Salesforce CMO Geeta Nayyar, MD, MBA, on digital transformation in health care [Podcast]

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

In today’s AMA Update, Geeta Nayyar, MD, MBA, chief medical officer and SVP at Salesforce, discusses the past, present and future of digital transformation in health care. Covering digital health tools to optimize physician workflows and reduce burnout, medical CRM and other clinical technology services.

Dr. Nayyar is a nationally recognized leader in health care information technology, as well as an author, public speaker and was named one of “25 Digital Health Influencers to Follow in 2022.” AMA Chief Experience Officer Todd Unger hosts.

Speaker

- Geeta Nayyar, MD, MBA, chief medical officer and senior vice president, Salesforce

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today, we’re discussing digital transformation in health care. And I’m joined by Dr. Geeta Nayyar, senior vice president and chief medical officer at Salesforce. Dr. Nayyar or Dr. G as she prefers to be called is a nationally recognized leader in health care information technology, public speaker and author, and has been named one of the 25 digital health influencers to follow in 2022.
Today, she’s calling in from Miami. I'm Todd Unger, AMA’s chief experience officer in Chicago. Dr. G, is great to have you today.

Dr Nayyar: Likewise, thanks so much for having me on, Todd. I really appreciate it.

Unger: Well, so interested to hear a little bit about your background story. In 2020, which you all know is right there in the beginning of the pandemic, you made an interesting move to join Salesforce. So why don't we just start as kind of by background for our physicians out there in the audience how and why does it train rheumatologists end up taking on the role of chief medical officer at a cloud based software company?

Dr Nayyar: Well, Todd, I feel like we've been talking to my dad because my dad asked me this question all the time. So it was definitely not planned. It was definitely not a straight route. But I really built my career in health tech and have practiced clinically just a bit. And really, CRM and the relevance of CRM and digital transformation was accelerated through the pandemic as you know.

And my role really in the company is to keep us honest, honest about the clinical relevance of our products, our strategy, our advice to customers. And through the pandemic, a lot of it was also helping our employees and making sure that we were smart about getting back to the office, smart about getting together and smart about just everyday practices that folks needed to be aware of through the pandemic. So it's been quite a journey.

Unger: Well we have quite an initiative here in digital health. And we know from our research that seamless workflow coordination is really a fundamental part for technology adoption. And that's not a surprise. It's been a challenge in health care. You've been at Salesforce now for two years. From your experience there and as a physician, how do we get there?

Dr Nayyar: Well look, so much of the digital transformation to date has largely been related to electronic health records. And that was really done to physicians. And what I say about digital transformation now is that it has to be done with physicians and with nurses and with allied health professionals. This really has to be a technology that works within the workflow, is as seamless as possible. And I actually like to say the best technology to doctors and nurses is invisible. If we don't have to think about it, even better. And we can actually look at our patients, take care of our patients and do what we were trained to from the beginning. But it is an all hands on deck situation. But more and more organizations that include their clinical staff, their end users from the beginning and what I like to say the recipe making, the baking, and then the serving the dish is really critical not after the fact, not after it's all been done and said. And I'd say "Why don't you guys like it?" No, and it's like "Well, I had a gluten allergy. You never asked." You never asked.
Unger: Surprise product development, that's how it works. I want to dig in a little bit more about that because you said, and you specifically referenced EHRs there that physicians need to be more than just at the table. They need to be part of the decision making power. And we know from our latest digital health research that more and more physicians want to be consulted in the decision making process and are now being kind of involved in that process. How do you make a process like that work better?

Dr Nayyar: Well number one, having that relationship with your staff is critical with technology or technology not related, right? You have a chief medical officer. You have someone who is that ambassador to the staff, chief nursing officer, that relationship is critical and really understanding the everyday challenges both technical and not technical for your staff, right? And we've learned this through the pandemic that staff is what makes the hospital work. It is what makes the clinic work. It is why patients come in, right?

You can have the best technology, but if you don't have the best staff, they're not coming in. And so it's really critical to know your staff, understand their everyday problems, walk in their shoes from an everyday standpoint and then think through what problems can be solved with technology, not just building things because you can, but really understanding the everyday workflow, the everyday challenges and then finding the solution backing into the problem.

Because too often, we saw particularly with the EHRs, we may have solved one problem, but we created five new ones. And we didn't see that coming when we did a lot of our implementation, so really being mindful, knowing your user is critical. And you said it, doctors and nurses are more than happy to engage. And I would even say the naysayers in those groups are actually the ones you want to get on your side to really understand why are they saying no, and can I really understand that problem and solve it?

Because at the end of the day, they'll actually be your biggest champion if you can. And if they're saying no, there's a really good reason for it. And it's important for you to understand that.

Unger: But we also know from our well-being initiatives here at the AMA that when that doesn't happen, we really see a lot of system level obstacles pop up that get in the way of patient care. And they're highly related to physician burnout. Now, it's no secret to you that physician burnout is at an all time high coming out of the pandemic with almost 65% of physicians showing at least one sign of burnout.

It's part of why we have developed the AMA Recovery Plan for America's Physicians to address this huge problem. How can we use technology to help physicians recover from pretty critical problem that we're facing right now?
Dr Nayyar: So you hit it on the head, Todd. The workforce shortage is devastating right now whether we're talking about doctors, whether we're talking about nurses. We simply do not have enough highly qualified professionals out serving our population. So really understanding that, understanding the reasons for that in some cases, technology is a contributor to burnout, making sure that recruitment, attainment is critical to your strategy technology is one piece of this in terms of how do you scale that one individual or that care team.

