

Michael Roberts ([00:09](#)):

Welcome to the Health Connective Show. I'm your host Michael Roberts, along with my co-host today, Justin Bantuelle. Today we're talking to Kevin Torf, the founder of T2 Group, an IT consulting firm. Kevin has over 40 years of experience in the IT space and authored the book, "Getting the Job Done," which focuses on his project management philosophy. We wanted to have Kevin on to talk about navigating digital transformation in healthcare and how you manage that while keeping patient care active. Kevin, thank you so much for joining us today. We're excited to talk with you.

Kevin Torf ([00:43](#)):

No, I'm looking forward to it. Thanks Michael. Justin, I really appreciate the opportunity.

Michael Roberts ([00:47](#)):

Absolutely, absolutely. So let's talk about healthcare in particular. You've worked in a variety of different industries when it comes to IT, but, and I'm sure that healthcare is not the only one that moves this way, but healthcare does tend to move more slowly than a lot of other industries do, and we do have to worry about making sure not to disrupt patient care. But what other factors are at play when it comes to innovating and rolling out new technologies in the healthcare space, in your opinion?

Kevin Torf ([01:13](#)):

The ecosystem. Just the intricacy of all the different applications that make up the day-to-day operations of, uh, healthcare system. And particularly when I talk about healthcare systems, I'm meaning providers where the facilities, having patients come in and out of, whether it's a hospital or a clinic, you know, some of the largest systems have four, 500 applications. The EHR is really just one of the four to 500, and for most part, not all of them, but for most part, they all need to work together in a different manner. And there are some standards, uh, to allow these, these vendors to integrate with each other. But the age and the disparity of the various different applications is so complex and it's so vast. It brings challenges that I don't think any other industry, not that I've been involved in, I'm aware of has.

Michael Roberts ([02:10](#)):

Absolutely. Yeah. <laugh>, I don't envy the people that have to try to sort all that out and try to untangle those wires, so to speak. We do a lot of work with medical device companies and we're having more and more conversations around like, wouldn't it be great if data could flow in and out from those connected devices? Understandably, there's a lot of, a lot of worry on the side of providers about just giving away their data. But there do seem to be some really interesting opportunities for not just medtech companies, but for the providers as well, when that kind of exchange happens more, more easily. You know, there's all the costs side of things that you can look at and say like, Hey, we can kind of better track expenses and better understand whether this capital equipment was worth it or not. But there's so many things that, you know, security concerns and all of that kind of stuff. But how, how can companies in this space, in medical devices and, and in this, that sector roll out new devices, new technology with the minimal disruption possible? Like what, what do you, how would you advise companies to approach that?

Kevin Torf ([03:10](#)):

Yeah, these, the questions, you've got quite a few different answers. You know, there's a, there's, looking at it from the technical side today, you know, a lot of the products out there are resilient. They just need to attach within their network. And for most part, those can be done without disruption. Some

of the older medical devices are a little bit more problematic because, uh, some of them, you know, haven't actually stayed up to date with a lot of the technologies as we have it today. So they do pose sometimes a security risk and they need to be isolated. But, you know, once they're on the network, they're on the network. Now the question is how do we get them to integrate into the application? And each device, you know, being each vendor has got their own proprietary way of wanting to do things and what they're compatible with and what software they'll support.

Kevin Torf ([04:03](#)):

So there's limitations unfortunately with, you know, how these things can just tie into any application. Usually a lot of equipment will, a particular vendor will sponsor and support an application or have their own, which it's designed to work within. But you, your question is a little bit broader than that. You know, all the data that's collected from all of these different software applications where the data ultimately is gonna be stored and reside, how do you start bringing that together and building intelligence around it and building the analytics to support it? I think there's been some great progress in the last decade, uh, but it's been only the last decade. And that, that doesn't, that's not long where we starting to use that data better and architected and structure it so it's more meaningful. I think, you know, with AI, I think there's gonna be definitely, and I think some acceleration in how that data can be utilized more efficiently to help healthcare systems make better decisions. Look at, you know, how, how often infrequent is this equipment being used? What is the return on investment based on what was billed out to patients for the use of that equipment? We haven't aligned all of those elements together as of yet, but it's, it's, it's happening. It's, and it's going to.

