

EPISODE 18

Creating Equity in Healthcare Education & Skills Based Learning with Geoffrey Roche

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Geoffrey Roche (00:00):

We need leaders in healthcare who remember, first and foremost, that healthcare is about humans. It is not about numbers. It is not about finance. It is all about caring for one another. And that was the mission, vision, and values that our CEO espoused. Historically, you go community by community, you may have wonderful academic partners that support their workforce needs, and then sometimes you have challenges that don't allow that support to be as innovative, transformational as it requires. And so, we were formed with the intent that we were just gonna be focused on developing healthcare programs for healthcare, by healthcare — meaning at all times, we're not just developing programs with academic partners, we're bringing healthcare leaders from an interdisciplinary lens to the table, to ensure that it's always been developed through a healthcare lens, whether it's a certificate or a degree program.

Announcer (00:56):

Welcome to the Healthcare Leadership Experience, a place where healthcare leaders will share proven strategies and innovative approaches to leading the clinical and business side of healthcare. This show is sponsored by VIE Healthcare Consulting, who's proudly helped hospitals save over \$700 million in non-labor costs since 1999. Here is your host, Lisa Miller, founder and CEO of VIE Healthcare.

Lisa Miller (01:19):

THE **HEALTHCARE
LEADERSHIP**
EXPERIENCE *with* LISA MILLER

Hi, this is Lisa Miller, and I'm the host of the Healthcare Leadership Experience. Today, we have the most amazing, fascinating discussion with Geoffrey Roche, who is Vice President at Dignity Health Global Education. This conversation, I think, is probably one of my most favorite, because we talk about his journey to where he is today and his work in Pennsylvania with organizations, or his healthcare organizations, and what he did to really create partnerships, and how his unique approach to community health has led him today to have the most, I think, probably one of the most amazing positions. And he is speaking to us about the Equity in Education, Equity in Healthcare Skill-Based Learning Scholarships for all healthcare professionals. And it is just a phenomenal scholarship program. These scholarships are skill-based, and they range from leadership to analytics to marketing, and even an RN to BSN degree.

So, please listen in to the end. He's going to give us such great information on his journey to today, and what Common Spirit and this scholarship is doing for healthcare leaders. So let's jump in and start the conversation with Geoffrey. Geoffrey, welcome.

Geoffrey Roche (02:47):

Thank you. Thank you for having me.

Lisa Miller (02:49):

I am very excited to have you on the show. This past week, I've been doing quite a bit of research about your background and the really interesting projects you've worked on over the years. So, I'd like to start there. Could you give our audience a background on you? You have such an interesting healthcare background in so many different aspects, which led you to do what you're doing today. So, I think it would help for context.

Geoffrey Roche (03:15):

Absolutely. Yeah, so I was really, you know, fortunate. When I was a college student, my late academic advisor had encouraged me to do a, uh, a semester-long internship with a healthcare organization. And you know, it's interesting Lisa, because my mother is a nurse, and so, healthcare has always been, without question, a part of my life. Never thought I would have gotten into healthcare. Always knew I would never enter it clinically. But when I did that internship, which was in, at Lehigh Valley Health Network, and it was in

the marketing, public affairs and government relations department, which is fully integrated, I really saw there was a lot of potential. And a lot of it for me came from my love of building relationships to ultimately advance projects, advance initiatives.

And so, after that internship, I immediately knew I wanted to look at healthcare opportunities, and I was fortunate to start and get hired as a community relations coordinator initially, at what was then Pocono Health System. And then fairly early in my tenure there, was promoted to be director over multiple functional units, uh, which including planning, business development, community engagement, community health, government relations, and then all of public affairs. And, you know, was there for nine years, did a lot of that wonderful, exciting work.

And again, you know, as I always say to individuals, you know, I was really at the right place at the right time, uh, because I had a CEO who was a nurse, who took me under her wings, mentored me, taught me. I had other, you know, senior vice presidents that I also had the privilege of working extremely closely with, who did a very similar work as our president and CEO did. And that was, without question, very impactful, both for me personally and, ultimately, professionally.

Lisa Miller (03:15):

So, I have questions. (laughs)

Geoffrey Roche (03:15):

(laughs)

Lisa Miller (05:02):

So, you mentioned just now, um, that you're able to advance projects, and I believe, from understanding your background, that you have that amazing skill to move things forward, right? There's a difference between ideating and having a vision of innovation, but actually moving them forward. And I think that's where everybody gets stuck, healthcare, non-healthcare. Can you talk a little bit about what you said, that you really have learned how to advance projects?

