~~~Please note that the following transcript may be inaccurate and has not been edited for content~~~

Ken Segel - Value Capture (he/him/his):
Welcome listeners. Most of you know by now, but I'm Ken Segel. I'm the Chief Relationship Officer for Value Capture, and this is the Habitual Excellence Podcast. I'm excited about this podcast today because we have as a guest Carrie Willetts (she/her/hers), who serves as the Chief Administrative Officer for West Virginia University. She has moved into that role very recently after coming to the university in another C-suite role.

Ken Segel - Value Capture (he/him/his):
Carrie is a fast riser for all the good reasons of people-centered leadership and pursuing a vision very effectively. I'm excited for our discussion today where we're going to talk about how leaders can use the habitual excellence principles to lead from purpose to strategy to execution really successfully. Carrie has a way with words. So, Carrie, thank you for joining us to share some learnings with your peers today on the pod.

Carrie Willetts (she/her/hers):
Happy to be here with you, Ken, and really excited for our conversation.

Ken Segel - Value Capture (he/him/his):
You and I haven't known each other personally terribly long, but our team has noticed you for years and years going back to when you were running a hospital for WellSpan, etc. We've gotten the chance to see you across a couple of stops and learn more about you over time. Will you share some more of your background? How you came to healthcare, how you worked your way up, and what brought you to WVU for our listeners?

Carrie Willetts (she/her/hers):
Sure. As a little girl growing up in rural West Virginia, I always knew that I wanted to work in healthcare, but my exposure to healthcare professions was very basic and simple. I felt like I could either be a doctor or a nurse. When I chose to go to college, I started my college career at Mary Washington College in Fredericksburg, Virginia. I was a chemistry major.

Carrie Willetts (she/her/hers):
After my freshman year, I transferred to James Madison University because I realized all my

friends at Mary Washington went there on the weekend. So, I figured if everyone's there on the weekend, I might as well be there too. It was there that I discovered the field of healthcare administration accidentally. I asked a girl that I met in one of my elective courses what her major was, and she said healthcare administration. My response was, "What's that?" She said, "Well, you should take this one-credit course, and they'll teach you all about it. It's basically the business of healthcare." So, that's what I did and transitioned my major to healthcare administration.

Carrie Willetts (she/her/hers):
From there, we were required to have an administrative internship as part of that undergraduate program, and I selected University of Virginia Health System. I started my career there, working primarily in what is known today as UVA Physicians. At the time, it was called the Health Services Foundation. My first leadership role was as Administrative Director of the Physical Medicine and Rehabilitation Department.

Carrie Willetts (she/her/hers):
After about eight years in academic medicine, I wanted to understand what it was like to work in a nonprofit community setting. I found a job at Rockingham Memorial Hospital in Harrisonburg, Virginia, where I ran their physician billing and compliance division. At the time, hospitals were starting to acquire physician practices focused primarily on primary care.

Carrie Willetts (she/her/hers):
From there, I was given lots of opportunities to grow as a leader. That was probably the most profound time of growth in my career. I had two women who sponsored me, meaning they saw something in me that I didn't see in myself and gave me opportunities that I would have otherwise not been provided. I ended up becoming the Director of Strategic Planning. During that strategic planning cycle, we decided to pick a partner for the future, which was Sentara Healthcare.

Carrie Willetts (she/her/hers):
From that role, I became an orthopedic service line leader and was then recruited to the Tidewater area of Virginia to be a Vice President of Operations. That was my first foray into hospital-based operations with Sentara. I thought I would spend my entire career at Sentara, but was called by a recruiter to visit Ephrata Community Hospital in Lancaster, Pennsylvania. I accepted the trip because I'd never been to Lancaster before. I had a mentor who once said, "Go on a job interview every three years, not because you're looking for a job, but to keep your skills up and know what other organizations are looking for." It turned out I accepted that role, and that's where I met Value Capture.

Ken Segel - Value Capture (he/him/his):
That's right.

Carrie Willetts (she/her/hers):
So I ascended as a regional market president at WellSpan before I joined WVU Medicine in October of 2022.

Ken Segel - Value Capture (he/him/his):
And so, you know your stuff. You've been in many different settings. Just tell people briefly what the role means. You have a funny way of describing what people think when they hear Chief Administrative Officer. But tell us what it means at WVU Medicine.