Michael Roberts ([05:29](#)):

Yeah, it seems just from, very much from being the non-technical person on the call here, but just from what I'm seeing and what I'm hearing, it seems like there's this potential like strong disparity between the very, like large healthcare systems that really have the budget to be able to throw at all of this and have the technical expertise on staff or, or, you know, within their vendor network to where they can go tackle some of these problems as compared to smaller health systems as compared to, you know, different just practices that are trying to handle this. Do you have concerns, I guess, about like, sort of the stratification of healthcare quality where you've got sort of the haves and the have nots within, and it doesn't even have to do with how good the doctors are. It has to do with all the tools around them?

Kevin Torf ([06:16](#)):

Uh, yeah, no technology, uh, it, it can be, it's a double-edged sword. It can <laugh>, it can be, uh, definitely, uh, it can limit an organization's ability to do some of the things they need to do. And some it can help, you know, expand and really bring value. You know, I think for many years technology in healthcare was considered just a burden than a cost. No one really treated it as a strategic value. Some of the, you know, as you rightfully said, the systems that have evolved and have got more resources and funds have really started to adopt that ladder approach. That this can really bring value to the business. It can enhance workflows, it can streamline workflows. You can optimize your patient cycle, getting in and out, you know, by reducing all the administrative burden to that goal with what that, you know, consult might take or look at.

Kevin Torf ([07:18](#)):

But then the facilities that haven't been able to gravitate to that next level, yeah, struggle because the systems don't work as well. They have shortcomings. They actually add to the process. They actually, it's

the exact opposite. You know, the physicians get frustrated 'cause they have to do more. They don't have all the information readily available. So it is a little bit of the haves and the have nots and you know, I think, uh, you know, we can solve a lot of problems and we can talk about a lot of things here. But that's one I don't think, uh, we've yet really got our hands around. I think the government tried, you know, what about a decade ago with meaningful use where they tried to enforce patient portals and get the patient to interact and that, there was money and benefits for the hospital. Well, they actually got penalized if they didn't do certain things, the exact opposite. And I think it changed the whole healthcare system significantly. I'd love to see one of those initiatives again, but that's gonna take some government regulation and some enforcement.

Justin Bantuelle ([08:25](#)):

Something related to that. And touching on something you talked about at the beginning, you mentioned sometimes it is the device manufacturers creating the applications that are trying to get integrated into the hospitals. Sometimes it's the hospitals creating the applications themselves. There's trickiness around who owns what, who's building what. Some of what I'm seeing is that the device manufacturer, it's very good for them if the hospital has that ROI proven out. They're really wanting to prove it out for their particular device, or they're trying to get that information back in front of the physicians. 'Cause the hospital doesn't have an easy way to get all of the procedural information off of a device and into their EHR somewhere. Like you're not getting the same level of like video upload and things like that necessarily. The integration isn't always, uh, completely there. So I'm seeing these manufacturers wanting to build applications to get that information back to the hospitals to augment the value of what they have.

Justin Bantuelle ([09:30](#)):

And there's this friction on the hospital systems not wanting to necessarily expose all of their EHR data back to the manufacturers. So they want the info, but they don't really wanna cede ownership of what they have in order to get the insights. It seems to be kind of an interesting interplay and friction between these groups sometimes, where like the hospital is standing in its own way occasionally it seems of, uh, giving the data that would really allow these valuable insights to occur. I don't know what you're seeing on any of that or whether you've got a different perspective on it.

Kevin Torf ([10:08](#)):

No, no. You know, we are always our, we are all our own worst enemy all the time. And, uh, <laugh>, we, we seem to have this, uh, ability to make life harder for ourselves. No, the distrust, uh, you know, in healthcare, I mean, it goes back generations. It's a cultural issue. So it's, this is not even technology. I mean, you know, I work on a lot of large scale cloud projects where we relocating all the applications and all the physical hardware and everything that they've had for years into the cloud now, which is, you know, far more effective, easier to manage. But there's always been the reluctance because they were always fearing that their data would be less secure and it would be more vulnerable. The reality is it's probably more, they've probably got more problems keeping it on site physically than they have with the security of some of these large cloud providers like, uh, AWS and Azure.

