

Q&A: Baptist board chair works toward building diverse workforce

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As a leader in both higher education and health care, Aaron Thompson, PhD, has been successful in building consensus among both university faculty and health system physicians. This has led to people telling him that he's good at "herding cats," but it's a term he doesn't feel is appropriate.



Aaron Thompson, PhD

"Simply put, it's about asking questions, it's about asking for input and listening to it. It's not about herding," Thompson said. "Physicians are part of a community. To segregate or isolate them is really not what you should do in a communal way of doing business."

Thompson is the president of the Kentucky Council on Postsecondary Education and serves as chair of the board of directors for Baptist Health, Kentucky, a member of the AMA Health System Program.

He recently received *Modern Healthcare's* Excellence in Governance award, which recognizes health system board members who foster advancement in culture, mission and performance, demonstrate strategic and innovative vision; and show commitment to fostering the values of accountability, diversity, equity and sustainability.

Modern Healthcare recognized Thompson for leading Baptist Health's plans to improve work-life balance for staff, boost diversity, inclusion and equity, and expand health care access.

Modern Healthcare also recognized Richard Sisisky and Mark Bugher, who chair the boards of AMA Health System members Baptist Health, Florida **and the** Marshfield Clinic Health System.

Last year, Thompson was recognized by the Kentucky Hospital Association, who presented him with its Health Care Governance Leadership Award, which honors individuals who have had a positive and sustainable impact on the quality of care in their community

Before being named to the Baptist Health board in 2016, Thompson chaired the board of the system's Baptist Health Richmond hospital, previously known as the Pattie A. Clay Regional Medical Center in Richmond, Kentucky.

He is also on the advisory board guiding Kentucky's Healthcare Workforce Collaborative, in which government agencies, educational institutions and health care organizations are partnering to address shortages of physicians, nurses and other health professionals that have been exacerbated by the COVID-19 pandemic. The state has provided \$10 million to fund the effort.

Thompson recently spoke to the AMA and reflected on his work to expand and diversify Kentucky's health care workforce in general and Baptist Health's in particular.

AMA: You have said that "health and education are inextricably linked." Why is there such a strong connection?

Thompson: If you think about what creates a great community, some of the items that you'll look at will be whether you have a quality education system and a quality health care system.

It makes sense that it's linked there, but it's also linked at the individual level. In other words, what we know is those that tend to have less education tend to need more health care at the more chronic level. But they also don't seek primary care for acute-level interventions as often. They don't seek prevention measures often.

And so, that creates what I call a dynamic that helps us to have an unhealthy self and an unhealthy community. So it's linked there.

We think about what it takes to help you to become a stronger, sustainable person in life, and with your family and for generations to come, and you realize just how powerful those two elements are.

I could keep on going forever to talk about the links, but bottom line, it comes down to a quality state of living, a quality state of being, a quality of understanding of what it means to give the next generation something stronger to build on.

AMA: Can you describe what the Healthcare Workforce Collaborative will be doing and speak to the importance of getting a diverse workforce and specifically a diverse physician workforce?

Thompson: The collaborative is concentrating on health care up and down the ladder, including physicians, especially with primary care, which I see as the place where you could really do a lot of prevention.

While being the head of higher education and also as the chair of the Baptist Health system, what I realize is that we all are talking about similar things, but we haven't talked together about them.

What I want to do is just collaborate and put together a group of people who are health care professionals, who are policy makers and who are in higher education, to come together and say "Let's design a solution together."

We're formulating the strategic process—not just for the needs we have now, I consider those operational in many ways—but for the needs we're going to have ten years from now all across the board.

At the same time, we're also looking at how can we get more physicians and specialists in some of the areas that really need them, for example, in many of our deep urban areas and our rural areas.

We are also looking at this from an equity standpoint: How do we make sure that we're serving those that are in the most need of serving?

So the idea of equity comes into play when you think about the scholarships we can give, when we think about forgiveness of loans, when we think about public service. When we think about where we need to focus our energy on certain institutions—for example, our Kentucky community and technical colleges that are serving the rural and urban communities—and can get people through the pipeline faster.

AMA: Can you speak to Baptist Health's efforts to create a more diverse physician workforce, and particularly with Black men whose numbers are basically the same as they were in the '70s?

Thompson: It's a huge focus, and it's been one of my banners that I carry.

We're called on to not just think about diversity because it's a good thing to think about, and it is. From a business model, we need to have representatives of service, so at the least people see that they are being served by people that believe in equity, that believe in diversity.

And so, it becomes several things: One is a way that we think about this—not as an add-on—but the way we do our business, and that's both in hiring, training and getting them in the pipeline. And that's what we're trying to do.

But this is a dynamic in health care, I feel, that we're behind on. We talk about quality, we talk about values, we talk about the things that we stand for. Well, if we truly stand on that fully, we're going to have to also show it in our equity agenda.

We need to cut down on some artificial barriers We need to be thinking about weaving people in instead of weeding people out. We have exams that say, "You're not qualified." What if we took the role of saying, "Let's give you this kind of help early to help you be qualified."

We're going to have to create a much deeper relationship between health care and higher ed to make that happen—and even K-12, By the way, the pipeline for physicians starts in the seventh, eighth, and ninth grade. You've got to remember that it's a long haul.

AMA: There is also discussion that getting students from historically excluded racial and ethnic groups is just step one. Retention is a major focus of yours.

Thompson: Yes, absolutely. And for me, that's the first focus. Part of weaving people in is not just getting them in; it's keeping them in to the point of completion.

Many of our students leave, not for academic reasons; but for social, emotional, mental health and a variety of pancultural reasons. So how then do we create a set of wraparound services to support students?

So we've got to take a more proactive model around a completion agenda, not just a recruitment-entering agenda. We sometimes pat ourselves on the back because we got an entering class that's 5% or 10% more diverse. I want to have an exiting class that is 5%, 10%, 15% and 20% more diverse—to the point of where we close those gaps.

AMA: In the description of your excellence in governance award, your work in promoting a work-life culture was noted. How does that work, and can it help prevent physician burnout?

Thompson: Absolutely. First of all, we saw before the pandemic the increase in stress, the increase in burnout. We knew that before the pandemic. But, boy, did we ever know it more after the pandemic.

What we know is the best way to do that is to think about what makes a person whole. Why shouldn't we as an organization look for ways for each individual to feel like they can be all that they can be in all parts of their life? So we need mental health days sometimes.

We need to incorporate this idea in the way we think about how we do business, how we hire, how we give benefits, how we create a culture of people, a culture of community. Yes, in that you will get productivity. You will get good business. You will get good outcomes.

Baptist Health has picked this up in the last several years. And, just like we have with our equity agenda, people are all about creating a healthy employee, a healthy Baptist. And that is as much about getting to burnout before burnout gets to us.

AMA: Studies looking at physician burnout find it often occurs when people feel that they have no say in how they conduct their work. How does Baptist Health work against this?

Thompson: It starts with agency. Agency is the ability to know that you have the kind of power to decide directions that are good for you—both in your work and in your personal life.

This is about making sure that the place where you are employed is healthy and happy and that you somehow have something to do with that.

My philosophy as a leader is you distribute as much power as you can to the lowest level—where the rubber meets the road—as you possibly can, and that's when you know you're going to get quality at a higher level. Support that to happen, and they see you as a service element versus a bureaucratic person in place to create a barrier.

We know this is a long-term process, but we also now are getting a long-term commitment in a way that we have agency happening in both higher ed and health care.