

The Growth of Patient-Centered Care

With Shanil Ebrahim

Episode 110

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Shanil (00:00):

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Speaker (00:34):

Welcome to the Healthcare Leadership Experience Podcast, hosted by Lisa Miller and Jim Cagliostro.

Lisa is the founder of VIE Healthcare Consulting and now managing director at SpendMend. Lisa and her team has generated over \$1 billion in financial improvements for VIE's clients since 1999.

Since 2007, Jim has been a registered nurse working in critical care, perioperative services, and outpatient settings at nationally recognized medical facilities across three states.

Jim (01:23):

Hi, this is Jim Cagliostro and you're listening to the Healthcare Leadership Experience. Today's guest is Shanil Ebrahim, a Partner and the National Life Sciences and Healthcare Consulting leader at Deloitte Canada. Shanil is also a senior advisor for multiple pharmaceutical, retail specialty pharmacy and public sector organizations, and he's led complex tech-enabled business transformations. I can mention other things too, publications that you've had at... Many things are under your belt, Shanil, but I just want to say welcome. Thank you for joining us for this episode.

Shanil (01:54):

Thanks for having me on, Jim.

Jim (01:56):

So I like our audience to really just get to know our guest a little bit. So if you could share a little bit about what you do at Deloitte, why you do it, and how patient care fits into the role or how you address patient care in the role that you have.

Shanil (02:10):

Yeah, absolutely, and it's a question that I do get asked frequently as well. So at Deloitte, I lead our National Life Sciences Healthcare Consulting Group in Canada, which is a pretty dynamic team of about a thousand practitioners. And we work across several domains. So think about from strategizing complex organizational transformations to enhancing operational efficiencies, to deploying cutting-edge technologies like AI and digital health solutions, which is what I love particularly. And all of this is around improving patient care. And the reason I do this personally is because one, I'm really passionate about it and it really stems from personal and professional commitment to making healthcare better and more accessible, especially for underserved and vulnerable populations, which has been common thread throughout my career in terms of serving those populations. And ultimately, Jim, you know it well, healthcare is about people at the end of the day, right?

(03:08):

And everything we do at Deloitte is about making a tangible difference in their lives, whether that's improving service delivery or enhancing the quality of care. And we do that by partnering with organizations that are at the forefront of healthcare, whether it's hospitals, ministries, health systems, pharmacies, labs, and diagnostics. So we partner with all organizations in the ecosystem to be able to get there. And then the latter part of what you asked is how patient care fits in. And I know I was touching on it a little bit, but it's really at the heart of everything we do. So our projects, whether they're implementing those new technologies like those AI and digital solutions that I mentioned, or optimizing health systems, it's all designed in a way with the end goal in mind, which is how do we improve patient outcomes, which means ensuring that any health solutions that we're bringing to the table are equitable, accessible and human centered. And that's how we work with clients to be able to do that. And that's how we drive our mission by focusing our projects around those core themes.

Jim (04:14):

That's great. I love that you brought out the heart of everything we do. I think I read recently it was the question proposed to a healthcare organization, a health system that said, "Who's the most important... What's the piece of your organization? Said, "The patient. The patient is at the center of everything we do, without patients, there is no healthcare." And it truly is, like you said, the heart of everything we do in healthcare. And I love that you are highlighting the need to improve. There's always room for improvement. So let's start at the basics, when we talk about this idea of patient-centered care, that's the focus of our conversation today. It can go anywhere, we're fine if it strays from that. But for our listeners, they've probably heard, I know I have heard, you've heard various definitions of the patient experience, a varied number of definitions for patient-centered care. Can you define that for us when you hear that term, when you say that, what do you mean by patient-centered care or patient centricity is another term that's used? How would you define that?

Shanil (05:12):

Yeah, absolutely. And Jim, you're right, it's a term that gets tossed around a little bit too much. Sometimes it's a buzzword in healthcare as well, right? So happy to clarify what we mean by patient-centered care. Ultimately, when you think about that term, at its core, patient-centered care is about ensuring that healthcare systems and all of their processes are fundamentally designed around the patient's needs or their experiences or their preferences I should say. And this approach goes beyond just treating diseases or managing health conditions. It's about considering patients as active participants in their own healthcare, which means that any sort of treatments or healthcare plans we develop, it's not about just focusing on clinical guidelines alone, but how do we deeply integrate that with the individual's lifestyle or their cultural background or their personal preferences into how those treatments are actually planned and executed.