Carrie Willetts (she/her/hers):
Well, my funny way is, you know, I said to my CEO one day, this is the "other duties as assigned" job responsibility, which makes it really fun. Someone else described me as the utility player. But really, if I had to take a broad lens of what my role is, my role is to help all of the parts and pieces of this now 25-hospital, soon to be just too large practice plan, integrated delivery and finance system help all the operational parts and pieces work together.

Carrie Willetts (she/her/hers):
So within my scope is what we're calling the system medical group. That's the non-academic practice plan, which currently has over 800 physicians and APPs. By the end of 2026, we will have doubled that number. We're doubling that because every time we acquire a hospital, that hospital has a corresponding medical group. We're working to align the cultures of our medical group so we can really begin to transform care.

Carrie Willetts (she/her/hers):
I also have responsibility for the post-acute division, which includes home health, hospice, and durable medical equipment. We span four states, so we follow all the rules and regulations as well, but try to be real partners in value to our health system. That's really our primary purpose in post-acute.

Carrie Willetts (she/her/hers):
Then I have this little agile team called the Health System Integration team. We describe our role as one where we integrate. We onboard any new hospital. Right now, we're integrating Medical Center, which is a 250+ bed hospital in the northern part of West Virginia, about 20 minutes from the Pittsburgh airport. We project manage that, focusing on the experience of our new partners and bringing value to both entities in this new relationship sooner. In the past, the integration was more transactional, and we've worked hard to ensure it's value-added early in the relationship.

Carrie Willetts (she/her/hers):
I really think we have a best practice there. We optimize, working with our service line institutes to help optimize access and care delivery across the four-state region we serve. We also serve as an internal consulting group to help the health system's parts and pieces work together. Soon, we'll be standing up an access strategy focused on creating access as a partner to primary care physicians and other referring physicians within our network to help them navigate our specialist network throughout the system.

Carrie Willetts (she/her/hers):
I'm excited about that work.

Ken Segel - Value Capture (he/him/his):
Yeah. Well, Carrie, in your excitement, I think our audience won't be surprised to learn that you're known as a builder of systems. People are also waking up to the scale, scope, and ambition of what WVU Medicine has accomplished over the last couple of decades. We'll be talking more about what's ahead for WVU Medicine. You and I were learning down at Duke together last week, and they certainly had taken note of the accomplishments of WVU Medicine, and I know that was encouraging to hear.

Ken Segel - Value Capture (he/him/his):
Let me ask you a question. As a leader, one of the things we talk about a lot is that a leader has to have a framework in mind to lead by, to allow people to accomplish great things together. You've always had that. You have a way of thinking about what's most important and then helping large groups of people pursue that together. Could you share your leadership framework with the guests? Because I think it's so helpful and practical to hear it.

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Carrie Willetts (she/her/hers):
Sure, it is practical. I have to say it's really an adapted framework from a book that I read years ago, called "The First 90 Days." If anyone's familiar with that book. My little formula is, I have a

saying, "Culture is the solution to [blank]." My formula that I apply to assessing the current culture of any organization that I step into as a new leader, setting a vision for the future, and then moving the culture to achieve the outcomes we want is this:

Carrie Willetts (she/her/hers):
First and foremost, I'm very intentional about taking the first 90 days, which I usually call the listening tour, to really listen to all the perspectives about the organization or the situation or the division that I'm leading. I ask similar questions to the stakeholders so that I can tease out the trends and themes and create a full 360-degree viewpoint of the situation.

Carrie Willetts (she/her/hers):
I ask upfront, what is the purpose of the organization from their point of view? I do this to check for alignment because it's interesting to see if we all describe the purpose or the "why" similarly. Then I ask, within that purpose, based on their definition, what do we do well today that we should keep doing? And where are there opportunities for improvement?

Carrie Willetts (she/her/hers):
Then, I ask the stakeholder to think forward 3 to 5 years from now, where should we be as an organization or division? What are the core capabilities and competencies that we should be building? From there, I can cast a vision and outline the top 1, 2, or 3 priorities to focus on rallying the team around.

Carrie Willetts (she/her/hers):
I'm intentional about using the language of the organization in forming the priorities and goals so that they resonate with the stakeholders and they can hear their feedback in the work as I feed it back to them. I have very few original ideas; I'm just good at collecting ideas and helping people prioritize and put them in a format.

