

Healthcare Systems & Services Practice

Beyond the numbers: Creating a more diverse future for health

A conversation about leadership, visions for a future of integrated healthcare systems, and the clear benefits of more diverse teams.



In this episode of the *McKinsey on Healthcare* podcast, Anne Klibanski, president and CEO of Mass General Brigham, a Boston-based integrated healthcare system, talks to McKinsey senior partner Pooja Kumar about her journey from practitioner to leader.

Anne, now a leader of one of the largest US healthcare systems, is recognized internationally for her high-impact research in neuroendocrine disorders and pituitary tumors and has been described as “a trailblazing woman leader in healthcare.”

In this discussion, Anne and Pooja cover topics ranging from why patients need integrated healthcare systems to the clear benefits of diverse teams.

An edited and condensed transcript follows.

Pooja Kumar: Anne, in 1997 you were the first woman from Mass General’s Department of Medicine to earn the rank of full professor at Harvard. You had a respected career as a clinical researcher, then in 2019 you became the first female chief executive of Partners HealthCare [now Mass General Brigham], the state’s largest private employer, and you were named one of the top 25 women leaders in healthcare. You are a trailblazer, indeed. In 2019, you were quoted as saying, “It’s important to create a future state where no one will say, ‘Here is the first woman in any role.’” How would you describe the progress we’ve made in this area over the past few years? What still needs to happen to make this a reality?

Anne Klibanski: Part of what we’re seeing is a definition of progress. What does it mean to make progress in an area? What does it mean to have specific metrics? What does it mean to be able to say we’ve made sufficient progress? We are where we want to be. The quote refers to what I would call an optimal end state. The optimal end state is when we no longer have to say, here is the first woman who’s in this position. Here is the first woman who has done that. Here is a trailblazer. It is thinking about where we need to get to as a final state, and that is looking at everyone. Everyone. Their talents, their abilities, and what they have to bring

to any position—that is the ultimate metric. It is the diversity of everything that a person represents that they bring to whatever it is they’re doing, rather than a phenotype. We need to get beyond the numbers. So have we made progress by numbers? Absolutely. Have we looked at what all of the things we have realized represent? Not really. Have we made enough progress? Not at all, but we’re talking about it and that’s always the first step, but that is not an end state.

Pooja Kumar: You said in an interview with Barnard College that the best legacy is to develop the next generation of leaders and to help people think through, develop, and take pride in what they are truly good at and want to dedicate their life to. How do you practice this belief in your day-to-day work? What advice do you have for physicians seeking leadership positions?

Anne Klibanski: One of the things that has been an important element for me is impact. How much impact do you have on the one person you’re seeing—the one patient you’re taking care of? How much impact do you have on someone you’ve mentored? How much impact do you have on a broader concept? Whether it’s in research, clinical, administration, or anything you do. How do you evaluate that? I think a lot of people are extremely focused on their legacy in terms of how they will be remembered, which becomes all about them, and that is not a legacy. That’s a statue. That’s a portrait. That’s a plaque. That’s a naming opportunity. That’s a lot of things.

Fundamentally, the most impact you can have is how you have dealt with, talked to, worked with, and mentored people around you so they can find what they’re most passionate about, what’s most meaningful for them. It is finding people around you, trying to understand what their talent is, what their passion is, what they are interested in, what impact they can have, and looking beyond what they think they need to be doing and actually helping them move into that role.

It’s understanding what you see in people and how you can identify what will drive them and bring them passion and fulfillment. The fulfillment that can actually move things forward.

How do you draw that out, and how do you fit that into thinking about it from an organizational perspective?

Pooja Kumar: I think too many leaders have been bound to more traditional metrics and often that reflects, unfortunately, the makeup of the leadership teams that you see around boardrooms and management rooms today. I'm sure you, like I, have been in many boardrooms and management team meetings where you look around and you see a lot of homogeneities that don't reflect the patient population that these institutions serve. Anne, how would you ask other leaders in your position to think about that, and what advice would you have for them?