(06:14):

Right? And a great example of this, let's take diabetes and traditionally speaking, we have a lot of diabetes medications, right? And treatments obviously focus on the medication and the standard dietary advice, which is of course extremely vital. But if you're truly taking a patient-centered approach, you got to think about the whole picture. So dietary recommendations that are provided to all diabetes patients need to fit into the person's lifestyle. So if you have a certain cultural diet, how are we thinking about those dietary recommendations to fit the patient's cultural diet so that they can maintain these changes sustainably as opposed to giving them a diet that is not similar to what they consume on a daily basis, right? This is no different than if you are exercising and I'm giving you a diet where you're like, "Well, I don't buy any of these foods," and so what are you going to likely do?

(07:07):

You're not going to end up maintaining that diet. So anything that we do would be providing those dietary recommendations with the individual in mind, but it's also other things as well, right? So it might also involve considering their work schedule and family life when planning exercise routines or treatment regimens or medication timings, right? So someone

who works night shifts, their meal, their exercise schedule, their treatment regimens, their injection or infusion schedule, if they're actually getting biologics, they're all going to look very different from someone with a 9 to 5 job.

(07:41):

That's how you think about the patient at the heart of it, because they are active participants, they're more directly involved in the treatment decisions, and this ensures that they're able to actually follow that treatment regimen to actually get better. So all of this to say we need to involve patients more directly, ensuring that they have easy access to their health information. We have to support them through various channels that respect their time, that respect their preferences, respect their individual life circumstances. And it's all about moving from your classic one-size-fits-all approach to something that is more tailored, more holistic, and responds to the needs of the patient.

Jim (08:21):

That's great Shanil, and I love that you mentioned it a few times and really your answer was focused on this concept of active participation from the patients. And I was just talking with a friend on Sunday whose relative was having open heart surgery, and we were talking about the difference in terms of a family member going into surgery. And my mom is the type, just do what you have to do. I don't want to know anything. But I'm the type and maybe just because of my training and experience, I want to know the details, I want to watch a video, I want to ask questions. And so you have cultural differences, but we were also talking about generational differences too, of this mindset of, hey, with the newer generation comes a different approach to medicine. And I think we at least have to present the opportunity for patients to be active participants. Like you said, it can't be a one size fits all. So I love that you brought that out. Go ahead.

Shanil (09:11):

Absolutely. And you're right, there's that huge generational gap as well, right? We've gone from your traditional paternalistic type of models where you listen to everything the doctor says, and we're just going to follow the

advice no matter what, to something that is much more tailored, right? Especially with the solutions and information being liberated in our generation, it's not about just providing 100% trust to the physician here. It's around how do we ensure that this can work for me in a way that is actually sustainable? So we need to think about that paradigm shift for sure.

Jim (09:46):

And we're going to get into patient outcomes later, so I won't jump into that quite yet, but I'm sure you could speak to it much better than I could that when you tailor it to the patients, we see better outcomes, we see better patient experience, it's just an overall better everything in terms of healthcare getting better when the care is tailored to the patient to meet them where they're in. I think that's a huge thing that we at least historically have missed. So I did want to ask before we talk about those outcomes, in your opinion, why do we often end up with care that is less patient centered?

(10:20):

I think everyone would agree that yes, patient centricity, it's important, it should be a priority, but why do we often end up with care that is less patient centered? And how does an organization, especially a large health system, but really any organization make that shift if they step back and say, "Hey, we are not a patient-centered organization, or this has become less of a priority than it should be." How does an organization begin to make that move? What does that look like?

Shanil (10:45):

That's a fantastic question. And your question really gets at the heart of many challenges that we face in healthcare today, irrespective of where you are, whether you're in North America or globally. And you have to consider that historically, our healthcare models were designed more around the needs of the healthcare system than the needs of the patient. All you have to do is look at things like financial models of all of these health systems, which is focused on volume and paying for services that a doctor provides over value of the services or take healthcare organizations like hospitals where they prioritize operational efficiency, where you have a ton of metrics

around that over personalized care. And even though we may make patient-centered care sound easy and obvious, transitioning to that type of care is a big paradigm shift when you consider that historical context. And it requires both a shift in mindset and operations.

(11:48):

And to me, first and foremost, it starts with leadership commitments, whether your ministers or C-suite execs at hospitals to re-envision what healthcare should look like from a patient's perspective. And this means aligning the organizational culture with patient-centric values and training your workforce to adopt this approach in every interaction in every decision. And when you think about what are practical first steps that you can actually take, it often involves gathering extensive patient feedback to understand their experiences and needs better. Something that we talked about obviously just at a length. And this feedback that we get from these patients should shape everything we do from policy to bedside manner. And technology plays a pretty crucial role here because it can be leveraged to improve communication with patients. It can be leveraged to offer more personalized health management tools or provide healthcare professionals with real-time data that is much more patient-specific, so that they can continue iterating in terms of what they need to do on a daily basis.