Carrie Willetts (she/her/hers):
I work with the team on their role and how it contributes to the greater purpose. I have a tool called the "Real Clarity Document" that I use as a starting point when working with leaders to assess how they're spending their time. If a vice president's primary goal is removing barriers, coaching, developing leaders, and executing strategy, and 80% of their time isn't spent on those things, we ask why. From there, we create leader standard work and introduce the concept of reflection.

Carrie Willetts (she/her/hers):
I encourage a habit of reflection in their work. My framework is to cast a vision, create relevance for the role, provide a roadmap of priorities, and then get out of the way, cheering folks on and coaching where needed. The rest takes care of itself.

Ken Segel - Value Capture (he/him/his):
Carrie, I'm coming out of my chair, and I'm sure others are too, because it's so practical and clear. It embodies the qualities and practices of great leaders. It's so doable. There's another thing we've observed about you, which is that you're okay with things being messy. Could you talk a little bit about that critical part of this cycle you're describing?

Carrie Willetts (she/her/hers):
Oh, sure I am. You know, I think if you're intentional about setting direction, so I'll use an example of Uniontown Hospital. When I came there, and that's, you know, I'm still serving. In addition to my role as Chief Administrative Officer, I'm still the President and CEO of Uniontown Hospital until June. One thing I figured out about that group after doing this sort of 90-day assessment is that we were not stable as an organization, and I knew that we could not improve. I think this is a concept I probably learned from Value Capture: you have to stabilize before you can improve, right? You have to create some sort of a standard before you can improve the standard.

Carrie Willetts (she/her/hers):
So one thing I issued for them is what I call the stabilizing vision. It's super simple. We need to be proven because we used data to inform nothing at the time. Proven to me means we are going to use data to inform whether we're successful and where we need to focus. We're going to be proven as a great place to work because we had very low employee engagement at the time and receive healthcare because that's really our purpose, and our quality wasn't what it should have been.

Carrie Willetts (she/her/hers):
Engagement was focused on daily huddles in each unit and a daily safety brief, and we focused on a culture of safety. Our metrics of success were five. We went from 50 metrics that we improved to five.

Carrie Willetts (she/her/hers):
I share that because I'm intentional about, even if it's simple, nothing super profound. It probably sounded like every other vision that every other hospital had, but I knew that it would resonate with that team. With these measures, I can directionally know and sense and feel if

we're moving in the right direction. Where I say that I'm fine with messy is as long as we're learning.

Carrie Willetts (she/her/hers):
If somebody tried something and we didn't get the outcome we wanted, but we understood why, then to me, that's a success. We learned that from Value Capture also. I would much rather be moving forward and learning than overanalyzing a situation to death on a piece of paper and not moving forward. I love the term flow. I like to flow, so a lot of what I do is through intuition, experience, and things like that.

Carrie Willetts (she/her/hers):
I'm fine with messy. Messy isn't failing. You just have to be comfortable with a little messy as long as you see that things are moving.

Ken Segel - Value Capture (he/him/his):
I love it, and I love how you weigh toward the actual work and the messiness of it. That's inspiring to people and makes them feel safe. We see so many institutions where the teams overanalyze for months because they're scared. They feel like they have to put the best plan possible on PowerPoints in front of the senior team. Often, it's really fiction. It's a fictional conversation. You embody the opposite of that, and I hope other leaders take your example because it produces faster, real results. I know you have a lot of pride about some of the results that the team at Uniontown achieved. Your framework simpler is always better. Share just a little bit of a couple of the achievements down there so people get a sense of that.

Carrie Willetts (she/her/hers):
Well, probably what I'm most proud of is our employee engagement results. When I arrived at Uniontown in October of 2022, we had just received employee engagement survey results, which provided a good frame of reference for me. We were performing in the 9th percentile, so one benefit was that there was only one way up.

Carrie Willetts (she/her/hers):
We just resurveyed and we're above the median now. While the entire health system improved their engagement, we scored better than others and were one of only five of our 25 hospitals to see statistically significant improvement. The metric I'm most proud of within that engagement

survey is our team member sense of belonging. We're in the top quartile for a sense of belonging, which to me indicates psychological safety. We've created an environment where people are involved in the work, aren't afraid to speak up, ask questions, and trust each other. This environment of trust will only keep improving.