Kevin Torf ([11:08](#)):

But they, they, it's taken a long time for that to happen. And it's the same with devices, and it's the same with vendors. They keep them, they like to keep them all separate in their silos because they feel that a lot of these vendors aren't gonna comply with the security requirements they've established. And in

some cases they're correct. I mean, they, there are lots of vendors out there. They're not all, you know, ideal. And I think with just security as a concern as it's become, and rightfully so become, the largest systems are starting to build governance and outlining what those vendors can and can't do. Now, that's actually good because when the vendors start to practice that properly, I think there will be a point in time where you'll see a little bit more of that sharing take place. But this is not gonna happen overnight. This is cultural. It's uh, it's just aged. It's uh, it's just the nature of the whole IT framework and security framework within these healthcare organizations,

Michael Roberts ([12:17](#)):

Are there any categories sort of, that you could maybe group different types of providers, like provider systems into like, Hey, you know, newer systems seem more adept at this, urban centers seem more adept. Are there any that are doing a really good job of that and are there any like, commonalities between them? Or is it just entirely dependent on who's running the ship there?

Kevin Torf ([12:38](#)):

It's not really, I don't think it's as dependent as who's running the ship. It's more dependent on what resources and funds they have and how much has been allocated for technology. Now there's some health systems out there that are doing just, uh, you know, superb work from a security perspective and building out a framework, vetting every vendor before they become a vendor, making them fill out documentations. Some even go to the extent of validating what they've done. There's a few security vendors now that are even sharing information. So once a vendor has got a footprint or uh, has created a security identity, other healthcare systems that elect to use that vendor don't have to go through the whole process and that can be streamlined. So yeah, that's evolving. Now that costs money, you know, to be part of that consortium and framework and to use those entities.

Kevin Torf ([13:36](#)):

It's still very costly. Uh, and it's a lot of work. So there is a real cost associated with it. But that does put it out of the boundaries of some of these smaller systems and some of these other healthcare, uh, facilities that just can't afford to do that. So then they are beholden on, you know, someone that's, you know, maybe not even a security expert, but was in IT and, you know, know a little bit about technology and inherited the role and position to now help try facilitate that. And the easiest way for them to facilitate it is not to do it. So there's there's a reluctance. If I don't have to do it, I don't, I'm not, I'm not creating a potential problem that might exist because I don't have the ability to even manage it to the extent I want to.

Michael Roberts ([14:26](#)):

Sure, sure. Kevin, let's talk a little bit about the work that you're doing. 'Cause I'm, I'm curious around, we've talked some just kind of like very broadly mentioned, like providers, but that includes, right, like a lot of different types of facilities, everything from your big hospital networks. You know, we've worked with some ASCs that they're physician led, you know, all the physicians are investing in it and all that kind of stuff. And you're seeing some really interesting things come out of that from a perspective of like what kind of care they can provide. They are able to do it seemingly more efficiently. Like there seems to be some real financial benefit to that and benefit to the patient on beyond just the, the finances, are you getting the chance to work sort of in ASCs as well as hospital groups? Like, kind of like who do you get the chance to interact with on this level?

Kevin Torf ([15:08](#)):

No, across the board, we are very fortunate. Our clients have been pretty much from a single clinic to a group of clinics, like you said, and or, or to, you know, single hospitals, even to larger hospital systems. Most of the work though that we do is more project driven. So it's about when a facility, a healthcare facility, regardless of the size, you know, elect to go out and purchase a new application or a new EHR or do wanna relocate their little data center that they might have that was put together with some gum and some sticks. Uh, and, and you know, do you know, they either wanna uplift it or rebuild it? Some still wanna keep things local, although that's not as much anymore, but move it to the cloud, optimize their way of doing, just validate the, their security framework is in place. So those are core projects. They have a beginning, they have an end. We'll go in and we will help facilitate doing that work. And so that's the nature of our engagement. But that can be anywhere from a single clinic to a large hospital.

