

Seattle Metro Chamber – Under Construction with Dr. Guy Hudson

Marilyn: Welcome to Under Construction. I'm your host Marilyn Strickland, CEO of the Seattle Metro Chamber. In each episode, we take you behind the scenes with the people and companies shaping our evolving region. Today, we're honored to have Dr. Guy Hudson, CEO of Swedish Health Services. Dr. Hudson, thanks for being with us here today.

Dr. Hudson: It's a pleasure to be here Marilyn. Thanks for having me.

Marilyn: All right. So let's just jump right into this. Dr. Hudson, you have been a physician for a long time. A pediatric urological surgeon, chief of urology, and now you're CEO of Swedish Health Services. Can you tell our audience exactly who you are, what you do and how you got to Seattle?

Dr. Hudson: Thank you, Marilyn. First of all, I'd just like to start out saying it's such a privilege to be here and chat with you. I am blessed to be able to lead one of the largest nonprofit health care systems in the Puget Sound. If we think about Swedish Health Services, and all the people that they help every day, to be able to help lead that organization is truly a privilege. We are currently, if we look at the markets in the places we serve, we extend our services not only across the 15 counties across western Washington, but have a presence both nationally and internationally. Some of our services and patients that we've seen in some of our institutes, we saw people from 41 states in eight countries over the last year. And so Swedish is not only such an important part of serving all those in need. But also helping those across the country that need our services.

Marilyn: We know that you are a direct provider of health care services. But you're also a major employer. So can you tell us about the people who work for Swedish? How many people do you employ and what are the various disciplines in which they work?

Dr. Hudson: So we employ, across our five hospitals, and ambulatory care network and our clinics, employ about 13,500 employees across that region. And we have a wide variety of skill sets and workforce that really help take care of patients on the front lines with what they need most. Whether it's the innovative technologies such as telehealth and that expertise, all the way down to frontline caregivers and nursing staff that work side by side with patients. And so we have quite a dramatic and wonderful workforce.

Marilyn: That's great. So I know that you are not a Seattle native. And tell us a bit about how you ended up in Seattle, where you grew up, and anything interesting you want to share about your upbringing.

Dr. Hudson: So I am a product of a military family. I was born in Pensacola Florida Naval Base during the Vietnam War. And my parents are from Seymour, Indiana. Which, if we think of John Cougar Mellencamp singing Small Town, that's the small town that he was singing about way back in the day. Both my parents are from there. But I grew up in a small town called Columbus, Indiana. And the town was small enough where all my schools were on the same corner. We walked to school. My brother and I, who's one year older, and the one thing that we always talked about in Columbus, Indiana was, 'What is the best thing that we can do locally to to give back?' We're such a small community. A few businesses have come to that town to help its expansion, such as Cummins Engine Company. But one of the things that my dad always believed in and my mother that taught me well, was, 'What you get out of a community and how you want the community to stand up for all the things that you believe in, working side by side with them, is the most important thing you can do.' And that's been something that's resonated. Develop the relationships and the partnerships locally, and they will serve you well for your entire life.

Marilyn: So tell us about the small town in Indiana you grew up. So if I'm thinking about Indiana, there's kind like the part of Indiana that's closer to Chicago and then there's the part that's closer to Kentucky. So tell us about exactly where you were.

Dr. Hudson: So Columbus, Indiana, is about 76 miles north of Louisville, Kentucky, and it's about 45 minutes or so south of Indianapolis. So it's in the southern part of the state.

Marilyn: Right.

Dr. Hudson: Little more towards Cincinnati than one would expect. It's about an hour away but it's a small town community that had two high schools. And one of the interesting things, one of the high schools at the time that it was built, was one of the most innovative high schools in the country by the way that it went about its educational practices. More college, atmospheric teachings in large classrooms versus the traditional small classroom experience. And so innovative companies have come there with their technologies and things like that. Like I mentioned, Cummins Engine Company, who puts their engines in the in the RAM diesel trucks.

Marilyn: Interesting.

Dr. Hudson: But really got their start in World War II. That headquarters is still there. That's the the small town atmosphere, and things like that, that I experience Indiana. I always thought as I grew up and went forth in my career that I would live in a small town with that type of environment and relationships that you can develop. I think that's one of the reasons why I live in Ballard.