Carrie Willetts (she/her/hers):
In our quality metrics, we had 75 serious events in 2022. Last year, we had 17, and this year, so far, we've had zero. We look for sustainability. We started with five metrics and have now expanded to include mortality. We're well below our observed over expected mortality rates. In the Vizient database, we went from second to last to the 64th percentile among almost 350 hospitals.

Carrie Willetts (she/her/hers):
We've also had a financial turnaround. We ended 2023 with a $12 million deficit and broke even last year, making $69,000 in 2024.

Ken Segel - Value Capture (he/him/his):
Fantastic. You've done amazing things with the support of the health system, like reopening OBGYN care in a rural community. These results are characteristic of the results you get. If people heard "culture is the answer," they can hear the results coming. Thank you for providing such a detailed answer.

Ken Segel - Value Capture (he/him/his):
We talked about you being comfortable in the mess at the execution level as part of your strategy of developing your people and moving toward the great goals once you've clarified them. But you're also very comfortable with strategy. A lot of leaders who like habitual excellence principles are sometimes more comfortable at one end or the other. You seem to encompass both. I wonder if you have any reflections about why you're comfortable at both ends or how you link them in a way that other peers might learn from.

Carrie Willetts (she/her/hers):
That's a great question. I think part of it is just my experience. By chance, I've had the opportunity to have operational roles as well as strategic planning roles. I was taught well by mentors and those above me in how to develop strategy. Intuitively, as a leader, I've paid

attention to what was important to the CEO and the words they used. I would write them down and reuse their words. Over time, I've learned to visualize what that means for me and my team and then repeat them to make them my own.

Carrie Willetts (she/her/hers):
I believe in the strategy and direction of the organization. Some strategies resonate with me more than others, but I work to understand the why behind the strategy. Understanding what we're trying to accomplish from the strategy and what it means to my team is most important. If I can think through that myself, I can translate the strategy into operational execution for my team.

Carrie Willetts (she/her/hers):
Here's an example of applying this concept at Uniontown...

Ken Segel - Value Capture (he/him/his):
Yeah.

Carrie Willetts (she/her/hers):
So when I came to WVU Medicine, we could talk more about this later, because I heard my CEO Albert Wright on a podcast once. He was really describing the potential of our health system. We believe we have the potential to really change the health trajectory of the populations that we serve, who traditionally have had poor health outcomes. We're probably the only health system that serves a complete geography of Appalachia. We believe we're in a position where we can actually have a positive effect on poor outcomes. I come to the health system into my role at Uniontown from that lens.

Carrie Willetts (she/her/hers):
Second of all, he described that we started a payer about two years ago. To me, that was the final piece that will be the secret sauce to our ability to truly influence how care is delivered and create value, which we all talk about. I can see how it can work. My job was to translate that into what it means for Uniontown Hospital. We are ultimately here to change the health trajectory, which makes me excited every day to come to work. We do that by being a highly integrated health and finance system. So then to my team, how do I bring them to understand their role as an integrated partner? What is our role in this integration?

Carrie Willetts (she/her/hers):
As I mentioned, we had to have a stabilizing vision first because we weren't getting the outcomes that we needed to be a value partner to the rest of our health system. We're getting that now. Over the last year and a half, I've been moving our team members toward being an integrated partner with the rest of our health system. What does that mean? We're a community hospital. What role can a community hospital have in integrating into a larger academic hub? One is, we can take referrals from smaller critical access hospitals that we're capable of caring for so that we can save the beds at our large Academic Institute for the large Trauma Tertiary and Quaternary care services.

Carrie Willetts (she/her/hers):
We've positioned our team to receive referrals from other hospitals that are close to us and do not have the capabilities of Uniontown. I reiterate the message by sharing stories about how we accepted referrals and meeting with stakeholders to understand how we can improve our direct admit process from our hospitals to ensure a good experience for them. When I first started talking about this, people looked at me like I was crazy because they were overwhelmed and busy. They thought, "We can't even take care of our own patients. How are we going to take care of other patients?" So you just keep telling the story. It's one patient at a time.

