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# The Changing Role of the Healthcare Chief Human Resources Officer: Current Realities and Future Directions

The role of the chief human resources officer (CHRO) is changing—in hospitals health systems, academic medical centers, medical groups, payer organizations and other entities across the burgeoning continuum of care.

This 2017 report from [InveniasPartners](#) is anchored in interviews conducted with multiple CHRO executives, healthcare C-Suite executives, and healthcare human resources thought leaders. The report outlines four trends, including the CHRO's evolving needs for knowledge, skill and experience in business operations, C-Suite development, workforce engagement and data analytics.

## CHRO as HCO Business Architect

Healthcare CHROs need clinical, financial and operational intelligence, political savvy, along with their HR skills and experience. Driven by the C-Suite mandate to deliver on business and clinical performance and innovation, H-CHROs are taking on new roles and responsibilities.

The need for CHROs with strong healthcare business knowledge and skill is more important than ever as healthcare organizations (HCOs) confront the forces of consumerism, value-based care, technology decentralization and wellness documented by [PWC's Health Research Institute](#).

“CHROs need to align and engage the workforce around strategic priorities,” according to Amy Rislov, CHRO at Milwaukee-based Aurora Health Care, where she reports to the chief administrative officer within a C-Suite of 20 executives. At the top of healthcare's shifting agenda are value-based care, patient and consumer engagement, technology-enabled transformation and clinical, operational and financial performance management.

“CHROs must assure their organization acquires and develops the right talent to align with their business needs. This, in and of itself, is a team sport where HR and leaders must work hand in hand,” says Rislov. “They must help individual professionals and teams address the overall magnitude of change, as well as the change that hits organizations along multiple fronts—clinical, financial and operational. C-Suite leaders, in particular, need the knowledge, skill and experience to plan, direct and sustain change.”

CHROs must understand the organization's mission, vision and values in relation to the trends and strategies that will push the organization forward. But, the challenges are complicated. CHROs face a tidal wave of regulations, matched by escalating ethnic and generational diversity within the workforce and patient populations. With the growing demand for business expertise comes an urgency to delegate or back burner more typical HR roles and responsibilities, including traditional approaches to payroll, compensation, benefits, compliance and employee relations.

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CHROs must create or re-engineer HR positions to take over more routine functions so they can focus on high-value initiatives like engagement, culture-building and leveraging technology and data analytics. The result is a leaner and more agile and flexible HR function.

CHROs function on three levels: strategy, tactics and operations, according to Victor Buzachero, senior vice-president and CHRO at Scripps Health, San Diego. They are part of the executive team that crafts and updates the strategic plan, identifying what the organization will achieve over the next four-to-five years. CHROs also ensure the organization recruits and retains talent with the skills and competencies to implement the plan.

New products, services and markets often demand changes in structure, day-to-day management and newly defined measures of success as evidenced by the industry's migration to ambulatory care, digital health, population health management and risk.

“Healthcare CHROs must assume an active role in plan implementation,” says Buzachero. “A strategic plan is only as good as the C-Suite, senior and board executives who are committed to and involved in its execution.”

Part of that execution involves the design of management systems that align teams with desired outcomes and strategic objectives. Compensation and incentive systems, for example, align pay with performance and bridge financial operations with strategic objectives.

“Performance funds what an organization can achieve in the future,” says Buzachero. “If the system fails to perform on clinical and business metrics, it will lack the cash flow to underwrite strategic investment and development.”

CHROs also orchestrate workforce productivity, ensuring costs are appropriate. Many assume accountability for the bottom line by managing total labor spend, while taking on functions like health plan management and employee wellness and engagement.

“CHROs have the capacity to develop board and C-Suite executives and the infrastructure required to move healthcare organizations toward value-based care and revenue-generating accountable care organizations,” says Buzachero. “The key is to create a culture that will move the system forward.”

“As the industry transitions from inpatient care and fewer ER visits to ambulatory care and population health management, CHROs must support C-Suite executives by exploring human resources implications of new markets, products and services,” according to Joline Treanor, CHRO at Irvine, California-based St. Joseph Health. “Hospitals and systems now deliver a broader scope of services where a nurse within a hospital could easily become a nurse within a clinic.” The goal, says Treanor, “is to analyze hiring and turnover costs and offer retool and reskill opportunities that move talent into adjacent markets or related businesses.”