Anne Klibanski: That homogeneity is fundamental to a lot of behaviors that I see, you see, we see every day. People have a measure of comfort in the known and that includes concepts, philosophies, work, etcetera. The known is familiar. The known is less threatening than the unknown. It's a broad generalization, but as you have already mentioned, what is it like to walk into a room where everyone else looks different from you? What message does that send? The answer is they are inside, and you are outside. The level of expectation is going to be different. You are going to be judged differently. You are going to be viewed differently. So you have to look at the broader question of what does it mean for a person?

To talk about homogeneity, specifically in healthcare: this is the realization that nothing that really works particularly well is homogeneous.

What I mean by that is clinical work. There is no clinical work that only involves, or typically only involves, one person. Some of the best things that happen in clinical work, and I say this as someone who spent many years as a neuroendocrinologist, require different perspectives. You want to bring the talent, the knowledge, and the creativity of putting together many disciplines to look at things from different angles. Whenever you're talking about anything complex, you want the vision and view of someone who is looking at it differently.

Fundamentally, what's missing is the realization that it's not about the numbers. It's about what you are missing now. For example, patients who are being taken care of want to see people who look like them. They want to know that the perspectives that they bring are the perspectives that are known, shared, visible, and have a voice. Those are incredibly important goals within healthcare and incredibly important goals in many organizations.

I can't imagine a world of research and innovation where you have a single group, with a single discipline, or a single mindset, looking at one problem. We wouldn't get anywhere. That is the opposite of what it takes to make progress, and people understand this. Yet people often revert to what's familiar.

Pooja Kumar: Could you reflect on your transition from practicing physician to a leader, influencing health for the population, and in particular, what were the main challenges or opportunities you faced when you began moving from clinical roles to leadership roles?

'I can't imagine a world of research and innovation where you have a single group, with a single discipline, or a single mindset, looking at one problem. We wouldn't get anywhere.'

Anne Klibanski: One of the things that has governed a lot of my career has been the question, how do I have more impact?

When I started my training, I was passionate about clinical care, and I loved taking care of patients. I loved the impact you could have on a patient, on their families, on their lives, and that kind of one to one; the immediate impact was extremely gratifying. It represented to me all that one could do in medicine. Then I learned something interesting. I started doing research. Research is governed by a lot of different things: a correct hypothesis, someone who is nurturing your career, what the scientific elements are, what questions you are asking, and a bit of luck. The first research project that I did was a very positive study, which had a good outcome. This was an interesting moment for me because, for the first time, I looked at this piece of work, and like all research, it's a lot of work and takes a lot of time, but suddenly I realized that in a publication like this you had more impact. Not only on the one patient you were taking care of, but also on so many other people who would be affected by that research outcome. Fundamentally, it could change the care of patients not only in the hospital, in the clinic, but also the region in the country or beyond. The concept that research could have such a profound effect was a vastly different concept from the one I had traditionally thought about. This got me incredibly engaged in thinking about research in the context of patients and the impact I could have.

If I look through the various things I've done in my career, and that certainly came into being as chief academic officer, it was getting beyond what I could do as an individual researcher, or from leading a group of researchers, and thinking about, how do you structure things at scale so that you can change the way research is done? How do you put together the right infrastructures? How do you put the right facilities together? How do you bring together talented researchers so that you could create something bigger and future thinking? What are the resources at the system level that investigators need today? What are the resources that may be needed for tomorrow? Whether it was looking at some of the fundamental things that had to be put together in data analytics to prepare for artificial

intelligence and its impact, or how we structured data with clinical samples to look at the future of genetics, it was a lot of different things. In the end, it is all about scale—about leveraging and looking at how clinical medicine and research fit together. That realization was an exhilarating moment for me.