Marilyn: Well I have a question though, because you know you talked about, you know, you grew up in a small town. And that's where you envisioned yourself for the most part. Where often you hear stories of young people in small towns saying, 'I'm going to get as far away from here as possible and move to the big city.' And now you're in Seattle. But in between then, you attended college as well. So tell us about your collegiate career and anything interesting that happened while you were there.

Dr. Hudson: Well I went to the local university, Indiana University, of which I'm most proud. Both my parents went there and my brother went there as well. And one of the things that my brother and I did, you know, from the age of five until we were 21, was we were both collegiate swimmers. And we both swam at Indiana on scholarship back in the "Doc" Counsilman era. So this was back in the mid- to late-80s. And for those, those of you listening that know anything about the history of swimming and competitive swimming, "Doc" Counsilman coached Mark Spitz in the '72 Olympics.

Marilyn: That's a throwback.

Dr. Hudson: Yeah. You know, seven gold medals back in the day was big deal.

Marilyn: I remember that.

Dr. Hudson: He was, Doc was very innovative in the field of swimming. And if we think of simple things that we see, lane ropes or black lines on the bottom of the pool, or paste clocks, starting blocks, he pretty much was the inventor and promoter of a lot of the innovative things we've seen in swimming. One of the things that he did with his athletes was, he was the first to film them and use that innovative technology at the time filming, to show them and compare them to the greats of swimming. In regards to stroke and technique. And I remember numerous sessions in the diving well getting filmed and being compared with some of the Olympic athletes and medallists of the 70s. And the one thing that Doc said, he goes, 'We're going to tweak this a little bit for you.' And he

goes, 'You have to understand that initially it's going to feel awkward. You're gonna go slower and you're going to get frustrated.'

Marilyn: And so he means changing your technique and stroke.

Dr. Hudson: Yes, but over time, you will be much more successful and you will swim much faster. And indeed after a year of swimming slow times. But he's like, 'just be patient. It'll be OK. It pays off in the end.' It really does.

Marilyn: So take that lesson of doing something that you thought was actually prohibiting your advancement. But in the longterm was going to benefit you. And think about how that lesson has applied to you in different parts of your career?

Dr. Hudson: Oh, I can think of one particular example Marilyn, that would, that we're doing right now, is you know being the CEO at Swedish for the last two years. Just regrouping ourselves around who we are and centering ourselves around our mission. And really hiring and supporting our values. Just that grounding of rebuilding that foundation and reminding people that we're all here for one another because we all need to be here together. To support our community and take care of those who need us. Sometimes you just kind of need that.

Marilyn: Yeah. A reminding.

Dr. Hudson: Yeah. And that's, you know, with some of the turbulent times we've been through. I've worked side by side with these people, for over a decade, and some of the best people I've ever worked with. And those reminders and that compassion and just showing you care and just being there is very, very important. And that's been a big reason for me why I'm proud to be in the role that I am.

Marilyn: Did you always know that you wanted to be a doctor or go into medicine? I mean, often when people talk to kids, they say, 'what do you want to be when you grow up,' and people say, you know, 'a doctor, a fireman, a nurse, an engineer, a millionaire, a billionaire.' And when did you know that medicine was a place for you?

Dr. Hudson: Actually, no, I always wanted to be a fireman. And sometimes I still think that.

Dr. Hudson: I grew up on a street where we had a special needs child that had a spinal cord abnormality. And I remember the impact to the family, especially back in the 70s and early 80s, how difficult it was for a small town in Indiana to get that care that they need to take care of that condition. And it meant so much to me. It really kind of formed the way that I went forth in my career as a pediatric urologist, of taking care of a lot of those kids, as I moved to the west coast. The place I trained in Oregon was, I had the privilege of helping run a clinic that supported a lot of children and adults with very similar problems in their lives. And it just connected me so well in regards to mission and really centered me around that my why, I mean why did I do this, why did I go into health care, why did I pick the specialty I chose? It answered all those questions in one fell swoop. And it's really comfortable when you find that, because you know you're doing the right thing.

Marilyn: So we know that the field of medicine has changed a lot in the last decade. And can you talk a bit about how you have seen Swedish change since you started? And what changes are you working on right now to make it a better system?

Dr. Hudson: Health care's changed dramatically even in the past five years.

Marilyn: That's true.