Geoffrey Roche (05:26):

Yeah, and you know, well, what's interesting is that early in my career, I was privileged, you know, I always tell individuals that I was fortunate to serve in a community regional hospital, that ultimately was the only hospital in that county, but also for several counties. What made that unique experience for me was that I had to wear a lot of hats, but I also always had to realize that, at the end of the day, the beauty of administering in healthcare comes down to building relationships, both internally and externally. And if you're ever going to help advance an initiative, something that's strategic, something that's a business decision, it would ultimately come down to also the relationships that were built.

So, I'll give you a couple of examples. You know, we were building a brand new cancer center. Cancer was our biggest incidence of death within our county. That was a decision I wasn't, you know, I wasn't the one that made that decision, but I was part of the team that worked to, ultimately come to that decision. However, when it came to, you know, making sure that we were advancing different aspects about that project, I was assigned aspects that I never really had experience with. One of which was, hey, we have a capital campaign, and we need to raise, you know, somewhere upwards of over \$25 million. It's a \$34-million project. Geoffrey, hey, you know government people, go see what dollars you could bring to the table.

And so, you know, it was an interesting thing. Yes, I knew government people, but what I didn't realize was that I would have to get six state senators, four state representatives, three commissioners and others to all agree to ultimately give us over \$2 million towards that project. And the work that had to go into that, the, the relationships that had to be built, the doctors, the CEO, the other leaders that had to join me in that effort, was, uh, was a lot. But, what I was taught through that process was it all comes down to relationships.

And, it comes down to putting forward a phenomenal mission, vision and values, helping people understand that what you're doing is authentic, and ultimately all comes back to the patients. And so, throughout my career, what I learned and, again, I had phenomenal mentors, was that whether it was redesigning an emergency department, building a new cancer center, opening up a [inaudible 00:07:40], whatever it was within our campus, uh, or within the work that we did in the community, it all came down to I had to work closely with the operational clinical folks, as well as the finance folks, and we had to find a way to advance it together.

Lisa Miller (07:54):

That is a massive undertaking, to be given the role to fundraise \$25 million dollars.

Geoffrey Roche (08:00):

It was a team effort, so I will say that. Not, I was not alone, team effort.

Lisa Miller (08:04):

Hmm. Absolutely, as most are, right? And still, being part of that team to raise \$25 million is extraordinary. And you're right, it is about relationships. Um, it is about leadership giving the vision and the why. It's not, we need a cancer center. It's the big why. People move and do things because of the why, not because they're told. And I think that's so important. People will get around a mission, get, they'll get around an initiative if they understand the authentic why, which is exactly what you said. So, I wholeheartedly agree.

I have a question that's, it's a little bit outside of what we're eventually gonna get to, but I think it, it's part of it. Because you are so skilled in developing these public-private partnerships, I have two questions. One is about the social determinants of health. I think those partnerships are going to be so important. Have you begun to, to work on those, and I know this initiative we're going to talk about, which is Equity in Education, is probably part of it, but can you start speaking about that?

Geoffrey Roche (09:05):

Yeah. So, from my healthcare time with Pocono Health System, which then became part of Lehigh Valley Health Network, we were working on a lot of that social determinants of health. And as I mentioned, community health was part of my division. You know, I have always long believed that, in healthcare, the social determinants of health, the community benefit process and, ultimately, all that we do to educate, vaccinate, take care of our community, through all initiatives related to immunizations, primary care, etc., is all rolled up into what ultimately is the social determinants of health.

For me, it went, though, beyond that. And so, as an administrator that was deeply rooted in the community, and ultimately was responsible for what we did in the community, it was important to me that we embedded leaders of our organization in nonprofit organizations, engagement in the community at schools, churches, neighborhood centers, etc. And so, as we did that, what became more and more clear was that, you know, we as a healthcare system

were doing what we did within the four walls of our healthcare system but, when it came to the community, we still weren't doing enough.

And so, it really became, and this was back in 2008, 2009 and, obviously, as you know, that was the time of the Affordable Care Act. And we were fortunate because we had a president and CEO who not only cared deeply about the community, but literally said, "I want to partner with the community." And that, to her, meant I want to walk alongside the community in their journey of health.

