. Seigfried serves as Vice-Chair of the Health & Human Development Committee where he is trying to design health policy and as a member on four other committees.

Seigfried’s curious career direction motivated *Leaders & Luminaries* to focus the latest installment of its “What if...” feature on someone in or from administration/supply chain with political connections, or better yet, someone in politics with administration/supply chain connections.



**L&L: What difference can a healthcare provider executive with extensive supply chain experience make in state politics? Why do you feel you can make a difference here more than, say, in the classroom or on the job at a hospital?**

**SEIGFRIED:** Based on my experience as a State Representative, hospital executives and Supply Chain Executives can make a sustainable contribution. The reason is that many of the necessary skills needed to be an effective hospital executive also are needed to be an effective legislator. Hospital executives must work with a wide range of professionals to achieve a stated goal. One of our most important professional skill is our ability to collaborate and communicate effectively. Hospital executives also most earn respect through their integrity with others. They must get the job done right. In the legislature, your word is your most valuable asset and a major currency of success. This is built on one’s ability to effectively communicate and collaborate. A second reason is that healthcare is a major part of every state overall budget. Having experience in hospital operation is a very valuable skill. A third reason is that hospital leaders think systemically on issues and this skill is extremely valuable in the legislature. I believe we can make a very important contribution to many different social topics.

**You could say that negotiating with suppliers and facilitating with clinicians, C-suite executives and various department heads provide ample training for some type of political career. Do you agree? Why?**

Absolutely. The problems and solutions that we confront in healthcare are very complex and our ability to work through complexity provides a special discipline of thought. That skill

*Continued on page 32*

is needed in state legislatures. Our work as hospital executives teaches us to be good listeners, negotiators, and problem solvers. Effective legislators have these skills.

### **How might shaping state policy and politics be at least as important as shaping facility policy and practices – particularly if both impact community health and individual patient care?**

As a state legislator, you are still focused on the patient's outcome but on a much larger level. Cost and quality are still your guide but the difference is that as a legislator you must understand the relationship between the provider, public health and population behaviors.

### **Why might healthcare executives with supply chain experience make effective politicians and public representatives?**

We have learned to be effective through the use of compromise. We are always in the middle of many different interests and must somehow design a process that allows the participants to work together for a stated goal. Having success in this process is what effective political leaders do. Our thought process is on a system level, not an episodic level and this is very important. Social issues are linked together with each other and we need to model out the effects they have. Unintended consequences are very important to know about. As a state legislator, you are engaged in making policy that affects our healthcare system. Medicaid, opioid crises, uninsured population, poverty, violence, are just a few of the overall health problems that legislators confront. Our industry is complex and having someone with experience in the operation of a hospital is a great advantage.

### **What qualities from your healthcare supply chain and C-suite experience are helping you now?**

The skill of dealing with a wide range of professional people, effective negotiation, communication, listening, integrity and being sensitive to organizational power. Though these skills are critical the application is a bit different. In a hospital, one deals with leaders who have formal education in their profession. In the legislature, a person may have power as in the case of being chair of a committee without any formal education in that profession. The legislator will also have this challenge with district constituencies as and political leaders. Your currency in politics is based on your integrity. As a legislator, your word is your life.

### **What if more men and women with healthcare provider experience became more politically active as elected officials? What if more healthcare supply chain pros did?**

I think healthcare cost and outcomes would be better managed. People who have experienced the day-to-day operation of a hospital are just better equipped to solve these problems. On a state level, we can make a big contribution and I would encourage every healthcare leader to think about becoming a legislator.

### **Unfortunately, the small number of elected officials in both Houses of Congress who have medical and/or surgical experience/**

### **expertise seems to have been less-than-effective when it comes to healthcare reform legislation. Do you agree? Why do you feel that has been – and continues to be – the case? Why might administrators make better legislators/politicians than clinicians?**

Administrators tend to have a better chance of success as a legislator because they have the education and experience in working with a wide range of people to get things done, and that skill is very important as a legislator. The legislative role is very much like an administrator who manages many independent practitioners in a hospital. Every legislator is an independent agent, and you need to communicate with them to obtain their support. If you do not you will never get any legislation passed. Another skill is the art of compromise. One needs to know just how far you are willing to go to obtain support for your bill. This is not as easy as it sounds. Unlike executive management at a hospital a legislator must seek the support in three different chambers: The House, Senate and the Governor's office. You must bridge all three to have legislation approved. Finally, you need to also know the opinion of outside lobbyists/community groups and their influence on elected leaders. On important issues, they will flood your email with hundreds of letters. This is also critical. Administrators normally have experience thinking through multiple levels of interest to get goals achieved. Certainly, clinicians could be effective, but I just think [for] the reasons [I] listed that Administrators have a much better chance.