In terms of Mass General Brigham, if I look at the differentiator, it is, how does this academic healthcare system pull everything together and create impact? How do we aggressively look at pushing that research out there and having more impact throughout the country in a way that leverages what we have? How do we take all of these phenomenal people that we train and make sure we can continue to train? And that's a challenge.

In terms of opportunities, how do we think about academic medical centers and systems in the future? What do we need to do to keep innovation and research increasing and progressing to make care better? How do we look at that? How do we innovate in clinical-care delivery? Those are the opportunities. The challenge is, how do we take the care delivery part of what we're doing as a healthcare system and make that streamlined, make it patient-focused, and make sure everything we're doing is patient-focused? How do we lower the total cost of care? How do we get care out into the right places?

The final set of challenges relates to change. How do you say to an organization, which has been accustomed to working in a certain way, that we need to change, and the rationale for change is very clear? The rationale for change is clear, and it couldn't be clearer now, given where we are as a country, where we are in terms of healthcare, in terms of what lessons we've learned during COVID-19. All of these things are true, but fundamentally, when it comes to changing the way people work, that's the challenge. Encouraging people to embrace a bigger vision? Not that hard, but when it comes to changing the way things are organized, how they are run, and fundamentally how it affects each person, that's a challenge again and again.

Pooja Kumar: You have, in your current role as well as your last role, taken on different types of change,

‘Encouraging people to embrace a bigger vision? Not that hard, but when it comes to changing the way things are organized, how they are run, and fundamentally how it affects each person, that’s a challenge.’

a large change in your chief academic officer role. It felt like that change, though, was much more tied to the heart of what an academic medical center is all about, and now in your CEO role, you’re moving much more toward an uncomfortable but more audacious type of change. You’ve spoken about your vision to build the integrated academic health system of the future at Mass General Brigham. Can you talk us through what this means and whether or how this vision could translate to the wider healthcare sector?

Anne Klibanski: One of the challenges was what I’ll call the “dilutional” theme. The dilutional theme is something I’ve encountered in many organizations and that is, whatever it is this part of the organization is doing is the best, and anything that is combined with something else will be dilutional.

There was often a siloed approach, which said, this is research, and this is clinical care—here is innovation in research, and here is clinical care. Fundamental to the transition and fundamental to the healthcare system among many things is putting research and the drive to innovation, the drive to change, into healthcare delivery. The same innovation and discovery and pride and dependence on research that we use in any discovery that we do—whether it’s in treating any rare disease, or in looking at a future cure for any disease, no matter what it is—when we think about the clinical delivery system, it is not the other thing; it is all one thing. The first thing is putting everything together and saying all of these

things address how we take better care of patients. Bigger is not expansion; bigger is how we have a bigger impact, and that can be in our hospitals, in the region, nationally, and internationally.

Talking about strategic priorities: I’ll start with the first, which is, what is the core differentiator of our system, and I’ll highlight again these are our academic missions, this is leveraging the research, the innovation, all of the things we’ve talked about before to have a bigger impact. Some of the depth of the specialty, the specialists that we have across our academic medical centers, is one of our greatest talents. It’s the ability of people. It’s the knowledge of people. So how do we take that knowledge and bring that out into the world? How do we use digital platforms? How do we use the digital environment? How do we look at a digital future that will help us do that and also that will change healthcare delivery?

The second important element is looking at how we deliver care, and this goes by many different things: value-based care, the right care in the right place, and lower costs. So even if I put aside the academic medical centers, the concept of the hospital as where one goes for everything is a fundamentally antiquated hospital. Are hospitals important? Absolutely. However, we need to ask, what does the hospital of the future look like? What is the role of an academic medical center? What is the role of a community hospital?

Another important strategic approach is taking a broad look, and a very hard look, at the continuum of care. Care that starts in the home. What is the enabled care that's necessary in the home to prevent disease? How does a person in a home get care? Where do they go for care? When do they go for care? How do they seek care? Going from home to ambulatory sites: Where do they go? What happens? What needs to get done there that could be done in the home tomorrow?