And so, we began a number of major initiatives that would reach individuals wherever they were. And that ultimately led to a massive expansion of outpatient medical services in very rural parts of the community, but ultimately done in a way that would reach those who had the challenges of accessing healthcare, sometimes the homeless, uh, sometimes, you know, different populations that were marginalized for so long in healthcare.

And, what came out of that, actually, Lisa, was me working with our care management team to really think about, you know, SDOH screening from the moment they entered the emergency room, to the moment we admitted them, or to the moment they were discharged. And obviously, before they were discharged, we worked on many initiatives, internally, with clinical folks, doctors, nurse practitioners, leaders, to embed within our system even before Epic, that we were doing all we could to resource and referral. And before they left, getting them access, and not worrying about the financial side of that. And I know that always made our CFO cringe but, you know, love him to death and would always say to him, "No, no, no. First and foremost is taking care of the patient. We'll worry about the other things next."

But, we were doing that type of work. And then ultimately, that also led to what was clearly, you know, not our idea, but we learned from another medical center, called Meadville Medical Center out in western Pennsylvania. They were doing this awesome project that was like a community navigation project, but they called it a health coaching program. We launched a similar one. We partnered with East Stroudsburg University, which was a four-year, still is a four-year public state system university in Pennsylvania. And we developed that program from scratch. And we looked at all their programs. We looked at public health, we looked at athletic training, we looked at exercise science. We looked at the fact that we had a brand-new medical college in Scranton, which is now under Geisinger but was then separate. We looked at Wilkes University's pharmacy program.

And we said, what if we bring all of those folks together, couple them with

our folks, and develop an academic program that they could get credit for but, more importantly, identify high-risk populations that came into our health system. And instead of them getting readmitted and discharged, and readmitted and discharged, we would actually follow them. And then we would send students into the homes and, you know, these students-

Lisa Miller (09:05):

Go ahead, sorry.

Geoffrey Roche (13:05):

Weren't clinical all the time. But what they were trained to do was observe, talk, listen, get to build a relationship that ultimately would help that patient follow what the doctor told them to do. And then we also introduced tele-monitoring with support from a health insurance company, that donated technology so that while the students were there, we would also have access to the medical staff and, and the nurses and such to see what was happening.

And that still is actually going on today. I was actually just talking to the associate chief medical officer, uh, just recently, and it's still in existence. And that was a program that I was part of from the very beginning. And, you know, it's still going, has had its challenges with COVID, as you can imagine. But the impact that it made from a social determinants of health, and from a truly supporting the needs of the community, was profound.

Lisa Miller (13:56):

You probably could (laughs) write a lot about that experience. And if you could do me a favor, if you could help our audience a little bit with maybe the first two or three steps in how they would create a social determinates of health program. I, I know that hospitals are, are in different stages. But sometimes, you know, uh, they're starting one area, or they haven't started, or they don't know how to start. Can you just give some tactical-

Geoffrey Roche (14:24):

Yeah.

Lisa Miller (14:24):

Advice, please?

Geoffrey Roche (14:26):

Yeah. So, you know, I think the most important thing to remember is, healthcare has so much data and, and oftentimes, we were so resistant to, to envision utilizing it in some way.

Lisa Miller (14:26):

Mm-hmm (affirmative).

Geoffrey Roche (14:35):

So, in our circumstance, you know, for us it was the fact that we had all these alarms set up, we had all these tools set up that were alerting us that these were, you know, frequent utilizers. Uh, and we were a very busy emergency room, so mind you, at this time, when the precipice of this started, we had over 90,000 patients annually, coming into an emergency room of a 239-bed hospital facility.

Lisa Miller (15:01):

Wow.

Geoffrey Roche (15:02):

So that, in many ways, was a crisis point, because we were not fit out for that. We were 30-some beds in the emergency room. And so, as you can imagine, we had patients all throughout. Wasn't an optimum situation and, ultimately, it wasn't a good patient experience. And so, what that required was that we had to really think differently.

And as you can imagine, and as, as our listeners know, healthcare is always risk-averse. And so, risk management was, oh, no, here we go. But, but I'll tell you, when we started to look at the data, brought care management, case management, all of our medical staff, chief medical officer, uh, we took an interdisciplinary approach. That's the first thing I wanna highlight. You have to take an interdisciplinary approach. You have to view this from the lens that if you go totally clinically, it's not gonna work, if you go totally non-clinically, not gonna work. So we took an interdisciplinary lens. We brought in medical staff, we brought in community health, we brought in nursing,

we brought in risk management, we brought in IT, we brought in quality, and we brought in anyone else that we thought would be important. And they were, it was a small team to start.

