Q&A: What’s next for Dr. Gary Kaplan after stepping down as CEO

JAN 12, 2022

Andis Robeznieks
Senior News Writer

After 43 years in health care—including 43 years as a practicing clinician, 22 as CEO, and the last two spent navigating a global pandemic and an organizational merger—you can’t blame internist and AMA member Gary S. Kaplan, MD, for looking forward to a break. His planned trip to Antarctica is definitely a long way from the Pacific Northwest.

Gary S. Kaplan, MD
Dr. Kaplan stepped down from his post as CEO of Seattle and Tacoma based Virginia Mason Franciscan Health (VMFH), an AMA Health System Program member, on Dec. 31, but he has declared: “I'm not disappearing.” Trips to Antarctica notwithstanding.

This year, Dr. Kaplan will be serving as special adviser to CEO Ketul J. Patel—with whom he shared VMFH leadership responsibilities in 2021 following the merger. Dr. Kaplan has assumed the title of senior vice president of CommonSpirit Health and is focusing on quality, safety and patient experience. In this role, he is sharing the benefits of the Virginia Mason Production System across the land through VMFH’s parent company, CommonSpirit Health, which was formed though the alignment
of Dignity Health and Catholic Health Initiatives.

Borrowing heavily from tenets of the Toyota Production System—a management methodology that aims to produce zero defects—the Virginia Mason Production System takes input from front-line staff to find ways to improve patient safety and quality of care while eliminating waste from care processes.

Through this work, Dr. Kaplan said Virginia Mason has shown that the journeys toward better quality and lower costs can follow the same path. Among many other roles outside Virginia Mason Franciscan Health, Dr. Kaplan’s leadership roles have included chairing the AMA Advisory Committee on Group Practice Physicians, which became the Integrated Physician Practice Section (IPPS).

Dr. Kaplan recently took time to reflect on his career, future plans and the state of the movement to improve patient safety and the quality of care.

AMA: How have the last two years differed from your previous 40 years in health care?

Dr. Kaplan: The pandemic is the backdrop for everything that’s occurred in the last two years. The pandemic challenged us in ways that we’ve never been challenged before. But it also gave us opportunities to use and leverage the Virginia Mason Production System in new ways.

And then to execute a merger during a pandemic—particularly for an organization that, in many ways, has been the poster child for independence—has made it a very exciting last couple of years in so many different ways.

AMA: What was the strategy behind the merger after being so fiercely independent before?

Dr. Kaplan: As we looked at our environment and at the market that we’re in with numerous large, deep-pocketed, consolidated players, we believed we needed to join forces. We were fortunate to be able to join forces with an organization that shares many of the traditional Virginia Mason values and patient focus.

It also gives us an opportunity to further scale the things that we’re known for that, we believe, have had tremendous impact on the patient experience, on quality and safety, on team-member experience, and have helped us bend the cost curve and be what we’ve been for the last many years—the most cost-effective tertiary system in our market.

There are going to be things that we would not have been able to do staying a small, independent system in this environment. We’re excited about scaling the Virginia Mason Production System, now across 11 hospitals and 300 sites of care.

That’s really the underpinnings of this merger.
AMA: When did you make the decision to step down as CEO?

Dr. Kaplan: I never dreamed that I would be CEO for 22 years and into my 70s. And so, it’s time. And as we went through our partnership and joint ventures that we had been doing with CHI Franciscan prior to the merger, Ketul Patel and I have talked often about this. So, it’s not like it just happened suddenly.

Fortunately, I have a little bit of a glide path. I'll be a senior vice president for CommonSpirit. I'll continue as senior advisor to Ketul to support projects and provide counsel in the Pacific Northwest however he sees fit. With CommonSpirit, I'll have a chance to influence quality, safety, patient experience, and further deploy the Virginia Mason Production System.

I'll work to continue to be active in health care and try to make a difference, but on a much different basis than being employed. I'll also continue to be involved, hopefully, in policy. I'm very proud of that. Quite a while ago, I spent 10 years as the chair of the AMA Advisory Committee on Group Practice Physicians, which morphed into the IPPS. I'll be looking for opportunities to participate and to share wherever my experience and perspective are can add value.

AMA: Which accomplishments are you most proud of?