Carrie Willetts (she/her/hers):
I spend time really understanding the purpose of the organization. I'm a very purpose-driven leader. I understand the strategies and steps to get there, then translate that for my team, making it relevant for them, and looping around with stories that people can understand and relate to.

Ken Segel - Value Capture (he/him/his):
What a beautiful example of going from purpose to strategy to execution! Right off the top of your head, and again, this is an ingrained cycle for you. I think young leaders who are listening to this are getting a masterclass here, and we want Carrie to just keep talking.

Ken Segel - Value Capture (he/him/his):
Carrie, let's pull a couple of threads out of this. You mentioned how you came to WVU. Another thing we've observed about you is that you are always so deeply anchored in the purpose of the organization, but also coming from your purpose, which you highlighted a little bit as you introduced yourself. Can you tell us a little bit more about how you came to WVU, tying to your purpose professionally and as a leader?

Carrie Willetts (she/her/hers):
Sure. Let's start with my purpose as a leader. I'll be quick. About ten years into my career, I hit a wall in finding value in my work and my contribution, not understanding my role as an administrator without a clinical degree. I read Simon Sinek's book "Start with Why" and worked through the exercise of why I am here. I realized I'm here to help others reach their full potential. I'm passionate about coaching others, helping them reach their full potential, and watching those leaders work with their teams to reach their full potential. My purpose as a leader is to help others reach their full potential, either as individuals or as organizations I've led. Now, I feel connected to WVU Medicine, where we are in a position to help populations and communities reach their full potential.

Carrie Willetts (she/her/hers):
About five years ago, coming out of COVID, I realized my professional network had grown quite limited to the fine people I worked with at WellSpan, but no one really outside of WellSpan. I attended a conference or two and felt like I wanted...

Carrie Willetts (she/her/hers):
to build a little more intentional relationships. Be more intentional in developing my network. And so I made a list of what I call my list of humanitarian CEOs, health system CEOs. And you know it was a list of a variety of folks from who led a variety of size and scoped organizations. And one of the people on that list was Albert Wright, who is the CEO of WVU Medicine.

Carrie Willetts (she/her/hers):
I've heard him on a Becker's podcast a few months prior and heard in his voice, you know, heard him describe basically this driving purpose, this purposeful vision, to really change the health trajectory of West Virginians. So I decided to email all the health system CEOs that I had on the list, and just particularly to Albert. I reached out to thank him as a native of West Virginia. You know a lot of the press, including the sports press, unfortunately, is negative, that you read and hear about West Virginia. And so really, my message to him was, thank you for doing something positive and telling others about it on behalf of the State of West Virginia.

Carrie Willetts (she/her/hers):
As a fellow healthcare leader, I wasn't looking for a job. I just said, "Hey, this is me. I would love us to connect. I'm looking to build my professional network." All of the health system CEOs responded back to me within that day, and every one of them I had a video conference with. Albert and another CEO invited me to meet to go down to their and meet members of their team.

Carrie Willetts (she/her/hers):
I did that with both health systems, I learned a lot. And in the other health system I still stay in contact with some of those folks that I met. And then, ultimately, really a year later it resulted in a job opportunity here with me. But it really was about building my professional network with like-minded organizations with health system CEOs who were in positions above me that I really respected and looked up to.

Carrie Willetts (she/her/hers):
Anyway, that was probably one of the greatest things I've ever done. But I thought, why not? I had no idea they would all respond to me, and I had lovely connections with each of them, and was frankly overwhelmed that they would take the time to talk to me.

Ken Segel - Value Capture (he/him/his):
I love the story, and I think you know you mentioned earlier you're excited to get to work every day, and everybody wants that, right? For many in healthcare who may have been feeling less that way, I think you're giving again the formula to not end up feeling stuck, but to anchor deeply on purpose. I think many people want to turn in that direction, and maybe your story will give more folks the same kind of courage to apply the same kind of thinking.

Ken Segel - Value Capture (he/him/his):
You brought us to WVU Medicine, and we've heard a little bit about what's been accomplished in the scale of moving behind that vision of changing the health prospects of West Virginia and West Virginians. I know when I came to Western Pennsylvania, now almost 30 years ago, I certainly noticed that from a primary health standpoint the folks in Northern West Virginia were doing better than the folks in the Southern Pennsylvania counties, and I learned that WVU Medicine, together with the public health infrastructure in West Virginia, had a lot to do with that.