Equally significant is industry-wide convergence as providers, payers, tech start-ups and other partners join forces to pursue joint research and product development ventures. CHROs must understand how a newly reconfigured business will function—what will work and what’s possible.

“If Healthcare CHRO’s aren’t well-versed in business and strategy, the CEO will relegate them to implementation of strategic designs,” says Treanor. “C-Suite executives seek CHROs who are seasoned business leaders, not traditional HR professionals.”

“CHROs can help C-Suite executives get out of the comfort zone of tactical implementation,” she adds. “But they must engage with the C-Suite from the perspective of business strategy, with implications for operations and the workforce.”

## **CHRO as C-Suite and Board Advisor**

Healthcare CHROs have emerged as strategic advocates and champions of the C-Suite—especially the CEO. They argue for initiatives that maximize the organization’s strengths and opportunities and drive growth. And they propose solutions that tackle HCO gaps and threats.

Case in point: An integrated delivery system contemplates construction of a series of four outpatient facilities. The CHRO analyzes the implications for talent recruitment and management with these questions:

- Is appropriate talent available in the service area?
- How much time will the HCO need to recruit quality talent?
- Does the HCO have the capacity to develop and manage talent going forward?

CHROs are also being asked to take steps to cut expenses, increase revenues, and address challenges related to quality, cost, access, equity, and outcomes. Rather than waiting for the CEO and C-Suite colleagues to give them their next project or assignment, more visionary CHROs recommend stop-gap strategies and pathways to long-term innovation.

The presence of CHROs creates a kind of ripple effect among other executives within the C-Suite. Among the core areas of influence:

*C-Suite Development:* CHROs help C-Suite colleagues hone skills in communication, collaboration, team building, and organizational development. “The best CHROs know how to use the highly-prized skill of emotional intelligence to dissect the impact of a decision on varied constituencies”, according to says Sue Kopfle, CHRO at University of Missouri Health Care (MU Health). “Once CHROs display their emotional intelligence, C-Suite and board executives count on them to think through the people side of decision making,” she says.

*Workforce Engagement:* CHROs provide a window into the workforce. What drives executive, clinical and employee recruitment, retention, satisfaction and performance? The CHRO can deliver valuable insights.

*Culture and Environment:* Culture begins in the C-Suite. The CHRO, Chief Information Officer, Chief Nursing Officer, Chief Medical Officer, Chief Financial Officer and other key C-Suite executives help build and reinforce a culture that either supports or detracts from the fulfillment of the organization’s strategies.

*Executive Succession:* CHROs build awareness of the nature and potential impact of executive and clinical leader turnover. Long-term succession planning prevents a turnover crisis and encourages development of internal candidates for C-Suite positions.

*Performance Improvement:* CHROs orchestrate a comprehensive process for performance improvement and compensation planning that makes sense to the C-Suite and fits the HCO’s unique culture.

Rather than viewing HR simply as a cost center or management function, healthcare CEOs increasingly view CHROs as business partners who scrutinize plans, projects and programs from the perspective of talent. It makes sense: Healthcare CEOs and CHROs share many of the same leadership characteristics. Among the most distinctive traits retained executive recruitment and talent management advisory services firms seek in candidates for both positions are the following:

*People Motivators:* Both CEOs and CHROs have the skill and experience needed to motivate and mobilize board members, executives, clinicians, employees, business and community leaders and consumers.

*Culture Architects:* CEOs and CHROs design, develop and sustain a work environment and culture that engages the workforce, promotes innovation and delivers top clinical and business performance. They illuminate and reinforce culture through their words and actions, making sure that culture underlies and supports every HCO initiative—from talent recruitment and development, to compensation and benefits.

*People Developers:* CEOs and CHROs nurture and develop up-and-coming employees, managers, executives and physicians through onboarding, coaching, mentoring, education, incentives and compensation.

“Finding the right talent means working with the talent already on board,” says Buzachero. “The key is to redeploy or move around talent to facilitate clinical and business performance.”