Michael Roberts ([16:19](#)):

The types of projects you're mentioning here seems like there are some that, hey, some of that type of work started a long time ago, you know, and some of it seems like, hey, these are more like recent projects that I think people would think of when it comes to like, modernizing technology, healthcare, all of that kind of stuff. When you're looking ahead and you're looking at where providers should be going, what kinds of things are you seeing? What kinds of things are you thinking that people should be doing to, to prepare for a more enabled future, however that that gets defined?

Kevin Torf ([16:50](#)):

Well, they need to, you know, really understand what business they want to be in and what they want to do. So I think it's, this applies to any industry, not just healthcare, where, you know, the, healthcare didn't have the skillset to do some of the things they were doing. So they were always challenged by those initiatives and efforts. You know, one is the data center. You know, a lot of these healthcare systems are old, they're not modern buildings, even, you know, some of the bigger ones and the more successful ones. But, you know, they, 10, 20 years ago, 30 years ago, they really never had a choice. They had to build the data center. They never built it properly. They never had the facilities to do it correctly. And the EHR, just that one application has become so much more important in the operations of that healthcare system that they become so dependent on it, that when it's not available, all of them have procedures in the event that these things fail, but they really don't operate very well. <laugh>

Kevin Torf ([17:53](#)):

They, you know, they, they struggle. It's, it's a manual process for doing something that they've automated. So why have that data center when you can go to the cloud? Now, is the cloud gonna be that much advantageous to you? Is it gonna save you money? Yeah, there's so many arguments, but the reality is you've taken that burden away. So you now are not responsible for making sure I have enough power, I have enough cooling. You've given that to somebody else to be able to manage for you, I think. And even when it does cost you more, and sometimes it does, don't believe everything you hear, it's worth it because you've now taken out something that you probably can't afford to even maintain. You know, replacing your power system and your cooling system every five, 10 years, that capital investment, it's just you. You've got other things to invest in.

Kevin Torf ([18:43](#)):

So I call it those things that get rid of what you can't manage and you can't afford. And you know, that comes down to multiple different tools. You know, why run all the applications you're doing today?

Many of the vendors out there have a SaaS based model, not all of them, but again, you can take that obligation away, but now it's a cultural issue. Like you said, how much now am I trusting that vendor? Do I wanna give them all their control? But reluctantly, you know, you're not gonna do it yourself very well, so give it to them to do. So those are the basics. I call those the day-to-day operations. There's, you know, get rid of what you can't do well. Get rid of what you don't have the ability to do. And I do think there's a cost benefit long term, even if it doesn't look like it. Then, you know, how do you get more strategically out of your systems?

Kevin Torf ([19:34](#)):

Well, that all comes down to data. That's how we're using the data and getting these data in a way where you can analyze it. The challenge with healthcare is the source of truth can be so complicated to string together because you are moving data around between all these applications. Like we started this podcast, where did it originate from? Because you really want that source of truth. And then consolidating it into big, larger data warehouses. Now there are a lot of organizations doing that. They're doing it effectively. Where I think the healthcare systems need to now venture is how do you use that data, how to effectively make decisions from it and bring those tools together. And that's why I mentioned AI, you know, whether, you know, it's, it's a big word, it means a lot of things, but it can really help in that governance and process and how to best effectively get the best from that data.

Justin Bantuelle ([20:34](#)):

Yeah, absolutely. Something I was curious about, like you mentioned the benefits from a cost savings, from reducing the overhead, right? There's a confidence that you have this security, this redundancy, you're mitigating a lot of risk of failure with these migrations. Do you see them the, like the gear starting to turn when they realize, Hey, once I do this, maybe the data's more accessible and this thing that I didn't know how to do before now, like it's easier when the data's in the cloud to open up these other opportunities, build things on top of it. Do you find that this becomes kind of an energizing conversation about what next steps are available now that possibly weren't before? Or do you think they're really just focused on their bottom line at the moment and that's something that's more gonna come in the future?

