



Chris Van Gorder

**EDITORS' NOTE** Chris Van Gorder has held his current post since 2000. Board certified in healthcare management and an American College of Healthcare Executives (ACHE) Fellow, he also served as 2010 Chairman of ACHE. Van Gorder's rise to healthcare executive has been unconventional. His journey began as a hospital patient, when as a police officer he was critically injured during a family dispute call. After a lengthy recovery and starting a new career in hospital security, he continued his education in healthcare management and rose to levels of increased responsibility. He continues to serve the public today as a reserve Assistant Sheriff in the San Diego County Sheriff's Department, as a licensed emergency medical technician (EMT), and as an instructor for the American Red Cross. Van Gorder received his master's degree in public administration/health services administration at the University of Southern California, completed the Wharton CEO Program at the University of Pennsylvania, and earned his bachelor's degree from California State University, Los Angeles. In March 2006, California's governor appointed Van Gorder to the California Commission on Emergency Medical Services where he served two terms. In January 2007, U.S. Secretary of State Condoleezza Rice reappointed Van Gorder to the U.S. Commission for the United Nations Educational, Scientific and Cultural Organization. He is a clinical professor of health practice at the University of Southern California, where he also serves on the Board of Councilors of the university's school of policy, planning, and development. In addition, Van Gorder is a member of the editorial boards of *HealthLeaders* and the *Governance Institute*.

**COMPANY BRIEF** Scripps Health ([scripps.org](http://scripps.org)) is a \$2.6-billion, nonprofit healthcare system in San Diego, California. Scripps treats nearly 500,000 patients annually through the dedication of more than 2,600 affiliated physicians and nearly 13,600 employees across five hospital campuses, an ambulatory care network of

# Invested in the Future of Healthcare

An Interview with Chris Van Gorder, FACHE,  
President and Chief Executive Officer, Scripps Health

clinics, physicians' offices, outpatient centers, and home healthcare services. The Scripps legacy of providing healthcare services in San Diego originated in 1924, when philanthropist Ellen Browning Scripps founded Scripps Memorial Hospital and Scripps Metabolic Clinic in La Jolla, California.

## Would you talk about the history and heritage of Scripps Health and how the company has evolved?

We were founded in 1924 by Ellen Browning Scripps, who was a part of the Scripps Publishing empire. Ellen moved out to California with her brother E.W. Scripps for health reasons and had a house in what was the village of La Jolla. She ended up making a lot of money from the publishing empire and gave a lot of money away, including a quarter of a million dollars to establish a small hospital and the Scripps Metabolic Clinic, which is now the Scripps Clinic of today.

About 20 years ago, we acquired Mercy Hospital, which was founded by Mother Mary Michael Cummings when she came to San Diego in 1890 and established the very first hospital in San Diego. Because of changes in healthcare and mergers and acquisitions, it joined our healthcare system.

I often describe Scripps today as a nonsectarian Catholic healthcare system, because half of our system is Catholic and the other half is not.

We were founded by two visionary women who wanted to do good in their communities, and part of my role and responsibility is to sustain and extend the legacy of these two ladies.

## How do you define what sets Scripps apart?

Ellen Browning wanted to make sure that we not only provided the community and patients from around the country with great healthcare, but she also wanted us to invest in education and research. One of the hallmarks of Scripps and Scripps Clinic from 1924 to today is our tradition of hiring some of the world's foremost physicians to not only deliver patient care but also to do research.

Today, we have a center that is looking at genomic medicine, which is being led by a physician we recruited from Cleveland Clinic who ran the number-one rated heart program for them for 15 years. Under him, we have a

physician who we recruited to research digital medicine.

When we were founded in 1924, the Scripps Metabolic Clinic was focused mainly on diabetes, but the clinic extended that research. Today, we still take care of diabetic patients through our Scripps Whittier Diabetes Institute, but we have expanded well beyond a single illness.

In the future in many cases, healthcare is going to be delivered outside of the hospital and maybe outside of the traditional delivery system by using technology. This is why we're now looking at genomics, wireless, and other things.

There is a lot of technology and a lot of apps that are being sold today that have not yet been validated as being effective or, in some cases, even safe. So part of the research we're doing is to validate the technology and extend it, and use it with our patients and others if appropriate.

We have a program we call the Wellderly Study, for which we found individuals around the country who were 80 years old or older who had no chronic illnesses and were taking no medications. We wanted to study their genome and find out what has kept them well. In many cases, they still have the markers that make some people ill but they haven't gotten ill. So what else is going on in their genomic system that is keeping them healthy? We have done the study and made available the results of that study to any scientist in the country.

Scripps is unique in the sense that we are delivering great clinical care, and we're also significantly invested in the future of healthcare through our research programs.

## Is the right dialogue taking place in healthcare and are we taking the necessary steps to make it effective for the future?