In San Diego, Scripps’ initial talent development, strategy, was launched to catalyze Scripps Health as a destination workplace where executives, managers, clinicians and employees could maximize contributions to system success, while growing their careers. The goal is to develop leaders via management communication and coaching toward excellence. Doing so has led to the deployment of lean process improvement throughout the organization.

Managers in the patient care units, coach staff on how to improve processes and outcomes and excel at their jobs. Staff members respond with ideas and innovations to curb waste and streamline workflows.

And the results are impressive: Scripps has recognized a more highly engaged staff, along with reduced noise levels on units, quality outcomes improvements, lower patient dissatisfaction scores and enhanced staff satisfaction and engagement.

“Management isn’t telling, but coaching,” says Buzachero. “Healthcare executives and managers can try to increase performance from the top down, but they won’t achieve change. Only when you involve staff can you boost and sustain clinical and business performance.”

“Organizations should never regard people as disposable,” he adds. “Instead, they should reconfigure and recombine talent to trigger and sustain performance excellence and build a more productive, engaged workplace culture.”

## **Healthcare CHRO as Tech-Driven Transformer**

Both CEOs and CHROs champion a transformed HCO and healthcare system. They view clinical and health information technology not as separate strategies, but as enablers of care redesign, engagement, value-based care and population health.

Healthcare CHROs ideally collaborate with others to investigate, assess and select technologies with the potential to accelerate performance, engage the workforce and drive clinical and business strategy.

CHROs can be invaluable in reaching beyond a vendor’s perspective to identify the HCO’s authentic clinical and business needs, and discover how a technology could facilitate talent acquisition, development, engagement and retention.

CHROs increasingly rely on data and analytics to fulfill the organization’s business and clinical strategies and achieve talent management goals. Among the issues CHROs can resolve via data and analytics are the following:

- Which workforce processes will achieve faster and higher ROI via investments, projects and programs?
- Where and how can the HR function deliver the most value?
- What are the healthcare organization’s most serious challenges and how can HR planning help to evaluate potential solutions?

CHROs often rely on metrics to evaluate and compare the performance of social media recruitment, in-house recruitment, and external recruitment via recruiting agencies and retained and contingency executive search firms. Among the more popular metrics are the time to fill the position or time to start, which equals the number of days from the date of the position announcement or search contract to the day the employee, executive or clinician begins a job.

By calculating average annual time to fill a position and for a new hire to start, CHROs can evaluate the effectiveness of their recruitment process, manage recruitment expectations and make a business case for enhancements in technology or the recruitment process.

Other variables CHROs measure, analyze and act upon include cost per hire and vacancy, newly created positions vs. attrition, candidate and new hire quality and overall recruitment effectiveness. The collection of data prompts analysis and evaluation of issues like the following:

*Cost:* What does the healthcare organization’s cost per hire or cost per vacancy—usually associated with executive or revenue-generating positions—say about the quality of its recruitment and succession planning process and the prospect of outsourcing recruitment or executive search?

*Satisfaction:* What do the results of recruitment satisfaction surveys say about how well the organization communicates and interacts with candidates and new hires? How do people experience the interviewing and recruitment process?

*Turnover:* How does the number of newly created positions compare with the number of people who leave the organization annually? How can the HCO manage turnover through enhancements in recruitment,

engagement, development and succession planning? What do turnover rates within varied units, departments and divisions say about career paths, promotions and development opportunities available in other comparable organizations?

*Candidate Quality:* What does the quality, retention and performance of newly hired employees, clinicians and executives say about the organization's recruitment and talent management process? What kinds of people are needed for the organization to reach its strategic clinical and business goals? How well does HR collaborate with hiring managers, clinicians and executives to ensure that screening for leadership traits and behaviors, including the capacity to innovate?

*Candidate Sources:* How effectively does the organization use internal and external resources—from recruitment agencies to retained executive search firms—to source candidates and make hiring decisions? How effective is the organization's use of social media, job boards, web sites and e-mail campaigns in generating quality hires?

*Performance:* Overall, how does the organization's recruitment, retention and talent management performance compare and compete with other comparable HCOs? How quickly and effectively does the HCO fill open positions and retain high-performing employees, managers, clinicians and executives?