### **How might federal and state healthcare policy have changed over the years – from such milestones as TEFRA in the late 1970s, to managed care and the Safe Harbors in the 1980s to the healthcare reform initiatives during the Clinton and Obama Administrations, which bookended the national healthcare IT initiatives of the Bush Administration?**

Health policy established by legislators is based on their knowledge of how things work. When the policy is made on incorrect assumptions choice exists. Lobbyists take on more of a role designing policy when legislators lack this knowledge to push back. I think that we might have had better policy in design and controlled of cost and quality.

### **As Vice Chair of the State House Healthcare Committee, you're in a position to press for universal health insurance under some kind of single-payer model overseen by the government – be that Medicare Plus, which may include private payers for supplemental coverage. How might healthcare supply chain executives function and operate differently under a government-sponsored, single-payer system?**

If you examine health policy throughout the world in industrialized nations you understand that our health policy was not designed as their policy around health; it was piecemeal and designed around profit in a free-market economy. The result has been the creation of the most expensive system in the world that produces mediocre care. I believe that we are headed for a major change in our system because in its current state it is not sustainable. Universal healthcare will be the direction with

medical insurance still playing a role but for risk reduction and government expanding its role with a greater focus on health behavior and technology innovation.

**But if you do examine health policy throughout the world in industrialized nations you will find a common thread beyond government control of the process. What is that thread woven throughout their systems? These countries and cultures recognize, acknowledge and “respect” death as inevitable for terminal patients and enable them “to die with dignity” rather than prolong their lives in bodies racked with a disease or in a perpetual comatose state. Whether this allows “assisted-suicide” or the shutting off of life support, these countries and cultures, by and large, eliminate the costly impact of keeping someone alive simply because their citizens lack the emotional and mental capabilities to “let go,” like many in the U.S. feel. They turn a clinical issue with financial implications into a false narrative cloaked in ethical and moral justification. How accurate and fair is that assessment?**

Your question about how people of the world view death is a good example. How we think about death on a social level will drive the level of care and the cost of our healthcare system. It has been demonstrated time and time again that “thought” is the most powerful driver. Another example is how we think about healthcare in Europe. We label all healthcare in Europe as one big socialist system one that we will never consider. But when the facts are known we discover that England is truly the only “socialist health care system,” yet we continue to hold onto our false beliefs. I listen on the radio of a story about someone who was uninsured, had a healthcare need and could have purchased ACA insurance but did not because he refused to be a part of what he thought was a corrupt government service. This person’s thought prevented him from getting needed services. His thought of what the insurance was about outweighed the necessity to heal himself. All because of thought. Just crazy. 

## BEYOND CHAMPIONS | Continued from page 30



Although as individuals we will differ in the how and why, we all strive to make a difference in the quality of life and service that we give back to those that will follow. As I have learned through the actions of my mentors, *culture matters*, as our values shape of behaviors, our behaviors guides our actions and our actions reflect our human condition.

### Adopting a Growth Mindset

Based on the research of Dweck and outlined by mindfulness coach and author Shamash Alidina here are four centering steps:

#### 1. Listen to the voice of a fixed mindset in your head.

This is about being mindful of your own thoughts when faced with a challenge. Notice if the thoughts are telling you that you don’t have the talent, the intelligence or if you find yourself reacting with anxiety or anger when someone offers feedback to you.

#### 2. Notice that you have a choice.

You can accept those fixed mindset thoughts or question them. Take a few moments to practice a mindful pause.