And, you know, we looked at the data, we looked at what could be done differently. And then ultimately, our president and CEO and, at the time, our chief medical executive for the medicine service line, went out to Meadville. And they came back transformed, and I can remember getting a call and saying, "Figure it out, work with the SU. You guys needs to figure this out. We can make it happen."

And, you know, that's the other tidbit, is don't be afraid to try. And look at what you have in your community, community college or a college, that ultimately, even when we first started, people were hesitant that we could get it done, because it was a state system school. And they thought, we're gonna have to go through hoop after hoop after hoop. But what we established with the university was, we said, can you imagine what your students will get to learn? Can you imagine what, from an experiential learning opportunity they get? We were creating pathways of careers before they even thought about careers. And ultimately, they were impacting lives.

And so, for us, it was start with the data, bring an interdisciplinary team together, and then think of your community partners. And that was the third thing here, is that I think oftentimes we forget what's outside the four walls of our hospital, uh, or our healthcare system. But when we really peel back that onion, we will find that there are willing and able partners who literally are waiting for us as the healthcare system to say, let's work together.

Lisa Miller (17:37):

That's excellent, and I, I actually think it's churches. You mentioned that earlier. I think that churches are a fantastic partner for hospitals. And we're starting to see more of that but, boy, I think that partnership and being able to, you know, infuse the membership of the church, you know, and helping support the community with their healthcare needs. I, I think that's a, uh, winning strategy and a, a winning approach. And I think that's, gonna hear more about that in the future.

And one thing I'm hearing, Geoffrey, threaded through this conversation, of course, is partnerships, it's innovation, it's resourcefulness, it's thinking, it's being maybe a little uncomfortable. I'm not hearing big tech, big dollars. I'm hearing some things that everyone can do.

Geoffrey Roche (18:25):

Oh, definitely. I think we often forget that we have so much in the infrastructure as it is that, to be honest with you, we weren't doing any of this with big budgets. We were looking for grants, we were doing it on our existing budgets while, at the same time, to your point, we were engaging throughout a number of other massive initiatives while at the same time. And we, as a stand-alone facility in the county, we had ultimate responsibility for all public health. And so, you know, as you can imagine, we had all this happening, H1N1 happens. You know, so then we had to take over leadership of H1N1 because we had no public health department.

Now, fortunately for us, we had Sanofi Pasteur, which, you know, was a phenomenal partner. We joined together and, you know, hand in glove, and said we're gonna figure this out for our region. And we did. But we, you know, I can't say enough about our CEO, because that makes or breaks a lot of this, too, is sometimes we need leaders in healthcare who remember, first and foremost, that healthcare is about humans. It is not about numbers. It is not about finance. It is all about caring for one another. And that was the mission, vision, and values that our CEO espoused.

And I'll tell you a great example of this. People in the community said, "You don't know how bad homelessness is in our county," to me. And I thought, I don't know what you're saying, because I-I'm not seeing it. It was clear how ignorant I was. They said, "Come with us. Just come with us." So I went with community-based organizations, I saw where they lived, I saw how bad it was, I saw how they weren't getting taken care of. I heard the stories of how they tried to get taken care of in our healthcare system, and they felt as if they were getting judged from the moment they came to the emergency room to the moment they were discharged. They felt they weren't getting listened to. They felt they weren't getting cared for.

And so, I can remember the moment I said to our CEO, "We've gotta do something about this." And she said, "Let's do it." And I said, "Well, they want you to come see where they live, too." And she said, "What's holding us back?" She called down to the shuttle driver, she said, "Drive me over. Let's go over. I wanna see where they are." We were, literally hiked back in the woods to tents, saw where they were living, with their American flags flying high. And what came out of that, Lisa, was so powerful. Our CEO, literally, we got back to the hospital, we called all these people in the room, care management, nursing, all these folks. And she said, "We're changing this." And we immediately worked on a whole new process. We worked with safety and security, who said, well, if they're sleeping in our place, we gotta

kick them out. No, that's not the solution. The solution is, use our community-based organizations and find them housing, find them an opportunity to get better care and support.