At MU Health, CHRO Sue Kopfle has responded to the challenge with a “hard-to-fill” position decision matrix that addresses these questions:

- How much time does it take the system to fill a position—from the moment a requisition lands on HR's desk to position acceptance?
- What's the turnover rate of each unit, department, division or business within MU Health?
- What's the overall rate of turnover? How many people leave MU Health each year?
- What's the rate of “churnover”? How many people change positions but remain within MU Health?
- How strong is MU Health's talent pipeline? How many applications await review compared to the number of applications actively solicited via recruitment programs?

Kopfle uses the answers to these questions to develop a score that hones in on factors like hard-to-fill positions, turnover, “churnover” and talent pipeline quality. If departments and divisions receive a low total score, Kopfle recommends a fresh set of recruitment techniques.

In MU Health's most recent round of position evaluations, which involved 450 managers, only ten departments benefitted from enhanced recruitment initiatives. Position analyses are repeated each quarter.

A similar scenario plays out at St. Joseph Health where Treanor relies on data and analytics to reduce unwanted turnover, identify trouble spots, improve recruitment success and allocate compensation based on business and clinical outcomes.

She concedes that even though CFOs are the guardians of facts and figures, healthcare CHROs can paint a compelling picture of an organization's status by addressing questions like the following:

- What is the true cost of turnover?
- How much does it cost to recruit, interview, place, onboard and develop an employee, manager, clinician, executive or board member?
- What is the total cost of a recruitment from the time a position first becomes vacant? To what extent is the HCO overspending to compensate for vacancies?
- How well does the HCO retain first-year hires?
- What are the trends for employees who choose to stay with the HCO?

Treanor analyzes the costs of recruitment and turnover and generates targets for improvement. By shaving turnover and boosting retention, she can generate an impact on the HCO's bottom line.

## Healthcare CHRO as Champion of Engagement

CHROs must engage the healthcare workforce—from veteran clinicians and senior executives, to receptionists, security guards and dietary workers—to fulfill strategic business and clinical goals and sustain a culture of innovation. They design and define workforce engagement, including its drivers, features, functions, benefits, and metrics; they have the power to activate and mobilize engagement to promote business and clinical performance.

Equally important, CHROs secure early buy-in and ongoing support from C-Suite colleagues whose words and actions promote engagement and build trust and credibility among the workforce.

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for lunch.”*

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Transparency is vital. CHROs must convince the workforce that the organization will recognize, discuss and respond to its concerns and minimize roadblocks to workforce engagement.

They also function as agents and brokers of engagement solutions. That means making tough judgment calls about engagement priorities, strategies and tactics—from assessments of satisfaction and performance to results reporting. Technology-enabled engagement begins during recruitment and continues through onboarding and employee development. Organizations share news, guides, achievements, position vacancies and best practices while offering training via online courses, webinars and tutorials.

Online learning, in particular, supports a knowledge-sharing culture, while offering a lower-cost alternative to live conferences. Organizations can measure learning while soliciting learner feedback on the quality, value and impact of the learning experience. Also, gaining respect among CHROs are collaboration tools like video conferences, shareable documents and online presentations—all of which offer opportunities for workforce engagement.

CHROs must fully engage the workforce to ensure “consistent commitment” to the organization’s mission, vision, values, and strategic goals, according to Rislov. The challenge is especially significant given the recent surge in millennial employees and managers. Organizations like Aurora Health Care are deciding how to tailor education and training to the lifestyle and technology preferences of individuals and teams via enhanced coaching and mentoring programs.

While a recent assessment by McKinsey & Company confirmed the strength of Aurora’s culture, Rislov acknowledges an ongoing need to “align performance expectations with executive behaviors, deliver targeted learning experiences and acquire and develop talent throughout the enterprise.” Equally vital is mobilizing Aurora’s C-Suite and senior leaders to develop their own plans for talent recruitment and development, including onboarding, assessment, coaching mentoring, education and succession planning.

“Culture eats strategy for lunch,” says Sue Kopfle at MU Health in discussing the evolution of the system’s “culture of yes” initiative, at first a 14-week process to illuminate MU Health’s values and culture. What started out with posters, which featured values like integrity morphed into a series of four simple calls to action: *Care, Deliver, Innovate and Serve*.

Acceptance by the workforce was rapid. In the first quarter following program launch, 38% of the workforce understood the “culture of yes” program. Within a year, more than 90 percent could articulate the platform and its values.