#### 3. Question the fixed mindset attitudes.

When your fixed mindset says, “What if I fail? I’ll be a failure,” you can ask

yourself, “Is that true? Most successful people fail. That’s how they learn.” Or if fixed mindset says, “What if I can’t do this project? I don’t have the skills,” reply with, “Can I be absolutely sure I don’t have the skills? In truth, I can only know if I try. And if I don’t have the skills, doing this will help me to learn them.”

#### 4. Take action on the growth mindset.

This will make you enjoy the challenges in the workplace, seeing them as opportunity to grow rather than avoid. Use the above system if you mind starts leaning towards the fixed mindset.

I ended my last column with the message that the exploration of new beginnings fueled by a constant force of change positions us all as supply chain leaders to meet at the intersection of “Change and Choice.” I would like to end this year’s column with a sincere thank you and appreciation for your continued support of Bellwether League and a hope that based on articles you read in this edition of *Leaders & Luminaries*, as well as the personal experience I have just shared in my continued journey of becoming a good steward of change leadership, that you explore the opportunity of joining me as a life-long learner and adopt a growth mindset. 

# FUTURE FAMERS CLASS OF 2019

Bellwether League's Future Famers program recognizes and honors healthcare supply chain professionals early in their careers by highlighting some of their innovative achievements that contribute to service excellence.



### Jun Amora

parlayed extensive project experience at a variety of healthcare

organizations to revamp and boost strategic sourcing and purchased services at Geisinger Health. Amora led the implementation of a two-bin inventory replenishment system at Seattle Children's Hospital that reduced costs \$2.5 million the first year and more than 40 percent space savings in the main hospital warehouse. Next, he led the pick-path redesign for a distribution center that serviced Cleveland Clinic with low-unit of measure picking volumes. He then co-lead the centralization of supply chain operations and the implementation of an integrated enterprise resource planning (ERP) system at NYC Health + Hospitals. Within a year of joining Geisinger, Amora assessed operations and crafted an improved strategic sourcing pipeline, developed a purchased services sourcing team and bolstered clinical coalitions with laboratory, radiology and surgical services.



### Erin Bromley

led the implementation of a value analysis structure throughout Memorial Health

System spanning clinical and non-clinical areas that represents nine different value analysis teams. Bromley also has collaborated with a variety of clinical and administrative leaders across the health system to drive non-labor cost savings system-wide in such areas as cardiology, orthopedics, spine, laboratory, perioperative services, patient care, pharmacy, medical imaging, facilities management, information technology and contracted services. She is regarded for her versatility in assuming leadership roles, assuming responsibility for clinical inventories and representing the organization as a leader within its regional supply network.



### Brian Dolan

used his background in perioperative services to integrate the fractured supply

chain serving the operating rooms, cardiac labs, interventional labs and other ancillary service areas. He then fused in the entire ambulatory enterprise that had operated independently under this newly centralized supply chain operation. Through these efforts he also led the centralization of the organization's item master, which helped reduce the cost of supply chain services by 30 percent. Dolan also critically evaluated his organization's self-distribution operation, closed the off-site facility and converted to a direct distribution model that consolidated and incorporated bulk, stockless and physician-preference product fulfillment, resulting in \$4 million in bottom-line savings. Under Dolan's watch the organization also bolstered its clinical and supply chain IT capabilities by upgrading systems, linking together and implementing supply data standards.



### Sid Hamilton

brought his legal experience and expertise to contract management as well

as his organization's complete Supply Chain integration within the system-wide IT infrastructure. The management award-winning lawyer implemented IT business and contract processes into Supply Chain that shifted corporate cultural perspectives and upgraded long-standing operational practices. Hamilton also spearheaded a series of reprocessing, supply chain and sustainability process improvements

that resulted in considerable recurring cost savings for the organization. They included a revamped product safety recall program, item master and electronic procurement processes, a new freight management program, overseeing value analysis and implementing "procure-to-pay" operational Lean Six Sigma reforms.



### Sara Henderson

led the charge to consolidate and centralize the item

master across her entire health system, including recruiting team members and standardizing the data and information system-wide. These efforts catapulted her and her team to investigate supply charges for procedures, linking them to item usage and reimbursement potential. From there Henderson was able to help develop a common methodology for supply charging to patients that was rolled out system-wide, concurrent with implementation of the new electronic medical record platform. She also aligned the organization's value analysis process to the physician teams and service lines available to patients, which facilitated a focus on clinical variation with relevant ties to procedural outcomes – evidence-based decision-making over cost-based decisions.