Dr. Hudson: I remember the advent of the rollout of the first electronic health record at the V.A. I was a resident when that happened. Meaning I was in training. And it was a big impact on people and workflow. Kinks with electronic health records were worked out. Because the idea is, we needed a communication tool that allowed us to work better across all lines of health care. In order to eliminate mistakes. In order to enhance communication. In order to make data systems where we could look at outcomes and just drive better care. And decrease the unwanted variation that we were seeing in healthcare.

Dr. Hudson: And that has been a very, very interesting road over the years as healthcare systems have adapted. I.T. technologies to help them deliver better patient care. So the electronic health record is probably one of the biggest advances I've seen. The other big change that, over the years, we've seen was the advent of going from an open surgical technique to laparoscopy, where we used small scopes and cameras and small incisions. Those two innovations in care I think drove more people to retirement than what we've seen, but also drove more innovation and specialty services in the field. You know, at Swedish, we not only spend a lot of time using those innovative technologies like telehealth and other things to connect more with patients in rural communities, but we also spend the time to add the expertise and do internal workforce training to make sure that all of our people have the skills that they need in a rapidly changing environment to be successful. And that is a key thing. Health care's changing so rapidly.

Marilyn: Every day.

Dr. Hudson: Oh absolutely. That we spend a lot of time investing in our people.

Marilyn: Well that's great. And when we think about the health care system, we know that, you know, every person doesn't see a doctor every time you go in. I mean, you know, I often see, you know, a nurse practitioner. You see a PA. Or you know, an R.N. and so, can you talk a bit about the importance of bedside manner, for lack of a better term, or you know, the relationship that the provider has with the patient. Because it's one thing to say we have outcomes, we have goals, we want to heal you. But talk about the importance of how that relationship and interaction has an impact on the healing process.

Dr. Hudson: As a physician, and taking care of patients for the 15 years that I had the privilege of doing so, the most important thing I can say is that trust that you form and the bond that you form with your patients is the most important aspect of patient care.

Dr. Hudson: The human touch, the compassion, the connectedness you get when you're helping people. Health care cannot lose that. With all these innovative things that we're doing to help get people care with iPhones and systems. We can't lose sight of this, that this is humans taking care of humans. And people come in and see us during the most stressful time in their lives. They're scared. And we want to make sure that we can still establish that trust and connectedness. Because that's who we are and that's what we want our patients to feel when they come in our doors. We care about them. We do. And we want to make sure that they get the best care possible.

Marilyn: And is there any science behind the assertion that that actually helps with the healing process?

Dr. Hudson: I can't quote any specific studies. But I can tell you, just on the people that I've interacted with, the most common comments that we get are those that interact most at the bedside

with the patients. Yeah and it's more than just anecdotes. It's the stories. And I've gotten several letters of all the positive things where people, I remember those names. They ask me about X Y or Z that I really connected with. And I just want you to send a special thank you to this person. Whether it's a nurse or a tech, or a doctor.

Dr. Hudson: All those things that happen at the bedside make a difference.

Marilyn: They do. Actually from the time you come into the door. And I think, you know, you're accurate about people being afraid and stressed out when they often come to get medical care. So I often joke that just about everyone I know who's from Seattle was born in Swedish. And in 2017, over 11,000 babies were born at Swedish, more than any other health system in the entire state of Washington. Can you talk about Swedish and its brand and reputation in Seattle? And why so many Seattle families start there?

Dr. Hudson: I'm so proud of this. If we look back over our almost hundred and nine year history started by Nils Johanson, a physician and surgeon, that came up to Puget Sound to build and celebrate and help develop a higher quality health system with a 24-bed hospital.

Dr. Hudson: If we think of all the babies over the years that were born in this, in the Swedish system, that there's two things that are top of mind. One is many people in the community were born at Swedish. And the second thing is Swedish was born in the community. It's two things.

Dr. Hudson: And so that has developed that interconnectedness with people for their entire lives. And one of the things that we're most proud of is we can not only have people born in Swedish. We can take care of them for their entire lives. And that's just established that bond with a health system that we're most proud of. We watch people grow up and we watch people during stressful times. We connect with people during happy times. And we're more than just a health system. We are who they rely on.

Marilyn: You know, one of the topics that comes up in this region and actually nationally, is the whole conversation about equity and inclusion and access to health care. And we know that there are disparities in outcomes for life expectancy. Chronic disease. Can you talk a bit about what you think Swedish is doing to try to address some of those disparities that exist in the health care system for patients seeking care?