Dr. Kaplan: The willingness to think differently about why we’re here. More than 20 years ago, when our board asked us, “Who's your customer?” We said, “The patient.” And they said, “Well, if that were true, things wouldn't look the way they do.” That was pretty eye-opening.

So, over the last two decades, it's been about redesigning care around our patients, finding new ways to capture their voices, and engaging them in the codesign and coproduction of processes.

I’m also proud of the willingness of our leaders and our team members to look outside health care for answers. Other industries have learned how to mistake-proof processes. We listened to some colleagues at Boeing who suggested we go to Japan, which we did in 2002 and almost every year since.

We created a management system that has endured for more than 20 years and has shown—and this is really important—that the pathway to higher quality, safer care, better patient experience, better team-member experience can be the same pathway to lower cost.

That's what the Virginia Mason Production System is all about.

AMA: What's been the biggest challenge?

Dr. Kaplan: There’ve been a lot. The early years of “people are not cars,” and “I like having the systems designed around us,” meaning the doctors and the nurses. But helping people to see that—if
you really change our thinking and create a system where patients are the center—you can create a
great place to work for doctors, nurses, social workers, pharmacists and everyone on the team.

When I think about the things that keep me up at night, it’s the lack of urgency. COVID has created
urgency, but COVID created urgency around COVID. My hope is that we can create more urgency
around universal coverage, around finding ways to address social determinants of health, but also
urgency just in our day to day work with so much waste, overuse and overtesting.

One of my disappointments is that we are still too much fee for service, and that the value-based
purchasing world is still in its infancy. Having been a CEO, and having had profit-and-loss
accountability, I get it. I know why it’s hard to do the right thing. But we’ve got to lead or else it’s going
to be done to us. That would be one of my messages for others.

**AMA:** How can a health system affect the social determinants of health?

**Dr. Kaplan:** Collaborating with community social services agencies allows us in the health care
provider space to have a lens on what's going on out there in the real world. COVID unmasked the
tremendous adversity people are dealing with: Food insecurity, housing insecurity, the lack of
broadband—which means those who don't have broadband access cannot avail themselves of remote
anything, remote learning, remote relationships or remote health care.

We are entering a new period of collaboration even with our competitors, so that we can think about
public health. We can think about social determinants of health, and we can raise all boats to a much
greater extent than we've been able to do.

**AMA:** Any advice for either Mr. Patel, or other health leaders facing similar challenges?

**Dr. Kaplan:** If we're not failing occasionally, we’re not trying enough new things. It's what happens
after we fail that’s most important. We get up and we learn from the things that work and the things
that don't.

I struggle with being impatient. Sometimes you need to be impatient as a leader. You need to turn up
the heat. Sometimes you need to recognize that certain things take time. Certain things take
preparation. In Japanese, there's a term *nemawashi* that means “till the soil.” Even though I'm not a
gardener, I know you can't just dig a hole and drop a plant into it and expect it to grow. So sometimes
you have to blend impatience with the need to help people see the “why,” prepare and then move
forward. As leaders, we need to engage our people. Frankly, it's the people closest to the front lines
who know where and how we need to get better. That's a big part of the Virginia Mason Production
System: Engaging the hearts, minds, ideas and passion of the people at the front lines.
AMA: Where do you see patient safety and health care quality improvement heading? Is there anything that worries or excites you?

Dr. Kaplan: A lot of my colleagues in the quality and safety world are kind of disheartened because they think that, after all these years, we haven't made progress. I think we can do a better job of leveraging the learnings of the past 20 years, but I think we have made progress. We've raised awareness. But we need to engage leaders, boards and, ultimately, the patients and public to a much greater extent.

We're still getting great people to work in health care. What gives me a lot of hope are the young people who are full of energy and intolerant of some of the old ways that continue to be too pervasive.

AMA: How can health systems like yours, academic medical centers and physician organizations work together to attain synergies in their individual efforts to improve patient care?

Dr. Kaplan: It's all about collaboration. In our market, COVID has been a catalyst. I've spent more time in the last two years than I had in the preceding 25 with my competitor CEOs. We're in a fiercely competitive environment in the Pacific Northwest, but there are things where we just have to work together to make any meaningful progress for our communities.

COVID exposed the lack of investment across our country in public health. We have the opportunity to partner—with academic medical centers, community hospitals, social services agencies, medical societies—and get behind the public health agenda. Public health is here to serve the greater good and competition should be set aside as we work to improve the health of our communities.