(12:51):

And in terms of a day-to-day, you should start seeing things like care plans that patients help co-create or healthcare environments designed around patient comfort and accessibility and systems in place to continuously evaluate and respond to patient feedback. And essentially this way we can create a healthcare experience where patients feel like they're partners in their own care and not just recipients of it. And ultimately, if we truly want to do this right, we have to measure the true value from it because all the things that I'm saying are also hypotheses that is based off of research. But sometimes administrators or C-suite execs may not be fully on board because they're thinking around what's their ROI from this? And the ROI should be that if we provide tailored approaches to patients, they'll be better managed. They will get to positive outcomes faster, which means incurring less costs in the long run and everyone should benefit. That's what it should

start to look like, but we're moving in the right direction, but there's still a lot to be done to get there.

Jim (14:02):

That's huge. Hold that thought. I definitely want to follow up on that. Because I think you hit on some great points there.

If you're just tuning in, you're listening to the Healthcare Leadership Experience, and I'm your host, Jim Cagliostro. This show is sponsored by VIE Healthcare Consulting, a SpendMend company, which provides leading edge financial and operational consulting for hospitals, healthcare institutions, and other providers of patient care.

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(14:40):

So Shanil, you mentioned a few things there in terms of the mindset, shifting the mindset, C-suite being on board, shifting the culture. You mentioned tech, it's an investment of not just resources and money, but time and energy. If we want to make this shift to patient-centered care. A lot of times, leadership will ask. That's the first question... Like you mentioned, the return on investment, how much is this going to cost? How are we going to pay for this shift? How do you respond to that? Or what would you tell someone in the C-suite or any healthcare leader, "Hey, this is how we're going to pay for it or it's worth it." And convincing them of the value, like you mentioned.

Shanil (15:19):

I'm glad that you asked this question, right? Because a lot of times we talk about this notionally without considering what the actual cost is, because sometimes talk about cost and money is a bad word that a lot of people don't want to end up talking about, right? But the answer, it varies, right? And it depends on the country and its healthcare funding model as well. So in countries like Canada where I'm from and the UK where healthcare systems are publicly funded, the government plays a crucial role in

financing such shifts. So these countries can leverage public health investments to drive changes that align with broader health policy goals, whether it's enhancing patient-centered care or something along those lines. And obviously even in those systems, you still need to find the money as it doesn't come out of thin air, there's still finite budgets. So practically speaking, this might involve reallocating budgets or increasing funding in specific areas to support these types of initiatives.

(16:17):

Now in the US, where the healthcare system is more privatized, funding might come through insurance reimbursements are through investments by private health systems where they're looking to improve patient satisfaction and reduce long-term cost. You can't think about this as a short-term game, and you have to be able to measure what the value of the investment is now on something that hits long-term as well. And this is where whether you're insurer or providers like hospitals, they could also tap into incentives offered by government programs or payers for meeting certain patient care standards and patient outcomes as well. So that's kind of giving you a contrast between those public health systems and the private healthcare systems, right? But regardless of the country, the initial cost of transitioning to patient-centered care needs to be viewed as investments. And these investments, by the way, Jim, are not just financial. They're investments in quality and efficiency, that over time lead to cost savings, right?

(17:22):

Because you are reducing interventions over time, you're reducing hospital readmissions over time, and you're also improving the management of chronic conditions.

So right now, if we're aligning with those value-based care models, which by the way is gaining a lot of traction worldwide, it provides that financial incentive to improve those patient outcomes and that naturally supports a care approach or a patient-centered care model. And we just have to recognize that every respect of the system or the country, the upfront costs and the financial strategies for managing these costs, share those common themes like phased implementation and reallocation of resources,

public-private partnerships, and tapping into value-based care incentives, right? So that's how I kind of see this whole payment type of model is really coming together.

Jim (18:20):

I think it's so important, you mentioned that we need to understand the system that we're in, not only how our organization works, but how reimbursement works. What is the national healthcare system like, because that will dictate how we move forward, how we navigate it. I mean, all healthcare is complex, but that's a great point. And as you were talking, it just came to mind. I don't know if you have a personal opinion on.. There's different thoughts on creating a position of patient experience officer. You mentioned earlier about yes, the frontline workforce, when we need a mindset shift or we really want to impact the culture, it really is every employee, and you need to reach every employee and have them recognize that they are a part of this shift towards patient-centered care. What about hiring a physician or is it more about having champions? I know you can have different approaches, but do you have a personal opinion on what you've seen to be most effective?