### Jessica Rinderle

has earned the reputation of being a fast and fierce contract negotiator,

carving up even the most complex initiatives in such areas including peripheral vascular, advanced wound care and interventional urology. Rinderle has demonstrated a keen ability to synthesize complicated categories and present information in a clear and concise format to facilitate product contracting decisions from provider and supplier perspectives. Her efforts last year derived \$8.9 million in annual savings from 27 negotiated contracts alone. Rinderle ventured outside her subject matter expertise to co-lead a newly formed CIO Council with executives who had never worked together before and complete several IT-related contracts that generated \$16 million in savings.

## CLASS OF 2015

► **Back row (left to right):** Nate Mickish, Justin Freed and Eric Tritch.  
**Front row (left to right):** Jason Hays, Donna Van Vlerah and Will Barrette.



## CLASS OF 2018

► **Standing (left to right):**  
Troy Compardo, Amy Chieppa  
and Andy Leaders.  
**Not pictured:** Ryan Rotar.



## CLASS OF 2017

◀ **Standing (left to right):**  
Mark Growcott, Ph.D.,  
Karen Kresnik, R.N.,  
and Ben Cahoy.  
**Not pictured:**  
Derek Havens and  
Christy Crestin.

## CLASS OF 2016

► **Standing (left to right):** Erik Walerius, Nisha Lulla  
and Rob Proctor. **Not pictured:** Jimmy Henderson,  
Kate Polczynski and Baljeet Sangha.



## BELLWETHER CLASS OF 2019



**Clara Barton (1821-1912),** may be well-known for her first aid skills and the famous

humanitarian organization that provides emergency assistance and disaster relief she founded in 1881, but deep down she knew and demonstrated how to acquire and move supplies when they were needed to care for patients and people at large, both on and off the battlefield, and during and after crises and disasters. Her talents and skills uniquely qualify her as a pioneering, if not quintessential, supply chain expert, seasoned not only in the field and but also on the field. In short, Barton wasn't only an educator, nurse, organizer or supplier of materials and provider of hope; she was a first mover.



**Stanley J. Costello (1916-1976),** may have brought group purchasing and supply chain expertise to the Dakotas and north of the Great Plains in the 1950s and 1960s, but what he really brought to that region, and the growing number of facilities he represented, was supply chain as a dedicated, heartfelt customer service. Costello's customers counted on him without fail because he truly delivered. His dedication to helping clinicians and administrators alike became such a hallmark in healthcare group purchasing and supply chain history that his motivation, philosophy and reputation spawned a national award named for and given in his honor.

His dedication to helping clinicians and administrators alike became such a hallmark in healthcare group purchasing and supply chain history that his motivation, philosophy and reputation spawned a national award named for and given in his honor.



**George Y. Hersch** exhibits the even-keeled, steady leadership style of a "practical visionary" where progressive momentum occurs by bobbing and weaving through the dramatic and political speedbumps and roadblocks that emerge. With a low-key, unflappable aura of humble servanthood, Hersch advocated

attention to supply chain operations for local, regional, national and even global health. Through his facilitation, leadership and mentoring, O'Marah has advocated for the advancement of supply chain understanding and training – from academic institutions to corporations to healthcare organizations.

for supply chain efficiency and influence, and enabled and motivated a group of independently minded facilities to band and work together for the collective and common good. His efforts also led to one of the earliest system-wide, value analysis and technology assessment programs that incorporated strong physician leadership and participation. Years later, he replicated and enhanced the program at another healthcare organization across the country.



**Capt. Terry R. Irgens, USN-Ret. (1947-2017)** led the Department of Defense's Medical Materiel Directorate to switch to a commercial prime vendor program from the traditional depot system, which represented a radical departure in materiel operations for the Defense Logistics Agency and the Defense Personnel Support Center. He also oversaw medical logistics on the battlefield during the first Gulf War, led the implementation of automated transactions and spearheaded strategic partnerships throughout the federal healthcare system. For the federal government, Capt. Irgens' efforts and outcomes were as challenging as navigating an oil tanker through the sliver of the Panama Canal. Irgens also was instrumental in helping to develop a program that repaired wounded warriors through surgery, technology and therapy.