The second major focus is, how do we reconfigure care? There are so many innovative companies that have come up to address this. Some of it is in pieces. We'll take this piece of it. We'll take that piece of it. The survival of all of our systems will be to adjudicate that and look at it carefully, and hopefully get state endorsement of it so we can provide the right care in the right place. Fundamental to all of this is tech enablement, and I can't emphasize that enough. Tech enablement is critical. How do we get beyond the inequities in access to tech-enabled care? That is going to be another issue.

Let me move on to equity and community. When people say to me, "I never realized X, Y, and Z occurred until the pandemic," I will always look at them and say, "No, that has always been there." I think that's true of many of the things highlighted during the pandemic. We have to continue to look at the profound inequities of care and try to understand what that means. We have to think about the care being delivered in communities. How do we define underserved communities? How do we fundamentally work with communities of color to have better healthcare outcomes? So we are spending a lot of time within our system, collaborating with communities, collaborating with community health centers, and working with the state to think through the kind of care that needs to be delivered. Some of these issues are broadband access. Some of these issues are equipment access. Some of it is training access. So, again, we have a very broad-based way of thinking about this, which has to involve multiple partners.

It will be our system partnering with other systems, partnering with companies, partnering with the city

and the state. This is not something that anyone can do alone, and that's fundamental to the kinds of things we need to do. I would also say that so much of this impacts how we view the workforce of the future—where people are going to work, how work is being done, etcetera. How do we look at that not only from a diversity point of view but also from a core way of redefining jobs in the future?

The next thing we're focused on is clinical integration. Clinical integration asks, what are those things that exist at multiple places in what was a holding company, and how do we put that into a clinical integration model? This involves taking the emergency department, the radiology department, pathology, and anesthesia and thinking through, what does that look like from a system-wide perspective? No matter where you go in the system, the kind of care that you get, the imaging that you get will be the best. This shifting around of care is an incredibly important element, and we are looking at how we best integrate services. What does it mean to have a service line? How do we get the best care and use subspecialists in the best possible way around the entire healthcare system?

I would tie it all back to the need to examine the totality of healthcare delivery. How do we deliver as a system the best integrated care and keep our missions—the academic mission, the training mission, etcetera. How do we look at all of those parts at a particularly challenging time for the country and healthcare? How do we keep all those things going? What are the big investments that we need to be making in the future?

That's another thing we talk a lot about. What are the big scientific bets? What are the large platform technologies we need to be investing in? Those are going to be critical for what we do in the future and will involve partnerships. Partnerships with other healthcare systems, the state, the city, industry, and venture partnerships are the only way we can move forward to have the best collective impact. No one is going to solve any of these problems in isolation.

Pooja Kumar: If there is one thing that you want to look back on and say that you did in your role as CEO, what would that be?

Anne Klibanski: Looking back, the one thing is to take what was essentially a holding company, with fantastic academic medical centers, fantastic clinical work, fantastic research, fantastic community hospitals, and take the absolute best elements of that and put them into an integrated-

care delivery system, which fundamentally has patients at the center of everything it does. It is the future of healthcare that we're talking about and how to position this particular system to look in a future way, to get beyond the complacency of the past and set ourselves up for the future. That's what our patients deserve. That's what the phenomenal people that I work with every day want for the system, and getting them there—that's the most important thing.

Find more content like this on the
McKinsey Insights App



Scan • Download • Personalize



Anne Klibanski, MD, is president and CEO of Mass General Brigham. **Pooja Kumar, MD**, is a senior partner in McKinsey's Philadelphia office.

Comments and opinions expressed by interviewees are their own and do not represent or reflect the opinions, policies, or positions of McKinsey & Company or have its endorsement.

Designed by McKinsey Global Publishing
Copyright © 2022 McKinsey & Company. All rights reserved.