Dr. Hudson: The first thing is identifying who you are and how you want to be in the space of serving all. Our mission is to serve everybody who walks through our doors regardless of their ability to pay. So whatever walk of life you come from, whatever you look like, whatever your beliefs are. We will proudly take care of you. We spend time with the community health needs assessment, in looking at what our communities need to have better care. Because even each zip code has a different prevalence of chronic conditions or acute conditions that we see. So to make sure that we have the right care in the right place at the right time. And then our community's health operational plan that we're putting together with our strategy, to make sure that we can serve all in their communities. It's very difficult to expect people always to come into your health system through conventional methods.

Dr. Hudson: Also we want to make sure that when they get there there, they're welcome. In regards to, Do we have proper interpreter services and things like that? Do people feel connected to the people that they're talking to? Are we respectful of their culture and their beliefs? Which we are.

Dr. Hudson: And so it's not only getting them care in their communities that they require. But making sure that we serve in the aspects that are necessary to have them feel welcome. And taken

care of regardless of where they come from.

Marilyn: So when we think about a profession in medicine. You know, regardless of the function. What skills do you think are the most important for leaders in medicine?

Dr. Hudson: The best leaders in medicine that I've ever been around have experienced things in the field. So I'll give you an example. My, my early career, I spent a lot of time doing surgery on kids with cancer. And I wasn't married. I didn't have kids and talking to the families about the illness in their child, I could do that and I could show compassion, but it really hit home when I had kids of my own. Or I had illnesses with my kids or in my own family to make that connection during those stressful times with people.

Dr. Hudson: So leaders in medicine need to have that connection. You make better decisions because it's the right decisions for the patient. You make the right investments because they're the right investments for the patient. They may not always bring, in the purest financial terms, the best return on that investment. But the investment is actually in our people and helping our communities.

Dr. Hudson: And so I really feel that people that have that experience make the best leaders.

Marilyn: So, you know, we know that health care is one of the most high demand professions. Not just nationally but especially in this region. If you were giving advice to a young person who is considering a career in health care, what advice would you give them?

Dr. Hudson: For those people that want to pursue a career in health care, I'll tell you, it's one of the most rewarding things that you can do.

Dr. Hudson: Doing it for the reasons of serving a community. Serving people. Helping humanity.

Marilyn: So when we think about health care systems, we still kind of stereotypically think of certain roles that men have and certain roles that women have. And this is really you know an entire continuum of caregiving. Do you see that ratio changing from when you first entered medicine? And are there any disparities that you see in who is doing what specific roles?

Dr. Hudson: Well, if we if we look at some data from the Kaiser Family Foundation just published last year, men still outnumber women in the health care industry by about 2 to 1. I had the privilege to train down in Oregon at the Oregon Health and Science University. And I was part of a surgical residency program that actually had more women than men. And that was such a big difference compared to even around the country, other programs. So is it changing? It's changing. Is it changing fast enough? Not in my opinion. But we've seen more women into the traditional roles that men would tend to occupy such as surgery and other things. And it really is, if we're going to connect with our communities, having people in these positions that represent the communities you serve are the most important aspect of being to provide that connection and provide the best care.

Marilyn: So I have one question before we get into what I'm going to call the lightning round. Can you talk about how Swedish has been affected by the opioid crisis? Has it had an impact on us here locally?

Dr. Hudson: Yes. So the opioid crisis lies at an intersection of two public health crises. And one of those is the opioid overdose epidemic. And the other is inadequate and inconsistent comprehensive management of acute and chronic pain. And if we look, we've seen confusion actually by providers regionally and nationally, where patients managed on opioids who had effective relief in the past are being wrongly reduced on their dose without properly addressing their pain. It's a balance. And

what we've done is we've improved access to patients who are suffering with addiction problems and other behavioral health conditions such as anxiety, depression or post-traumatic stress disorder or PTSD. And we've been active as a system integrating policies around safe opioid prescribing, such as integrating rehabilitation-based treatment for pain that includes exercises, physical and occupational therapy, or injection therapies, behavioral medicine and relaxation training.

Dr. Hudson: So we're very much approaching this from trying to treat people that still have suffering where it's appropriate. To treat them with opioids while looking at other ways to help address those with chronic pain. And we have a great pain management addiction services to help those. And we've put behavior health people in our primary care clinics to get people the care at the right time at the right place. So we are balancing out these services to help all those in need.