For the federal government, Capt. Irgens' efforts and outcomes were as challenging as navigating an oil tanker through the sliver of the Panama Canal. Irgens also was instrumental in helping to develop a program that repaired wounded warriors through surgery, technology and therapy.



**Carl P. Meyer** represents an authentic Renaissance man who reinforced "the art of the deal" as defined

by how much the receiving customer or patient gains from a decision or transaction than the seller. Meyer skillfully guided his supplier and provider customers through the intricacies and nuances of distribution, electronic commerce, group purchasing and shared services so that they could improve their operations and performance for the benefit of their own customers and grow as an organization over time. He approaches challenges and changing needs with the attention, engagement and temperament of a dedicated mentor.



**Vance B. Moore** displays a natural twinkle in his eyes that may lead you to think he's up to something –

and typically, that's horizon scanning and strategic foresight. Moore is one of those healthcare executives who consistently remains one step ahead of you but extends his hand to pull you along with him and show you the way. He was one of the earliest adopters of consolidated service center operations, self-contracting and self-distribution, as well as an advocate of phasing through the traditional walls of healthcare operations and service to embrace virtual modeling to enhance quality delivery. Before that, Moore also guided a prominent, brown-wrapped global shipping organization into healthcare.



**Kevin O'Marah** passionately ignited media recognition about the critical importance of supply chain as both a catalyst and a linchpin for success, regardless of industry or market segment. Through his research, content, conferences and community development, O'Marah re-affirmed the need for the C-suite's strategic

passionately ignited media recognition about the critical importance of supply chain as both a catalyst and a linchpin for success, regardless of industry or market segment. Through his research, content, conferences and community development, O'Marah re-affirmed the need for the C-suite's strategic

attention to supply chain operations for local, regional, national and even global health. Through his facilitation, leadership and mentoring, O'Marah has advocated for the advancement of supply chain understanding and training – from academic institutions to corporations to healthcare organizations.



**Larry P. Smith** fused the art and science of supply chain operations, having led multiple award-

winning supply chain and sales organizations for several global healthcare product manufacturers. As part of that leadership, Smith implemented and oversaw the integration, redesign and upgrade of those organizations to "best-in-class" status, all while directing and mentoring cross-functional teams, at least one of which included R&D scientists. He parlayed his coaching and mentoring skills into supply chain education, serving as adjunct professor and advisor at several well-known universities for graduate and undergraduate students. Smith also extended his reach by helping to guide a growing third-party logistics company that is the largest woman-owned 3PL in the nation.

## BELLWETHER CLASS OF 2018

▼ **Back row (left to right):** Robert T. York, Marvin J. Feldman, R.Ph., John B. Gaida and Nicholas C. Toscano. **Front row (left to right):** Mary A. Starr and Winifred S. Hayes, Ph.D. **Not pictured:** Janine C. Jagger, Ph.D.



## CLASS OF 2017

► **Standing (left to right):**

Anand Joshi, M.D., for  
William V.S. Thorne (1865-1920),  
James W. Oliver, Jamie C. Kowalski,  
Dwight Winstead, Sara Bird,  
James R. Francis and Kristine S. Russell.

**Not pictured:**

Hiram M. Lake (1925-2016),  
Dudley Sisak, Craig Smith and  
William V.S. Thorne (1865-1920).



## CLASS OF 2016

◄ **Standing (left to right):**

Lynn Dragisic for  
Edwin L. Crosby, M.D.,  
Carol S. Stone, Gary L. Wagner,  
Peggy Styer and Susan Parham  
(daughter of Honoree  
William E. Pauley).

**Not pictured:**

Edwin L. Crosby, M.D. (1908-1972),  
Irving Mills (1906-1999) and  
William E. Pauley (1926-2011)



## CLASS OF 2015

▲ **Back row (left to right):** Michael McCurry, Autry O.V. "Pete" DeBusk, James C. Olsen, Michael A. Switzer.  
**Front row (left to right):** G. Edward Becker, Jane R. Pleasants, Nancy LeMaster and Dee Donatelli.