And so, that became a massive initiative. And again, it just came by us listening and then responding. And the difference there is, is that I didn't have to fight upstream. I had, uh, someone that listened, and then I just had to, you know, internally, because not, even though the CEO is the boss, sometimes there's still people who fight back and they go their different ways. I had to internally remind them, mission, vision, values. We will do this, and here's how we'll do it. And it was, again, very powerful. Knocked down readmission rates, improved quality, got them access ambulatory-wise, so they wouldn't be coming. We watched new clinics get 'em in the community. And, you know, ultimately, what it did was it showed all of them that we cared for them.

Lisa Miller (22:01):

That's a beautiful story. I mean, r-, I'm often, I thought, I've thought about this a lot. I, my earlier days, uh, in New York and working in hospitals in, in the city. And, you know, got to see, you know, different levels of care. And, uh, there's the clinic care, the non-clinic care, but everybody deserves the same exceptional healthcare. And I love, I think that's what you're saying right now. You're reaching out and saying, you know, we're not judging you, no. You deserve the same kind of healthcare we give to others. And that is absolutely the truth.

And, and I, I love that story, Geoffrey. It's, it's, I wrote it here, healthcare is for humans, and it's true. And the fact that you went to the front lines, the fact that your CEO went, that's powerful. And that does make a big difference. We've got to be on the front lines to see and observe. And again, I think that's another part of the thread you're talking about, is with the students being able to help and observe on the front lines. It's a different, you know, we're gonna see things differently. We're, we can help differently being on the front lines.

So, I see the thread from your career (laughs) to one of the reasons why we are talking today, which is the, uh, Equity Impact Scholarship. Can you tell us all about that? And then I have questions, but, um, I can see through your career about the community partnerships and how you're able to help students give a new pathway to healthcare they hadn't thought of. And everything comes together to today's real, I think, important discussion

around what you're doing at Dignity Health's Global Education.

Geoffrey Roche (23:42):

Absolutely. Yeah, so, um, you know, as you know, oftentimes when we look at our healthcare workforce, it's clear that within our infrastructure of higher education, the way that it's still set up is that, you know, if you have the means, it's a lot easier to achieve. If you don't have the means, it's so much more challenging.

And so, uh, when we really peel back that onion and think about what equity means, a lot of discussion — vital discussion — occurring around health equity. But we also have to have the same level of discussion in, in education. And so, you know, Common Spirit recognized this as one of our nation's largest healthcare systems, and as our, in many ways, parent company, where we, in many way, are like a subsidiary of Common Spirit, they're Dignity Health and in another partner that's not part of Dignity Health, but they formed Dignity Health Global Education, back in 2019 around the idea that healthcare, as unique as it is, historically, you know, if go community by community, you may have wonderful academic partners that support their workforce needs, and then sometimes you have, you know, challenges that don't allow that support to be as innovative, transformational as it requires.

And so, we were formed with the intent that we were just gonna be focused on developing healthcare programs for healthcare, by healthcare. Meaning at all times, we're not just developing programs with academic partners, we're bringing healthcare leaders from an interdisciplinary lens to the table, to ensure that it's always been developed through a healthcare lens, whether it's a certificate or a degree program.

And so, Common Spirit made a decision earlier this summer that, you know, the Equity Impact Scholarship was not only needed but was necessary to truly think how we're gonna also support workforce in this post, uh, well, I can't say post, 'cause we're still in our COVID journey. But the reality of it is, is that COVID-19 has highlighted what we all know has been a healthcare workforce challenge for so, so long. We know the pipeline has been challenged. We don't have enough coming in, whether it's clinical or non-clinical. We know leadership has been challenged. We look across the entire country and we see a lot more folks that are towards the end of their career than those that are in leadership that are, are in the earlier part of their career.

There's a lotta reasons why and, and, you know that's a whole other

discussion. But, what ultimately comes outta this is that we also need more providers, clinicians and leaders that look like the patients that they serve. And ultimately, at least listen, uh, and give them. And so, this scholarship was created with that clear intent around diversity, equity, and inclusion — and done in a way that would, again, develop more equity in education, meaning they're not gonna have to jump through hoop after hoop. All they have to do is, whether they're in healthcare today or if they wanna be in healthcare, they apply for the scholarship.

And what's absolutely critical is the personal statement. They're writing a personal statement of 800 to 2,000 words. And that personal statement is just as it sounds, their statement. Why would they want to advance their career in healthcare, and how does diversity, equity, and inclusion, what does it mean to them, most importantly, and how will this opportunity help them advance that as well?