To sustain program results, HR staff “round” on every employee every month, posing two questions:

- Can you tell me about the “culture of yes”?
- Can you explain the “culture of yes” behaviors, including those you perform well and those that remain a challenge?

Kopfle also redrafted performance evaluations to embody the initiative. Fifty percent of each performance evaluation now covers the “culture of yes,” including how well an employee exhibits these behaviors.

Managers and executives distribute coupons of recognition to employees who demonstrate “culture of yes” behaviors. Employees can, in turn, submit these coupons and receive gift certificates. Similarly, employees can also recommend a colleague deserving of a “culture of yes” thank you card that reads: “Sam Smith wants to recognize you,” followed by the signature of a supervisor, manager or executive.

“Employees, managers and supervisors mount and display their ‘culture of yes’ cards and coupons rather turning them in,” says Kopfle of the program’s impact on employee engagement and culture. “Community residents visit the facility and experience a culture that’s unbelievably positive and welcoming.”

Engagement is an equally important within Catholic healthcare where healthcare systems like St. Joseph Health invite employees, managers, clinicians and executives to reflect on and develop the spiritual dimension of their work identities.

“We tell the workforce that whatever they do extends our healing Christian ministry to the poor and vulnerable,” says Treanor. “We invite everyone to reflect on that responsibility and participate in reconnecting with the mission, vision and values of St. Joseph Health.”

St. Joseph Health maintains a compensation philosophy based on incentive pay, according to Treanor, with incentives anchored in variables employees can actually control. The message is to the workforce is clear: Fulfill our mission of “continually improving the quality of life of the people in the communities we serve” while performing according to the values of dignity, service excellence and justice, and St. Joseph Health will reward you.

Employees who rate exceptional on patient satisfaction and performance to budget are eligible to receive enhanced compensation with additional incentives for employees who take proactive control of their health via wellness programs.

St. Joseph Health invites employees to participate in biometric screenings that report on variables like blood pressure, cholesterol levels, blood sugar levels, disease risk, body mass index and triglyceride levels. If employees reach their weight target and schedule a follow-up appointment with a physician, St. Joseph Health offers them pedometers with invitations to compete with other employees for a step award.

The organization has also implemented a wellness clinic that offers employees access to primary care physicians and other health practitioners. By locating the clinic close to employees, the system has reduced time away from work and encouraged employee and family member engagement in health and healthcare.

“Culture is what makes the difference. Attracting the best talent means being the best workplace in healthcare, if not the world,” says Buzachero at Scripps. “Healthcare organizations that emerge as destination workplaces don’t need high-cost recruitment programs because people are drawn to the environment and culture.”

## **The Future of the Healthcare CHRO**

Healthcare human resources’ role and function has evolved. “Thirty years ago personnel departments focused on records checking, employee activities, recruitment, and insurance,” according to Buzachero.

HR professionals knew little about the impact of labor organizations, leadership and work environments. They orchestrated rudimentary skills training for nurses, created one-size fits all compensation and benefits programs and relied on typewriters before the advent of information systems and automated HR functions.

“As healthcare grew and matured, so did the HR functions,” says Buzachero. “HR professionals began to address legal protections connected with disabilities, rehabilitation, Equal Employment Opportunity and the National Labor Relations Act. They initiated prevention strategies via compliance initiatives and brought fresh sophistication and personalization to compensation and benefits.”



“By the 1980s, HR emerged as a highly professional and increasingly digital function”, says Buzachero. “Newly emerging CHROs and vice-presidents of HR began to automate HR functions through more mature information systems. They tackled cost management, enhanced recruitment and spearheaded performance improvement.”

One thing is sure: **the role of CHROs will change in the years ahead**—more traditional CHRO titles will give way to titles like Chief Workforce Engagement Officer, Chief Workforce Experience Officer or Chief People Officer. We are also seeing a move of the CHRO into Chief of Staff or Chief Administrative Officer roles, based on their broader experience in strategy and operations. And as talent continues to emerge as an invaluable resource, CHROs will become even more vital. Future CHROs will require a blend of three skills, predicts the [Harvard Business Review](#). Among them are the following:

*Predict Outcomes:* CHROs must demonstrate how getting the right people into the right roles at the right time will turbocharge clinical and business performance. They must develop a business case, using data and analytics to anchor recommendations on policy, process and programs.