### CLASS OF 2014

► **Back row (left to right):** Keith Kuchta, Richard A. Perrin, Joseph Reubel (son of Honoree Earl G. Reubel), Randall A. Lipps and Dale A. Montgomery.  
**Front row (left to right):** Andrea Reubel-Walker (daughter of Honoree Earl G. Reubel), Robert P. "Bud" Bowen, Norman A. Krumrey, Brent T. Johnson and Joseph M. Pleasant.  
**Not pictured:** Henry A. Berling, Earl G. Reubel (1937-2011)



### CLASS OF 2013

◀ **Back row (left to right):** Alan D. Weinstein, James F. Dickow, Lynn Britton and William A. Donato, Jr.  
**Front row (left to right):** Michael Rosser, John Smith for Donald E. Greenslade, Nick Gaich and Jerry Widman (son of Honoree Paul E. Widman).  
**Not pictured:** Christopher J. Bale (1971-1996), Donald E. Greenslade (1934-2013) and Paul E. Widman (1918-1983).



### CLASS OF 2012

▲ **Back row (left to right):** George O. Hansen, Thomas W. Hughes, Peter Farrell (son of Honoree Paul V. Farrell), Robert A. Simpson and James L. Hersma.  
**Front row (left to right):** Carl L. Manley, Mary Farrell (daughter of Honoree Paul V. Farrell), Roberta Graham, R.N., John H. Clarke and Raymond J. Seigfried.  
**Not pictured:** Paul V. Farrell (1915-1997) and Max H. Goodloe Sr. (1921-1997)

### CLASS OF 2011

► **Back row (left to right):** Laurence A. Dickson (1945-2018), Steven P. Gray, Larry Malcolmson and Derwood B. Dunbar Jr.  
**Front row (left to right):** Daniel J. Dryan, Betty Hanna (1929-2019) and John W. Strong





▼ **Back row (left to right):** G. Gilmer Minor III, Frank D. Kilzer, Ted Almon, Daniel E. Mayworm, Kim C. Gossett (eldest son of Honoree George R. Gossett) and Curt M. Selquist. **Front row (left to right):** Phyllis Soth (wife of Honoree Donald G. Soth), Jean Majors (wife of Honoree Robert Bross Majors) and Michael Louviere. **Not pictured:** Carter F. Blake (1937-2015), Br. Ned Gerber, George R. Gossett (1927-1965), Robert Bross Majors (1943-2007), Franklin J. Marshall, Foster G. McGaw (1897-1986), Mark M. McKenna (1948-2011), Donald G. Soth (1920-1997) and Louis Vietti.



## CLASS OF 2009

▼ **From left to right:** Paul B. Powell, James E. Stover, Warren D. Rhodes, Sara I. Mobley (1929-2014) and Samuel G. Raudenbush (1931-2016). **Not pictured:** George E. Ainsworth (1924-1985), Charles O. Auslander, Guy J. Clark (1889-1957), Gordon A. Friesen (1909-1992), Brien Laing (1926-2015), Lillian R. Matiska (1918-2001) and William M. McKnight (1929-2012).

## CLASS OF 2008

► **Back row (left to right):** Thomas W. Kelly, Lee C. Boergadine and Alex J. Vallas (1932-2016). **Front row (left to right):** Tom Pirelli, Christine Ammer, Ph.D. (wife of Honoree Dean S. Ammer, Ph.D.) and Gene D. Burton (1927-2016). **Not pictured:** Dean S. Ammer, Ph.D. (1926-1999), Charles E. Housley, William J. McFaul and Donald J. Siegle.





# LEADERS & Luminaries



## BELLWETHER LEAGUE SALUTES...

more than 80 companies that historically have sponsored and sustained the organization and its selfless pursuit of shining a light on healthcare supply chain excellence for more than a decade. This includes nearly 40 that continue with us currently and the dozen that have been with us since the very beginning.

The Board of Directors and Bellwether and Future Famers classes recognize current and past sustaining sponsors by level and term, listed in alphabetical order.