Kevin Torf ([21:26](#)):

No, no. It's starting to happen. Unfortunately, it happens for the wrong reason. It usually happens when there's a disaster. When they have a failure and the data center is unavailable and they have a total disruption, then they realize the consequences of that. And then all of a sudden they're meeting and they engage in, and they make some of these decisions they could have, should have, but didn't make before. And then they do realize the value and then they do start embracing it. You know, some are doing it, uh, proactively, but most do it a lot, unfortunately reactively. So it's for the wrong reasons, but we are getting there. I think the, the, the technology's evolved so much that the how you use it and what you can do with it can be so powerful when you understand that properly. But, you know, we, we're talking about also, uh, just, uh, a culture of experiences.

Kevin Torf ([22:22](#)):

You know, my grandchildren probably know to use the iPhone better than I do, you know, so we talk in generations here and gaps of understanding and how to best apply. And again, I'm, I know there's a younger generation coming into these healthcare systems to help facilitate and run IT, but, uh, for most of the, most of it, it's run by an older generation store that's, uh, that needs to find a way to now move

aside and let some of these, these younger brighter, well, I wouldn't say brighter, smarter 'cause that's unfair, but have experience more of the benefits of what technology can do to now start becoming more engaged in leadership and helping drive some of those business decisions.

Michael Roberts ([23:08](#)):

Absolutely. I have a 17-year-old son now, and we were talking about how we're taking this show and we're starting to put it on YouTube, and we're starting to do some, you know, some of those like YouTube Shorts, you know, that you can have on your phone. And they're like a minute to three minutes long. And, and my son was giving me tips on how to make YouTube Shorts, and you know what, like I was taking notes because he knows what he's talking about. And that's not something I've a lot of experience in. So it is funny, like how yeah, like how fast everything is, is shifting. You know, one of the things that we, you've mentioned here a few different times is like, there are a lot of interesting things that can happen with this data and some of the, the healthcare systems are proactively moving. Are there any examples that, you know, not without naming names or not with naming names or anything, but can you share any examples of like, hospitals are doing this kind of interesting stuff once they do start connecting the dots, this is what they're getting back out of it?

Kevin Torf ([24:00](#)):

Oh no. There's, you know, and again, multiple areas. You know, I think the area where data's been used the most successfully and has been used for quite some time is in research. You know, a lot of these large hospitals and healthcare systems that are tied to educational facilities, they fall into a whole group of their own and generally will have, uh, uh, a research facility and scientists and, you know, they've been using data in a very effective way for many, many years. I'd say that's, that's actually even predates us, in all fairness. They might not, they, they've got better tools now to do it, but helping with illnesses and helping with, uh, some of these different programs. You know, a few of our clients are, I'll mention their name's, Children's Hospital of Los Angeles, you know, one of the better pediatric, uh, healthcare systems in the country.

Kevin Torf ([24:54](#)):

Their research is, you know, tied to USC, the university. And, uh, they've done some tremendous things where they've, where they really are looking at, you know, the, the most critical ill children and looking for different methods to help them and looking at what medicines work, what don't. So I'd say that's, we'll get better at that. I wish we shared that data more between everybody and build more consortiums. They built around the silos all over the country, but, uh, that's happening. You know, data to run the business, making better decisions, you know, how to get people in and out quicker. How to get people around faster, what the cycle time of a patient is, that's still improving. I still think we've got some ways to go working on a project now on what they call decision tree support for a large healthcare system on the East coast, uh, Mount Sinai, where they are looking at streamlining, you know, how that patient is initially brought into the healthcare system.