*Diagnose Problems:* CHROs must reach beyond isolated misses, mistakes and market shifts to pinpoint reasons why, linking “numbers with insights into the company’s social system—how people work together,” write the Harvard Business Review authors. Deep understanding of the HCO can help CHROs zero in on pervasive deficits, gaps and flaws and take the first step toward drilling-down on the challenges faced by units, divisions, departments and professions.

*Prescribe Actions:* CHROs must add value by advocating fresh strategies for talent acquisition, allocation and development. Equally important are diversity and inclusion programs that drive long-term financial performance and build workforce credibility and trust.

Fast forward to 2022. Healthcare organizations are increasingly likely to rely on CHROs to document the impact of HR initiatives on clinical and business performance and address the media on issues of employee satisfaction and community responsibility.

The new breed of CHRO will interact and engage with multiple constituencies—from employers and consumers, to community leaders and government officials. Doing so will ensure that the health system acquires and develops the best talent available and sustains a workforce that delivers on its value proposition.

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## **Healthcare CHROs: Building a Career that Matters**

How can CHROs develop the knowledge, skill and experience required to transition into 2020 champions of human capital management? Following are recommendations from CHRO leaders:

*Balance the old with the new:* “CHROs still need technical skill, competence and experience in compensation and benefits, legal, employee relations, affirmative action and technology,” according to Kopfle. “What’s new,” she says, “is a growing demand for right brained functionality among senior C-Suite and board executives—especially CHROs in healthcare.”

*Emerge as the neighborhood Apple store:* “Just as Apple stores are staffed with people who help customers use technology to connect with resources, HR departments must emerge as talent management advisors,” predicts Buzachero, “counseling employees, managers and executives on career development via assessment, coaching, mentoring, and online and active learning.”

*Get involved with every aspect of the HCO's business:* Present the CHRO role and the HR function as vital to top clinical, operational and financial performance and delivery of the HCO's value proposition. "H-CHROs and senior HR leaders need as complete an understanding of the HCO's business as operations executives," says Kopfle. "They must articulate the nature of the business and how it might influence patients, consumers, providers, employers and communities."

*Address complex organizational needs:* "Diverse operations—urgent care, home care and inpatient care—demand diverse talent," says Buzachero. "CHROs must take a broad view, building and managing systems that benefit the entire enterprise."

*Think strategically:* "CHROs can't just think about today or they'll be ten steps behind," says Kopfle. "They need a strategy to move talent forward, address organizational needs and identify the next wave of senior, C-Suite and board executive talent. They must ask the right questions and know the answers." Adds Buzachero: "CHROs play an invaluable role in helping healthcare systems achieve strategic objectives, manage and mobilize talent, and increase the capacity of learning systems to take on industry and enterprise wide change."

*Reach out and connect with colleagues:* Forge relationships with every facility, division, department and profession—from marketing, information technology, medical affairs and finance, to nursing, operations, development and transformation. Bring people together to communicate and collaborate within inter-professional teams.

*Connect with CHROs in other healthcare organizations and industries:* Develop and access members of a personally selected panel of mentors or board of advisors. CHROs from other industries—from hospitality and financial services, to entertainment and retail—bring CHROs fresh perspectives on recruitment, engagement, development and retention.

*Facilitate automation and access:* Automation is everywhere—from benefits, compensation and recruitment, to performance appraisals, employee physicals and requests for leaves of absence. "Why should employees go to HR?" asks Buzachero. "What's the value of an HR connection? And how can the HR function enrich its relationship and communications with executives, managers, clinicians and employees?"

*Master the organization's inner workings:* Rislov occupied diverse roles before becoming CHRO at Aurora. She launched her career in recruitment and moved through a series of progressively more responsible positions, including senior vice-president of human resources operations, which led to the opening of two new facilities and service on governing boards.

*Prepare for disruption and flex for success:* CHROs must prepare for ongoing change and disruption—precipitated by everything from new regulations, cybersecurity crises and medical errors, to mergers, acquisitions and competitive threats. Sports analogies apply—CHROs must train to pass, catch, dribble, pivot, shoot, lay-up and screen. They must emerge as hitters, pitchers, short-stops, first, second and third basemen, and left, center and right fielders.