### CURRENT

#### Founding/Platinum



**HEALTHTRUST**  
HealthTrust (2018-present)



**Intalere** (2019-present)



**Owens & Minor** (2008-present)



**Premier** (2008-present)



**VIE Healthcare** (2017-present)



**Vizient Inc.** (2008-present)

#### Gold

**AmerisourceBergen** (2012-present)  
**GHX** (2009-present)  
**TractManager** (2012-present)  
**Valify** (2017-present)  
**Wingfoot Media** (2008-present)

#### Silver

**ASP Global** (2017-present)  
**BD** (2009-present)  
**Capstone Health Alliance** (2019-present)  
**Crown Health Care Laundry Services** (2017-present)  
**GS1 US Healthcare** (2010-present)  
**Healthcare Purchasing News** (2008-present)  
**Healthcare Supply Chain Association (HSCA)** (2011-present)  
**Henry Schein** (2017-present)

**Medline Industries** (2018-present)  
**Omniceil** (2010-present)  
**Resource Optimization & Innovation (ROI)** (2009-present)  
**STERIS Instrument Management Services (IMS)** (2011-present)

#### Bronze

**Atrium Health** (2017-present)  
**Froedtert Health** (2019-present)  
**Geisinger Health** (2017-present)  
**Mayo Clinic** (2017-present)  
**Northwestern Memorial HealthCare** (2017-present)  
**Ochsner Health System** (2017-present)  
**Texas Health Resources** (2017-present)

#### Corporate & Professional

**Access Strategy Partners** (2017-present)  
**AMITA Health** (2018-present)

**Bellwether League Board of Directors** (2008-present)  
**Champion/HemaTerra** (2015, 2017-present)  
**HealthCare Links** (2013-present)  
**Jamie C. Kowalski Consulting LLC** (2008-present)  
**Johnson & Johnson Health Care Systems** (2012-2015, 2017-present)  
**Medical Device Industry Supply Chain Council** (2019-present)  
**Medpricer** (2019-present)  
**MedSpeed** (2012-2015, 2018-present)  
**Mercy** (2013, 2015, 2019-present)  
**NCI Consulting Group LLC** (2018-present)  
**Strategic Marketplace Initiative (SMI)** (2008-present)  
**SVAH Solutions** (2008-present)  
**TECSYS** (2012-present)  
**The Wetrich Group of Companies** (2014-present)

### PAST

#### Founding/Platinum

**Hospira** (2008-2013)  
**Kimberly-Clark Health Care** (2008-2014) / **Halyard Health** (2014-2018)  
**McKesson** (2012-2015)  
**MedAssets** (2008-2015)

#### Gold (originally Charter)

**Amerinet** (2008-2015)  
**Broadlane** (2009-2011)  
**Cardinal Health** (2008-2017)  
**Medline Industries** (2015-2017)  
**Novation** (2010-2015)  
**Stryker** (2011-2013)

#### Silver (originally Corporate)

**AdvanTech** (2008-2015)  
**Ascent Healthcare Solutions** (2009-2011)  
**Baxter** (2009-2012)  
**Clafin Co./ National Distribution and Contracting (NDC)** (2012-2018)  
**Covidien** (2011-2016)  
**DeRoyal Industries** (2011-2018)  
**Gene Burton & Associates** (2009)

#### Bronze

**Advocate Health Care** (2017)  
**Beaumont Health** (2017)

#### Corporate & Professional (originally Contributing)

**Amerinet Central** (2010)  
**Blue.Point Supply Chain Services** (2017)  
**CareFusion** (2012)  
**DataPros for Healthcare** (2012)  
**Health Care Solutions Bureau** (2010-2012)  
**Healthmark** (2011-2012, 2017)  
**Hill-Rom** (2015-2016)  
**Innovative Health** (2017)  
**IntelliCentrics** (2014-2015)  
**John Strong LLC** (2013-2018)  
**Jump Technologies** (2016)

**LeeSar** (2012, 2014)  
**LINET Americas** (2017)  
**Logi-D** (2011)  
**Management Health Solutions** (2010)  
**MDR** (2016)  
**OpenMarkets** (2012, 2016-2017)  
**The Optimé Group** (2011-2014)  
**PAR Excellence** (2010)  
**Patrick E. Carroll & Associates** (2008-2018)  
**Pensiamo** (2017)  
**Prodigo Solutions** (2017)  
**Vendormate** (2013)  
**Xanitos** (2017)