Kevin Torf ([26:00](#)):

And that's through patient access. That's through that first time that the patient meets the healthcare system. It's scheduling that appointment. And every specialty has their own little nuances, and finding, you know, the best, most efficient way of doing that and streamlining those workflows. But you gotta look at the data to be able to make those decisions. So you need to know what is currently going on, what you, how much are your no-show rates? How many errors are you making? What are all these

things that are going on and collecting their data. Then using that to apply more efficient workflows and obviously training and educating the healthcare system and the care team, and then validating, is this now effective? Is this giving me my return on my investment and is this now financially viable? So that's another pocket. Uh, and I can go on and on and you can break up every, every system from how you're utilizing your beds to surgical equipment like we discussed earlier.

Michael Roberts ([27:03](#)):

Yeah. Yeah. And that's, that's the types of pain points that we've even heard from some of the clients that, that we've been around that and in the medtech industry, just in general, like, Hey, I wanna roll out this new capital equipment. I wanna roll out this new device. How's it gonna disrupt the workflow? How easy is it? Is it gonna make it easier for, to, to cycle more patients through, you know, how is all that gonna work? So, fascinating conversation, Kevin, and I really appreciate you coming on the show with us. One last question I'll just kind of open up, you know, if you could advise providers that, that are thinking about like what they need to be looking for, I think, you know, your question about what business do you wanna be in is a fantastic one. I think that that's so very relevant to so many companies around, like, where are you spending your energy and your money, and especially like your personnel time. But are there any other tips I guess you would leave the audience with around that?

Kevin Torf ([27:53](#)):

Yeah, so my tips are a little more self-serving, uh, because I think, you know, my, my goal is in building and helping people implement a lot of these technologies. Some of these technologies, healthcare systems don't even have a choice. Sure. You know, the big EHR providers, Epic, Cerner, they'll dictate what you need to do and how you need to do it. The PAC systems that you use, whether you GE change health, they will, they will also dictate what you need to do. And it's not a choice. If you need an x-ray machine, you need an X-ray machine, you need a CT scan, then you need one. So it's not about, oh, should I buy one? Shouldn't I buy one? I don't have a choice. I have to buy one. And which vendor do you choose? That's an important process and there should be governance around that, making that right selection.

Kevin Torf ([28:42](#)):

And it's not all about just money. There needs to be more other things related with it, but a lot of these RFPs are fixated more around just what's the most cost effective way for me to get this stuff? I think that could be expanded and that needs to be done. It doesn't have to be done formally through an RFP. It can just be done through some type of due diligence and research. Second is when you do put these technologies in place, doing them well and doing them correctly, and, you know, that talks about project management and project governance. It's a, and a lot of the systems, unfortunately, don't have large PMO offices, don't know how to go about doing that. It's also usually people that maybe aren't as skilled as they were, but they're a pair of hands, well just help manage this project. And there's an odd form in doing this.

Kevin Torf ([29:31](#)):

And that's, you know, as I said, it's self-serving the question, but it's what I specialize in, how to execute and manage these projects in the most efficient way possible. Reducing the amount of time it takes to implement these systems, and then doing it in a way where the nurses, physicians, or the patients, whoever it's intended for, gets the most value out of it. That it actually becomes useful and you're using the product properly. A lot of the time, most healthcare systems don't even use the tools they have

effectively. So I, I'm gonna, again, self-promote project management, whether it's us or whether you go to other firms, and there are many companies that do this very well. And you, you can hire your own project managers as well as a resource within your entity. A lot of the larger systems do. But that governance can be, I would say, plays just as much role in what you choose, how you choose it, what you use it for.

Michael Roberts ([30:28](#)):

Awesome. Kevin, thank you so much. We really appreciate it.

Kevin Torf ([30:32](#)):

No, it's been a pleasure. I enjoyed the conversation. Thanks for all these questions.

Michael Roberts ([30:38](#)):

Big thank you to Kevin for joining us on this episode. You can tell that he has a passion for this space, for really helping providers get the most out of what they've already invested in, what they're considering investing in. He really has a passion for the space and really is neat to see that, that he's following through on that. To learn more about Kevin Torf and the company that he works with, T2 Group, go to t2group.com and you can learn all about them. For more on the Health Connective show or for us as a company, you can go to hc.show. Thanks so much.