*Go wide, but don't go gushy:* CEOs tend to reject and replace CHROs with narrow areas of expertise like compensation or recruitment rather than a more expansive approach to talent management. They also tend to dismiss CHROs whose chief skill is defined as being a "people person." CHROs with a highly humanistic bent may focus on satisfaction and environment, but can neglect clinical and business performance.

*Engage with communities and causes:* Rislov, for example, serves as the chair of the Center for Healthcare Careers in Southeastern Wisconsin, an organization where area health care systems are collaborating with education organizations, the community, and government agencies to assure the necessary workforce for healthcare. She has also been involved with TEMPO Milwaukee, an organization dedicated to elevating women executives, as well as serving on local boards including Meta House, an organization dedicated to

helping women and families fight addiction and the Next Door an organization focused on improving literacy and school readiness for children in Milwaukee, Wisconsin's central city.

*Orchestrate talent acquisition and development:* "The CHRO's role is to recruit, engage and deploy talent via succession planning and performance management," says Buzachero. "Incentivizing performance facilitates productivity, satisfaction and engagement." Scripps, for example, offers a "success sharing" program where employees earn two days of pay for exceeding performance targets.

*Get ready to make friends:* Rislov predicts consolidation of C-Suite roles and responsibilities, and the emergence of newer C-Suite positions focused on innovation, transformation, population health and IT roles such as the chief medical or health information officer.

CEOs consistently point to talent and team management as required CHRO competencies. Lack of expertise in talent recruitment, development, engagement and retention sometimes provokes the CEO to replace an HR executive or develop a broader, more significant HR position within the C-Suite.

"CHROs help organizations achieve success by developing and placing talent," says Buzachero. "Through talent, CHROs can achieve the organization's strategic objectives, redesign systems and programs, engage the workplace and facilitate change."

CEOs also envision CHROs as orchestrators of C-Suite team development. They seek HR leaders who can assess and develop C-Suite executives and create teams capable of transforming the organization.

Overall, CHROs need to understand how individual members of the C-Suite feel, think and act. Only then can they sustain trust-based relationships that encourage idea sharing, collaboration and innovation.

## **The Way Forward**

Organizations will continue to make human capital management a top priority, engaging the healthcare workforce in value-based care, population health management, digital health and consumerism. Senior vice-presidents of human resources and CHROs will lead these initiatives, linking clinical and business performance goals to plans for talent acquisition and development. CHROs will also emerge as C-Suite and board advisors and consultants, gauging the impact of market and service decisions on community residents, patients, employees and other stakeholders. Using data analytics, CHROs will measure factors like engagement, satisfaction and turnover, using results to predict trends and guide business and clinical decisions. CHROs will sustain their roles as chief engagement and experience officers, mobilizing employees, managers, executives and clinicians around the organization's mission, vision values, culture and strategic agenda.

## About the Authors



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For more than fifteen years, Chris has worked as an executive search consultant specializing in senior executive and board search assignments for two leading executive search firms, and as an independent consultant. Prior to InveniasPartners, Chris served as a Consultant with Witt/Kieffer; before Witt, Chris was with Korn Ferry International. Her search practice has focused on working with leading academic medical centers, as well as, not-for-profit healthcare provider organizations. In addition to conducting C-level search assignments, Chris has also taken an active role in leadership training and development for hundreds of executives; helping them to acquire new skills, take advantage of mentorship and teambuilding programs, and transition smoothly into new positions and expanded responsibilities, with a specific interest in physician leadership.

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*InveniasPartners, a C-Suite executive search and talent advisory services firm, is headquartered in Chicago with offices in Los Angeles, New York, Salt Lake City, and St. Louis. InveniasPartners speaks from experience. Its consultants have implemented blended C-Suite and board executive search, assessment and talent management strategies for many of the nation's top health care organizations—from Scripps Health, St. Josephs Health and BJC HealthCare, to Northwestern Memorial, BlueCross BlueShield and Boston Children's Hospital. With decades of combined health care experience, InveniasPartners' search consultants have placed more than 500 professionals in top-tier, C-Suite executive and board positions.*