Because we need more leaders who understand how vital diversity, equity, and inclusion is to our healthcare system. And we also need individuals who are willing to share their stories so that we can help them, lift them up to then lift others up. And so, that's how this was developed. And so, it includes all of our certificate programs, which, as you know, are, are backed, uh, and supported and influenced, not only by healthcare, but also by some of the nation's best, most recognized institutions, such as Duke, University of Arizona, Arizona State, Pepperdine, among others. And that also includes degree programs. And when you think of the idea that, you know, you could potentially earn a degree or a certificate with very little out of pocket, that's, this is what it speaking to, is this idea that we can help lift them up.

What's awesome, too, is that they're all online. And so, I know there's some challenges as we talk about online within our country. Uh, we do our very best to help address those challenges, but these are all asynchronous, and what I love most about them is that they're cohort based. And so, you have the duty of yes, it's online, but you're in a cohort with colleagues from all across the globe, who are also in healthcare or who wanna get into healthcare. And you have the, that power of being in a networking type of style where you're sharing your challenges, I'm helping you and vice versa.

And you, then what's even better about it is that you have an instructor who is not just the academic. So, the academics are there, but the academics have been videoed and they're engaging in a very academic way. The folks that are actually with the students throughout the journey of the 8 or 12-week program, or the degree program, also are healthcare leaders. They're there with them, former CNOs, current CAOs, CMOs, CEOs, who are

coaching, mentoring, empowering. And they're the ones that are giving the feedback to the students, and so what's great about that is, as you can imagine this as a leader yourself, they're not just hearing from an academic who may have been an actual practitioner in that field for so long. They're hearing from someone that is, and continues to be.

Lisa Miller (29:05):

Yeah, and I wanna speak to a little bit of the diversity even in the program. So, I was unaware until you mentioned it that they actually have those working, uh, in healthcare side by side, which is, uh, even more powerful. It's not just an, an academic, it's someone who's in the trenches, that say, okay, leadership in the OR is a little more dynamic than maybe leadership on a floor. Not to say that one's better or not, but the OR's gonna be a little, little more hot and heavier there, and you might not have, you know, maybe the personality or there may be some challenges because there's going to be more discussions and collaborations with physicians. So, you get somebody to tell you, you know, here's where I think you might be a good fit, and here's where you might want to take another follow-up course or focus on being able to have, you know, different kinds of discussions, collaborative discussions.

So, that is, I think, very unique to the program, too, Geoffrey. What I wanna just, I'm just gonna read a couple of the certificates that you will share, hopefully once or twice, where people can go to apply for the scholarship. But, you know, some of these certificates are nurse leadership, healthcare leadership, project management. Boy, I think that's a fantastic skill. What I love about the program, too, is you're talking about skill-raising, skill-enhancing, building. And project management is something that we spoke earlier about. It's moving, how do you get that vision to move from idea innovation to, you know, implementing?

Innovation in healthcare management. That's, that's a great program. Healthcare analytics for decision-makers would be one of my favorites. Healthcare marketing. I mean, for those who kind of feel like, you know, I, I don't have, I'm, I'm not a clinician, I don't wanna be in analytics or management, uh, marketing is a fantastic field for those who wanna have, are more creative, and, um, have more a vision to connect and communicate. Mini MBA rural healthcare, and also healthcare MBA, in addition to what you said earlier, which were full degree programs.

And one that I'd like to speak about specifically that I felt was just

extraordinary, it's the Mercy College Plus Program, where you can RN to BSN completion, zero out-of-pocket costs. That is phenomenal, Geoffrey. Can you talk about that, please?

Geoffrey Roche (31:22):

Yeah, absolutely. So, Mercy College of Health Sciences, which was designed always as a health science school as part of the Common Spirit Health Network, and that is a fully online RN to BSN. What's, uh, very unique about is, obviously, Mercy College takes a very mission-based approach to learning, just as they take a mission-based approach to teaching our future and current clinicians. That RN to BSN, what's important about that is when you look at the scholarship. And so, it is generally at \$10,000-degree.

The scholarship, Equity Impact Scholarship, a student, if they're accepted to the Mercy RN to BSN, they go through that process, they get accepted, they then become eligible, through that immediately to apply for the Equity Impact Scholarship. They could potentially earn up to \$7,500 towards that \$10,000-degree and then, ultimately, also part of that process with Mercy is they're gonna look at any other aid that they, uh, may be able to utilize, irregardless of the Equity Impact Scholarship. Then they're gonna add that to the Equity Impact Scholarship and then, ultimately, depending on, uh, where they work, they may also have employer tuition. And so, that potential for zero out of pocket comes through A, the Equity Impact Scholarship, B, any additional tuition aid that they may be eligible for, which Mercy will work with them on, and then C, any potential for employer reimbursement.