I have never seen a time period before, at least at Scripps, when our physicians and employees were so aligned with us. We're looking at new ways of doing things that are not only going to increase the quality of healthcare but also deliver it at a lower price. We're moving away from what we have always been, which is a sick business where all of our economics have been tied to taking care of sick people, to a world where we're going to be working to prevent illnesses. We'll be using technologies like the genome and others to keep people well and out of the hospital.



Scripps Memorial Hospital La Jolla (above) and the interior lobby of the Scripps Proton Therapy Center (below), both located in San Diego, California

While it will be extraordinarily challenging and there will be winners and losers, by the time we get through this shake-up, we're going to have a better healthcare system with more access points, more people insured, and delivering care at a lower cost. It will keep people healthier so we're not dealing with them in the acute care setting. I see today as the most exciting time ever in healthcare.

**Is scale going to be critical in the future? Will we see a handful of very large systems and will smaller systems be able to compete?**

I do not believe that independent stand-alone hospitals will survive because I don't think they can get the economies of scale. They also can't access the technologies that we're using in wireless and their reach in the community is much more limited. I do think there is going to be more consolidation of the industry.

Retail medicine is starting to explode with everyone from Walgreen's to Target getting into healthcare delivery. In the long run, that is probably going to be good because we're going to have to be more consumer-conscious than we have ever been. However, it's going to be very challenging for small organizations.

Consolidation is going to continue, but I also don't agree that there are only going to be a handful of major systems. I still believe that healthcare is local and patients need to have a relationship with their local healthcare provider, not with a national healthcare system. But there will be fewer organizations than there are today because you're going to need scale to survive.

**Did you always have an interest in this type of work?**

I always wanted to be in the service business. My parents were immigrants and they were so proud to work in the U.S. Neither of them had a college education but they knew that their children had an opportunity to get one here and live the American dream.

My father always said that we have an obligation to give back to our country and the society that has been good to us. So I always knew I would be going into some form of the service industry.

When I was working my way through school, I was employed in a hospital initially as a clerk in the emergency room; then I worked in security as a security officer; then I worked in the laboratory before I became a police officer. I felt my career would be in law enforcement but then I was badly injured and forced to retire.

The industry I fell back on was healthcare, and I've been very blessed and successful in the industry. I al-

ways believe that nobody knows where life is going to take you, but for me, it was always going to be in service. Also, my law enforcement career contributed to my ability to be decisive and make quick decisions. Police officers are taught to do that, and at the same time, most cops and firefighters are trying to protect our society and their communities. Hospital providers are also first responders in many ways, trying to protect the community, so those roles are very closely aligned.

I never had any aspirations of being a chief executive of a \$2.6-billion company, but that is just the way life worked out and I feel very blessed.

**Is the industry effective at understanding that this is a competitive service industry, and how important has that service mentality been?**

It's evolving. Historically, healthcare has, to some degree, been a bit arrogant. One of the things that always bothered me, even when I came to Scripps, is the way emergency rooms were designed to take care of only 30 percent of the patients that actually visit them.

Anywhere in the U.S., if you have an emergency, you're going to go to an emergency room and get very fast and high-quality care. But about 70 percent of the people visit an emergency room because it's an access point or it's convenient, or they didn't have resources to go elsewhere. These people end up potentially waiting for hours.

The reason I say arrogant is in any other industry, would you anger 70 percent of your customers? No. You would design a system to be able to care for both very quickly and efficiently.

Even at Scripps, it's only recently that we designed a brand new process in our emergency room, and we were bucked by state regulations which are designed to take care of that 30 percent, not the 70 percent. We ended up designing two tracks in the emergency room—urgent care track and emergency track with two dedicated teams—so that the 70 percent are getting care as fast as the 30 percent.

In recent years, we started to think of patients also as customers and have started to build the kind of relationships that the hospitality industry has always had. We're getting better but we're not there yet.

**You wrote a book titled *The Front-Line Leader*. What made you feel the timing was right for the book and what do you hope people will get from it?**

I've been so blessed in this country that I wanted to tell people, it's great to be an American and the American Dream is achievable if you want to go after it. I also wanted to say thank you. I was profiled in a *FORTUNE* magazine article because Scripps has been one of *FORTUNE* magazine's Top 100 employers for seven years in a row.

I got a call from a literary agent in Boston who said I had an interesting story and suggested I write a book. I didn't feel I'd have enough time but he said he would get me through the process, and that's why I wrote it.

It's a bit about what I learned from law enforcement and healthcare, and it's a lot about taking care of your people because, as CEO, the people who have worked for me have made me successful.

We live in a wonderful country with wonderful opportunities. While we are going through change, we can thrive through these environments.

It's an easy read. One of the things I talk about is teaching by telling stories, because everybody can relate to a story more than they can relate to an academic presentation. The book is being sold across the country, online and in our gift shops, and I was told recently by a gift shop manager that it's not managers buying our books but our frontline employees. It's cool because I meet with our staff and security officers all the time and I say, keep at it because one of you may run Scripps one day. I was a security officer and I'm running Scripps, so it can happen to them too. ●

