

DR. MIKE APKON

AN INTERVIEW
WITH THE CEO OF
SICKKIDS



FROM PATIENT TO PERSON-CENTERED CARE

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■ As a successful healthcare leader, innovator, and catalyst for change, Dr. Michael Apkon, MD, PhD, MBA, has led three of the largest academic medical institutions in North America. This fall, Dr. Apkon—the President and CEO of The Hospital for Sick Children in Toronto since 2014—was appointed as the President and CEO of Tufts Medical Center and Floating Hospital for Children in Boston. In addition to his administrative role, Dr. Apkon holds the position of Physician Executive and Professor of Pediatrics at the University of Toronto. Prior to his role at SickKids, Dr. Apkon was the Chief Medical Officer for the Children's Hospital of Philadelphia and the Executive Director of Yale-New Haven Children's Hospital.

■ A LOT OF THE STUDENTS AT MCMASTER MIGHT BE WONDERING, “WHAT DOES A CEO DO?”

I see the CEO role as what I would call a “sense-maker.” They help the executive team and people within the organization make sense of what is happening in the world around them to be able to align and direct their energy to have a bigger impact than anyone could have—where the sum is more than its parts, if you will. A CEO also plays a similar role in helping the public, government, and any other external stakeholders understand the organization, and engage in public discourse to determine how, given what society needs from us, an organization like SickKids can be successful.

■ WHAT WOULD BE A TYPICAL DAY IN THE LIFE OF A SICKKIDS CEO?

That's a great question! I think every day is a different set of challenges or activities. I would say that a lot of the work is focused on what we're doing inside the hospital—series of meetings, either one-on-one or with large

groups, to both set direction and monitor progress towards the objectives that we all commit to. Sometimes it's problem-solving, sometimes it's just listening to understand how things are working and where we can do things differently.

Another big part of the job is working with external stakeholders; for example, participating in committees with other hospitals connected to the university, or partners across the healthcare system, to see how we can collaborate to create a more seamless experience for children and their families, and create a more efficient healthcare system together.

Then, there is a small part of my job that is still seeing patients, as I continue having a small number of patients that I care for here at SickKids. There are a number of physician-CEOs that continue to be actively involved in patient care, but that's not true of every CEO.

■ SO, YOU WERE A PHYSICIAN, A RESEARCHER, AND, NOW, ALSO A CEO. WHAT DROVE YOU TO THE POSITION OF CEO?

I found as a physician that there were aspects of the environment that I worked in that were frustrating —either programs that I felt we should have that didn't exist, or opportunities to improve quality that I didn't feel were addressed quickly enough. So, I began to get involved in quality improvement and found that I liked the teamwork [and] having a positive effect on many more kids than I could care for by myself, as a physician. In some ways, the CEO role is an opportunity to do that in the highest level within the organization, and to ensure that all parts of the organization are following a path towards greater impact and greater value for the children and families that we serve.

■ DO YOU THINK THAT THE TECHNICAL SKILLS FROM BEING A PHYSICIAN AND RESEARCHER ARE NECESSARY TO BE A CEO?

I think the skills of a physician or a scientist are not necessary, but I do think they have been valuable. I would say that as a scientist, your understanding of the world is only as good as the hypothesis that you have, and the mental model that you have, until somebody is able to disprove that. I think that creates a certain open-mindedness [...] that's quite helpful for an executive. Certainly, [when] leading a research enterprise like SickKids, having at least an understanding of what scientists do has been very helpful as well.

I'd say what has been helpful more so than being a physician is being a *caregiver*. I do think that experience gives you a deeper understanding of patients and what people go through during the experience of injury, illness, and recovery. That influences the way I make decisions, at least, around how we operate, what we invest in, [and] how we appropriate funds for our budgets.

■ THERE ARE A LOT OF STUDENTS WHO ARE INTERESTED IN HEALTHCARE, WHETHER IT BE IN HEALTH POLICY, HEALTH INNOVATION, BIOMEDICAL ENGINEERING, OR OTHER FIELDS. WHAT DO YOU THINK ARE THE BIGGEST GAP AREAS IN WHICH STUDENTS SHOULD FOCUS ON?