Does it come down to communication? Does it come down to a workflow issue? So again really understanding your end user but also understanding the broader context of what we are dealing with as a society, and I think the AMA's role in all of the issues that burn doctors is really critical. You've got to have that happy staff. Giving them opportunities to diversify, to diversify what they do clinically is important as well as the tools just like a stethoscope, just like a CT scan, technology needs to be a tool that we look at as an asset, not something that holds us back from clinical care, which is frankly what a lot of doctors and nurses think to date.

Unger: Absolutely. Not surprisingly, too, one of the dynamics exposed by the pandemic, of course, is some real flaws in the public health infrastructure. And I know that one area that both you personally and Salesforce are focused on is increasing access to care for underserved populations. Talk to us a little bit about your vision of how care delivery should work and what's needed to better serve populations like that.

Dr Nayyar: Well Todd, I wish we had more time to answer that question. But there are some small steps that we saw happen during the pandemic, telehealth obviously being one of those. Look, I'm a rheumatologist. I have a Florida license. All of a sudden that license stretched and allowed me to be able to help individuals that were in California or Nebraska, places where they also have limited access to rheumatologists, so not just the technology to do it but the regulatory environment that allowed for that.

We also saw a lot of misinformation and disinformation, which continues in the health care environment and so really helping your doctors, nurses or provider organizations be the correct source that people go to for information. The reality is it is easier to go to your hair salon. It is easier to go to social media. So why not empower doctors and physician organizations with the mouthpiece to truly be the ambassador of good information?

And not just that, when it doesn't work come in and see us virtually or in person. So we've seen a lot of that really help the access issues in health care. But unfortunately, there is no silver bullet. There are many issues that technology cannot solve. It is really important to remember the messenger does matter whether in health care or otherwise. And so really leaning into your local communities, health care remains hyper local.
And so understanding what that means and that patients want to see a physician that looks like them whatever that might be Black, white, women, male, female—there are plenty of moms at my daughter's school that will only go to a female physician, so acknowledging that recruiting in that way and really also in your work at the AMA informing our public health infrastructure. We have many gaps in our public health infrastructure. So leaning into points of view on advocacy to improve that is critical. What happened during COVID simply cannot happen again, simply cannot happen again.

Unger: Well, here's one thing I don't usually get to talk about with our guests on the show and gets to this point about misinformation you're talking about. And this is really the role of marketing in making medicine more effective, amplifying physician voices getting over that hump of misinformation. You've said in the past that marketing once was a nice to have but now it's become a must have. So tell us a little bit about what you mean by that and how the AMA and health system leaders and individual physicians can play a role.

Dr Nayyar: So Todd, in the past, we've always thought of marketing in health care as cute. It wasn't nice to have. But it was never mission-critical. Mission critical was always patient care and how to how to make sure that you're staffed appropriately and drive outcomes. What happened during the pandemic is everyone became an expert. Everyone became an expert on vaccines. Everyone became an expert at treatments. Everyone became an expert at the virus and what it meant.

And the physicians, nurses were drowned out in large part. And the communities around us really got confused. And many communities stepped up. And one of those communities that set up was the retailer and the pharmacist. And they stepped up. Everyone to the state can only get vaccinated a COVID shot in their local retailer. And they are marketing machines. They know how to market. They know how to be convenient.

And the pharmacists, really, that trusted relationship with the pharmacists became that one person that you could walk in any minute and connect with. And the retailers really did a great job at that. And now, doctors, hospitals are realizing that marketing is actually consumer engagement, patient engagement. It's patient retention and acquisition. And maybe in the past I was worried about Dr. Smith down the street. But now, I have to worry about my local retailer. And they're on every street.

So how do I differentiate myself? And marketing becomes that tool. And in health care marketing is really education. It really is education. And every survey out there still tells us that people trust their doctors. So those physicians, those physician organizations that are able to make marketing an asset a must have part of their strategy are going to be that much more successful in the new year.

Unger: Just remember that everybody out there, marketing, how important it is. It's more than cute, it's essential at this point.
Dr. G, you've had a pretty broad view of digital health innovation for the past couple of years. In closing, anything out there that you're seeing in terms of truly effective collaborations or anything on the horizon that physicians should know about?

**Dr Nayyar:** So I think this is just the beginning. And it is unfortunate that it took a global pandemic for us to realize we could do what we're doing in health care just like banking has done, just like hospitality has done. I think the more newcomers to health care that have gone through digital transformation, that is really where we are going to see the biggest bang for our buck. I think retailers entering the market is fantastic. Because they are really built around the consumer experience and convenience.

And what have patients and consumers been saying that health care from the beginning? It's not convenient. It's not easy. And it's not accessible. So I think the more new comers we see in this space, it will force some of the historic legacy organizations to move forward but also this recognition that the world has digitally transformed, health care being that old man in the room. It's time to transform. Consumers are demanding it. And if you don't, you will be left out in the rain.

So I feel very optimistic going into the new year. We all appreciate where the economy is, and every organization is also looking at technology to help them scale and make the dollar stretch even more than before.

**Unger:** Well, Dr. G, thank you so much for being here. It's pretty exciting to talk to you. And I share your optimism there. And it's great to have somebody like you more than at the table but in the design process and helping guide physicians through what is going to be a pretty important journey of digital transformation. Thanks so much for being here today. We'll be back soon with another AMA Update. You can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today, and please take care.

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