That same model works exactly with our MBA in healthcare with Northern Arizona University where, again, in that case, if they're accepted into that program, they have an opportunity with the Equity Impact Scholarship to earn up \$9,500 towards what is just over \$19,000. Same thing will apply there. They'll look at, again, are there any additional aid that they would be eligible for? And I mean aid, not loans, and so that's a different variation here. Then they're gonna look at, if they don't, again, do they have any employer tuition? And then, you know, so on. Does that get them to this potential zero out of pocket?

And so, the same model applies specifically here. And I think what has been really powerful, where we have now reached, just yesterday, over 500 applications to the Equity Impact Scholarship, is, you know, this idea here that, again, they're not jumping through hoops. And, you know, clearly, it is already showing the impact as the power of the applicants, where they're

coming from, urban environments, rural environments, suburban environments, all different sizes of healthcare organizations. And the thread that I think excites us the most is that there's so much diversity. And that has, obviously, that was an intent, but you never know until you truly see it. And I mean diversity at all levels, uh, of different backgrounds. And that has definitely been inspiring and continues to uplift us to really see this through and see the impact that it can have.

Lisa Miller (34:13):

It's extraordinary. So, I wanna wrap up today and really thank you and, you know, the Common Spirit Equity in Education, Equity in Healthcare vision is really extraordinary. Skill-based learning scholarship for all healthcare professionals, and as you said, even people who wanna get in, you know, make healthcare a career. So, the Equity Impact Scholarship, I have a web address I'm gonna read. It's dhge.org/scholarship. I'll give it one more time, dhge.org/scholarship.

Do you wanna add anything in terms of where they can apply or reaching out to you on LinkedIn, or anything that would be helpful? I'm sure it, people can also Google this as well. You know, this is a once-in-a-lifetime opportunity that you're offering so many. And, um, you know, I appreciate your time today to, to share your background and share the, this wonderful scholarship. Is there anything else you'd like to say, Geoffrey, or where you can direct people to?

Geoffrey Roche (35:15):

Yeah. You know, I, I would definitely say, as you said, that link is definitely a good place to go, 'cause it will give an opportunity to apply, but it also gives an opportunity to inquire to learn more. I would just urge individuals, if they are considering applying, don't hesitate to reach out to me as well, whether that is on LinkedIn or you can email me simply to, uh, just at Geoffrey.Roche@dhge.org. I'm also happy to walk you through the process and help you make sure that you understand what this is in terms of the opportunity.

You know, I think, again, we are trying the best that we can to make this as easy as individuals, 'cause we also know that in our healthcare workforce today, they've gone through, you know, without question one of the most challenging times, and what we can do to help them, uh, take this next step.

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What's great about this, Lisa, is that we have additional cohorts in November, January and then so on into 2022.

And so, this scholarship is, there's still plenty of opportunity within it. And so, you know, between now and the spring, the whole goal from Common Spirit has been, we wanna use it and really make sure that we've given students this Equity in Education that leads to Equity in Healthcare opportunity. And so, I'm happy to talk to anyone and everyone to make sure they're aware of it and help them have the opportunity to potentially ascertain it.

Lisa Miller (36:27):

So, I've pushed this out to a few people myself, and I will continue to share this message. You are a tremendous advocate and leader for equity and collaboration, and really caring about the community, Geoffrey. It's been an absolute pleasure talking with you today. Thank you for being on the Healthcare Leadership Experience.

Geoffrey Roche (36:46):

Thank you for having me.

Leah (36:48):

Hi, this is Leah. You are listening to my mom's podcast, the Healthcare Leadership Experience.

Fernando (36:55):

Hi, this is Fernando. If you like to speak with my mom, just email her.

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MEET LISA MILLER



It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through front line insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.

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A purpose-driven, mission-minded executive with strong leadership skills and a focus on innovation

Geoffrey Roche is the vice president at Dignity Health Global Education. He is an expert in driving continuous success and development of healthy communities, networking and partnering with key officials and leaders, and producing multiple innovative programs. He has a comprehensive background in elevating business revenues, directing grants and fundraising operations, developing, implementing, and supporting strategic initiatives, and acting as a strong communication bridge.