I don't know what the gap areas are in terms of typical medical disciplines because I'm not sure that healthcare will be organized according to the typical medical disciplines when you look at five or ten years from now. What's interesting is to think about where medicine is going with respect to precision medicine and genomics, and how those concepts weave across different specialties. Fields like regenerative medicine and immunotherapeutics are areas that will touch many disease categories, many different “-ologies” (cardiology, endocrinology, gastroenterology, etc.). I think that each of those create a new opportunity for students to advance the field and create a role for themselves in medicine going forward.

I personally feel that healthcare workers have two responsibilities. One is to do the very best that they can with the way healthcare or medicine is practiced today. The other is to make the system better for the future. Thus, learning the terms of quality improvement, thinking about the policy space and how society makes the decision of whether we pay for drug A or drug B is very important.

■ SO WHERE DO YOU SEE HEALTHCARE ADVANCING WITHIN THE NEXT FEW YEARS?

At the highest level, I see healthcare transforming [away] from a focus on episodes of care. In other words, going from people shifting [between] emergency departments to the operating room for a surgery and later to a doctor's visit, towards care as a more continuous process. Data will be driven from a person's minute-to-minute existence—from wearables to smartphones. That feeds a system that engages multiple caregivers to be able to work together to extend the [length] and quality of life.

If I think about a place like SickKids, historically, we would have focused on how well a surgery went: did the child survive a really complex surgery? Now, we really are focused on how [we can] help children have the most functional and happiest and most productive childhood possible, and how [we] help them become productive, engaged adults that live up to their fullest potential. Getting there requires a different way of thinking about the way all the different healthcare caregivers work together, and how we use information and coordinate the work that we do with each other, to better understand what's happening with people minute-to-minute, if necessary. That's the biggest transformation that I think we will see.

[This change] will be powered, in my view, by a number of other transformations. One is around precision medicine — going from treating syndromes, for example the syndrome of cystic fibrosis, to treating very specific genetic causes of cystic fibrosis, many of which need different kinds of treatment. We will also go through a transformation where doctors, nurses, and other caregivers individualize decisions based on what they've last seen, what their knowledge base has to be, and how they're thinking that day [about] using artificial intelligence and machine learning to guide people in making the best decisions possible.

I also think that we'll see a transformation driven by people having more information in their own hands about their health status, about the state of the medical literature, and about [the] best evidence-based approaches to certain treatments. If you think about how people navigate their travel, their dining, and pretty much any sphere, they [want] to have a lot more information at their fingertips and [...] control over their life. And, as we talk about patient-centred care, I think that people-centred care is going to be the next frontier. It will be less about how hospitals want to care for people and how hospitals conceptualize themselves. It's going to be more driven by what people need from us and the choices that they make to go to one organization or another to get what they need.

■ WHAT WOULD YOU WANT MEDICINE TO LOOK LIKE IN 25 YEARS?

It's really hard to imagine what medicine will look like in 25 years. Here [are] a couple of predictions: I do think that we will have to work in a much more seamless way, where we will integrate a lot of more varied information into clinical decision-making. We will know a lot more about how a person spends their time, what they eat, and what the environmental influences are on their healthcare. We'll know a lot more about their genetic makeup and the way they have developed as people. They will be able to use information technology to much more finely tune the treatment we will give them. We will also have much better tools to coordinate the care across [not only] many different disciplines of doctors, but also between doctors [and other healthcare professionals].

In 25 years, it will be the patient driving how those interactions happen with high expectations about a seamless hand-off between caregivers. [This will be] a much more integrated and coordinated approach, the impact of which will not be measured by any one episode, but by what that person's life becomes under the care of the system.

We are a very fragmented healthcare system [that is] moving towards consolidation. I think in 25 years, we may be fragmented again, but with other tools to create the connective tissue between all the different pieces. But, I think we've got to be prepared for a time where hospitals don't have the importance that they [currently] have in the healthcare system, where most care happens at home [and] the individual is really the driver of what they get...

■ WHAT IS YOUR NEW ROLE GOING TO BE AND WHAT WOULD BE YOUR FIRST CHALLENGE TO SOLVE?

I'll be the President and CEO at the Tufts Medical Centre in Boston, which is affiliated with Tufts University. It's also the academic medical centre within a multi-hospital system. I think one of the challenges will be working on a strategy that will allow the medical centre to add value to that integrated system, and also to be able to have the best advantage of the system in furthering the academic mission.

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