Marilyn: That's great. So you've been here in this region for 12 years now and it has changed a lot in a decade and some change, and you know, one of the things that we want to do on this show is really talk to leaders who are witnessing the change and are part of it. And are in many cases leading it.

Marilyn: So when you think about the future of the Greater Metropolitan Seattle area, what are you optimistic about?

Dr. Hudson: Seattle has a lot to be proud of. But I still think we're getting our feet under it solving problems such as homelessness and things like that. We, we just signed an innovative partnership with Plymouth Housing to help in the homelessness in the Seattle area. And help with housing and so that partnership is something we're really proud of too. Where a lot of our strategic direction is focusing on the social determinants which is, we're proud to say, part of our mission.

Marilyn: Now we're going to go to the lightning round or the get to know you better part of our show. So you are in the health care business. You have helped people heal, but sometimes you might be a patient yourself. So what do you appreciate most when you are the recipient of health care?

Dr. Hudson: Well I can tell you, what I would want is I would want great access to health care when I want it and where I want it. So if I have multiple appointments, I would like help with getting those on the same day. And I would like to have those connections in a way that I find most beneficial to what my needs are.

Marilyn: So very patient-centric health care.

Dr. Hudson: Absolutely.

Marilyn: All right. So doctor, what is something that people might be surprised to know about you?

Dr. Hudson: Well the things I like to do are goal oriented activities. So I try to stay pretty active when I'm not at work, which is usually all the time. And so I, I what I've done over the last five years is, I've done things like Tough Mudder. You know, those longer obstacle course races, things like that, because it gives me a goal and something I can shoot forward to. And I usually go with various groups of people.

Marilyn: That's a team sport.

Dr. Hudson: It is. It's fun. But the sense of accomplishment in things when you're done with those

is, is fun. So I like events like that. I've been all over the West Coast doing those.

Marilyn: So we know that you're busy. You're doing things in the community. But I know you must love music. So what's the last concert you attended?

Dr. Hudson: You know, my first concert.

Marilyn: Okay, let's do that one. What's the first concert you ever attended?

Dr. Hudson: Was Yes. Hopefully your listeners know who Yes is. But what I do now with music since I like the up and coming small bands, I tend to go to the areas where the up and comers are. Because you can sit at a table and listen to them. Unlike the big concert venues.

Marilyn: Right.

Dr. Hudson: So I've really enjoyed kind of hitting all the little areas, where the up and coming bands are. That's been the most fun for me.

Marilyn: Excellent. So speaking of first concerts, I have to share this with the audience, so my first concert was here in Seattle at the Paramount Theater. And I saw The Commodores LTD in Tower of Power, in 1976.

Dr. Hudson: That's fantastic.

Marilyn: Hey, so what is the last book that you read?

Dr. Hudson: I tend to read multiple books at a time. I actually just got done reading The Tattooist of Auschwitz.

Marilyn: Tell us about that.

Dr. Hudson: It's a love story that took place during some of the most troublesome times in human history, I would say. And it's about a couple that found each other, that their love lasted through some of the most adverse events that can even be described. It's truly remarkable if people just can hold onto that. It really grounds you with everything that you do every day.

Marilyn: That's amazing. So we know that you take care of yourself. You're active, but sometimes we got to cheat a little. So what's your comfort food?

Dr. Hudson: Well I love chips. All kinds. All the time. And I'm a little bit of a sucker for ice cream. But traditional. Like I'm a vanilla with chocolate syrup or just chocolate.

Marilyn: OK just straightforward.

Dr. Hudson: Yep.

Marilyn: Don't be cute. OK. So we talked about music because we all love music but then there's what we call the walkup music. When you come up to bat, there is a song that's playing that is the essence of who you are when you're about to hit a grand slam at the park. What is your walkup song?

Dr. Hudson: Oh my gosh. My music is all 80s all the time. So all my play lists are 80s. Spotify all

80s. Whether it's rock or whatnot. Gosh my walkup music. I'll tell you when I travel, whenever I'm on a plane I listen to the same song every time before takeoff. And it's Elton John's Rocket Man.

Marilyn: Great song.

Marilyn: Well, thank you so much for being with us today. We have had a great conversation with the leader of Swedish Health Services, Dr. Guy Hudson. And my name is Marilyn Strickland. And you've been listening to Under Construction. Thanks so much for listening in and please join us next time. To learn more about the podcast, visit SeattleChamber.com/UnderConstruction.