Shanil (19:15):

Yeah, that's a fantastic question, right? The question is how do we enable patient experience to be at the heart of the organization, because that's what ultimately it is, right? And usually it is a stepwise approach. So the first thing that we end up trying to see is who's going to be the champion? And largely, we want it to be the CEO of the organization. If it really comes from the top and they have their strategic priorities and strategic comparatives centered around the patient, it sends a message to not only the C-suite, but across the organization as well. So that's where we usually like to see it's starting right from the top. Now as we start to see this penetrate or proliferate throughout the organization, it's an interim solution, which is where you would want someone who owns this as a mandate going forward once the CEO has actually set its goals and the role of the patient experience officer is increasing quite a bit, and especially in larger, more modern type of healthcare settings because it bridges a gap between clinical care and patient satisfaction and someone has a mandate to continuously challenge that.

(20:27):

Like isn't it great if we end up seeing the type of conversations that is happening between the patient experience officer and the CFO, which may end up having different imperatives where the CFO is not only thinking about the long-term cost, but of course thinking about the short-term cost as well and focused on operational efficiency indicators, whereas the patient experience officer is thinking about the long-term value that we're providing as a healthcare system. And any sort of position, whether you call a patient experience officer or someone wearing the hat of a C-suite executive that champions a patient experience, they would be focused on the patient journey through the healthcare system and ensuring that we're empowering the patient's experience. And one of the main reasons for creating such a role is let's have someone who systematically addresses and improve all aspects of patient experience.

(21:17):

And you can imagine that including everything from the initial greeting at a hospital or to the clarity of communication from healthcare providers or even the physical environment of the hospital itself, should we actually think about it differently and how do we support not only what happens within the hospital, but what happens when they actually leave the hospital as well. So all of this to say that I'm personally a huge proponent of a role like this because it ensures that there's someone who is always focused on that as their primary mandate without having any competing priorities and ensuring that we're delivering that experience to patients in a respectful, responsive, and a considerate way based on their needs as well.

Jim (21:59):

That's great. Thank you for sharing that. You've mentioned the long-term, and you mentioned about the shift towards value-based care, the value-based model, and really this focus on patient outcomes. And I think you talk to a CFO, you talk to... I mean even clinicians, our scientists, they

want to see the numbers, right? They want to see what is the return on investment. And it's sometimes harder to show that in the long term, but when there's a focus on the long-term, the patient outcomes, we really do see a return on investment. So I guess my question would be how do we accurately monitor and measure progress when it comes to patient-centered care using patient outcomes? How do we raise up the attention to patient outcomes and make sure people are saying, "Hey, this is a priority. We want to see better patient outcomes." What would your guidance be in terms of an organization that's trying to shift towards patient-centered care, why there needs to be an emphasis on the patient outcomes?

Shanil (22:55):

Yeah, so great question and a value-based healthcare model, the focus is squarely on patient experience and outcomes. Because the fundamental principle behind this is that these factors directly correlate with the effectiveness of care. And in terms of reducing costs or the burden on the healthcare system, and a better patient experience often leads to higher levels of patient engagement, which is critical for the success or uptake or adoption of treatment plans and ultimately improves overall health outcomes, which is the end goal of whatever we're trying to do, right? So even in simpler words, when a person or a patient feels supported and valued, they're just much more likely to actually follow medical advice and maintain their health regimens.

(23:44):

This kind of connecting on the diabetes example that I actually provided earlier as well. And when it comes to the measurement, you can measure these patient outcomes over time to see how effective it is, whether it's measuring recovery rates or complications or taking holistic approach and measuring quality of life, which there's a significant amount of instruments or questionnaires around it, and they all serve as indicators on how we're effectively doing this and how effectively this value-based system is actually operating.

(24:14):

But to be able to do that, and this is also turning out to be a fundamental problem or enabler that we need to fix, is we need to be able to capture all of this, this outcome data and these experiences that patients are having, and then we need to measure that data and have some analytics to offer us insights into how we're doing. This kind of helps us adjust practices to better meet the patient's needs because some of the things that we're thinking may or may not work within the environment, but if we don't have the data to support it, it's just going to stay as hypotheses. So we need to continuously course-correct and refine our approaches, and it starts with the measurement of that.

Jim (24:52):

That's great. And Shanil, I know I told you leading up to this conversation, you're not just knowledgeable with this, but you could see that you have a heart for it, and the patient experience is something that I'm very passionate about. It's crucial. It's central to the care that we provide to our health system, whether it's in Canada, the US, anywhere. So I appreciate everything you've shared in terms of this patient-centered care, but I do like to leave the end of every episode kind of open for you to share any sort of leadership advice, anything you've learned in your career, anything that's kind of carried you through in terms of leadership wisdom that you can impart to me and to our audience.

Shanil (25:27):

Wow, leadership lessons, I don't even know where to start. There's so many and there's a lot that comes to mind, but if I had to pick one, especially in my career, whether you're in healthcare or not, it's about embracing adaptability. Healthcare especially is very unpredictable, and the ability to adapt is not just useful. It really does become quite essential, Jim.

Take the pandemic, for example, right? The landscape of healthcare shifted dramatically, and we had to adapt our strategies essentially overnight because we needed to think about how do we respond to the crisis while managing kind of the day-to-day of the things that needed to happen within the healthcare ecosystem as well. So that meant redeploying resources in a different way, focusing on telehealth capabilities because now we're thinking about how do we go from an in-person to a virtual model

pretty much overnight? How do we actually support our patients, our healthcare providers, and the ecosystem who's actually facing these type of unprecedented challenges in a much more strategic way as well?

(26:32):

That's one classic example, now we can provide, I think a lot of people touch on that, but we're also dealing with this on a day-to-day basis as well. Because another great example, which is not maybe as drastic or eminent as a pandemic, but a changing healthier quite a bit is just integration of just technology, AI and digital solutions. This has been a pretty big learning curve, and probably if we think about it, especially in the last 18 months with generative AI and ChatGPT, people are now going to information from these types of sources as well, or even healthcare providers actually tapping into these knowledge bases. So it's really disrupting healthcare. And this is not just from a personal standpoint, but I also think about it from my team and the entire ecosystem because we're moving from traditional models of healthcare and healthcare delivery to highly tech enabled healthcare, and that shift is going to continuously increase as well, right?

(27:23):

And ultimately, when you think about that tech enabled world, it's not about new software or fancy tools, it's just about a whole different way of thinking about patient care, thinking about patient data differently, thinking about how do we improve effectiveness differently. And adaptability, ultimately thinking about all of these types of changes and in these type of contexts, for me as a leader, it means leading my team through this transition, ensuring that they are not only trained in new technologies, but they're also mentally prepared to embrace these type of changes, which is different because now it involves shifting our mindset from this is how we've done it previously, to what's the best way to do this now.

(28:10):

And one thing I love about adaptability is that there's a lot of these sub-characteristics that are inherent to it to enable you to think differently. Because adaptability means you have to keep an open mind. Adaptability

means that you have to be willing to learn continuously. It means you have to be resilient, you have to show that you're not afraid to pivot when the situation calls for it. And this approach, or this principle or this guiding principle, we'll call it, has not only helped me personally stay ahead, but it has also ensured that I can help lead my teams to continue to deliver high quality solutions to our clients no matter what changes come our way. So that would be the number one thing that I would share with your audience.

Jim (28:52):

That's gold. I love it. Thank you, Shanil, and thank you for your time. And I appreciate even just following you on LinkedIn these last few months and just the things that you're putting out there. You have so much to offer the healthcare community. Just thank you for the time that you've given us. And thank you to our listeners who spent time with us today.

If you have any questions about VIE Healthcare Consulting, a SpendMend company, or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn. We'll also include a link for Shanil's LinkedIn in the show notes.

We at SpendMend love helping hospital leaders uncover financial leakage and improve the patient experience, and we're hoping that today's episode gave you some new insights to consider and use in your career and in your own healthcare organization.

Shanil, once again, thank you for your time. Thanks for being with us today.

Shanil (29:37):

Thanks so much. I really appreciate it.

Speaker (29:41):

Thanks for listening to the Healthcare Leadership Experience Podcast. We hope you've enjoyed this episode. If you're interested in learning new strategies, best practices and ideas to utilize in your career and healthcare organization, check out our website at thehealthcareleadershipexperience.com. And oh, yeah, don't forget to rate and review us, and be sure to join Lisa and Jim next time on the Healthcare Leadership Experience Podcast. Thanks again for listening.



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 frontline 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.



MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.

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MEET SHANIL EBRAHIM

Shanil Ebrahim is a Partner and the National Life Sciences & Healthcare Consulting Leader at Deloitte Canada.

With a background as a Clinical Epidemiologist and appointments at McMaster University and Stanford University, Shanil specializes in healthcare strategy, innovation, and technology transformation. He is a senior advisor for multiple pharmaceutical, retail/specialty pharmacy, and public sector organizations, leading complex tech-enabled business transformations.

With 80+ publications in high-impact journals and coverage by major news outlets, Shanil's expertise resonates globally. He currently serves on the Board of Directors at Wellesley Residences Central Inc. as Chair and contributes to the Children's Treatment Network.

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