Ken Segel - Value Capture (he/him/his):
I've only been impressed since. But can you share a little bit? You're excited to get to work in the morning to help accomplish the next steps in that. You've alluded to integrated payment. You were down learning with leaders from Kaiser at Duke this week, etc. But what else is in the sights? For people who want to be inspired behind that vision, what should they know about WVU Medicine and what's coming?

Carrie Willetts (she/her/hers):
Well, first of all, WVU Medicine is anchored by state-of-the-art, best-in-class, world-class institutes which I'm not sure that everyone is aware of. So Rockefeller Neuroscience Institute, our Heart and Vascular Institute, and WVU Children's as well as our Cancer Institute. We are, for example, in our Rockefeller Neurosciences Institute. The executive chair, his name is Ali Rezai. He is an extremely purpose-driven neurosurgeon who has cutting-edge therapy for treating tremors for Parkinson's patients, Alzheimer's patients, and addiction. If anyone has interest, you can find a 60 Minutes segment that features his work, which is, you may cry. I mean, it's so inspiring the work that he's doing—a 10-minute treatment that can break a cycle of addiction. So what I don't think people realize is some of the cutting-edge practical and applicable research and clinical work that we're doing here. We also are the premier center for robotic heart surgery. Dr. Vinay Badwar is our executive chair, and he trains, you know, all the IVs really in the world. We host world conferences around that work.

Carrie Willetts (she/her/hers):
We also, I think, so that and then we have this network of hospitals, of course, 25 hospitals, 11 of which are critical access hospitals. And one of our, you know, kind of tenants when we acquire a hospital is that we really assess the needs of the community and work to infuse. And oftentimes we reintroduce services back into the community because it's the right thing to do. Our goal is to push care as close to the patient as we can. We're in a very rural area. The roads are sometimes difficult to get to. So, for example, at Uniontown, at one point prior to WVU Medicine, the decision was made to close the labor and delivery unit. At the time, we were delivering 800 babies a year. We just felt like it wasn't financially viable at the time. So we just recently, in January, reopened that service. You know, we won't make money on that service, but it's the right thing to do. We have 1,200 moms, we believe, in Fayette County who have babies every year, and they need to have a place locally to have their baby safely.

Carrie Willetts (she/her/hers):
So I think that's something, you know, and I've been interviewed by leaders at the state in Pennsylvania, asking, you know, what makes it different? Why did we do this when other health systems are? And there's a variety of reasons based on our proximity to the academic hub, etc. But I'd say we have a culture of just doing the right thing. But also, I think we have a little bit higher tolerance of risk that maybe other health systems might not have. So you have to figure out what the right formula is for you and your health system. But, you know, our CEO sets that tone, and he, you know, we do the right thing, and we do it wisely. Now, along those lines, we have a very low overhead. Our corporate overhead is 7.5 percent. So extremely low. We have a lot of autonomy and responsibility at the local level.

Carrie Willetts (she/her/hers):
You know, where a lot of systems are extremely centralized in their system, we're a bit more intentional about where we systematize and where we don't. However, through my integration role, now we're starting to identify where we have pockets of great and figuring out our models for scale, right, to scale because I think, as I'm saying, there's this pull for system, this. So it's happening naturally rather than it kind of for people to feel like it's being forced upon them. Especially we're a relatively new, you know, our health system really grew in the last 10 years. So from 6 to 25 hospitals. So we've been in the acquisition mode. So now that things are slowing down, it gives us time to breathe, and folks are saying, "Hey, let's work together to solve this problem. Let's work together to solve this problem now," rather than someone saying, "Hey, here's exactly. Here's our formula, and how we do it." So we're kind of fortunate in that way.

Ken Segel - Value Capture (he/him/his):
Yeah.

Ken Segel - Value Capture (he/him/his):
Yup. Sorry I didn't mean to cut you off. Care?

Carrie Willetts (she/her/hers):
No, that's it. I would just say, I think it comes back to culture. Right is that culture is the solution. And back to the culture of the organization and you know, we just don't make things too hard or too complicated, and we do the right thing.

Ken Segel - Value Capture (he/him/his):
Well, you know, in those values anchored, simple rules to live by, that people can apply in their own work, turn out to have more to do with high performance over time than a million regulations, you know, coming out centrally. So a lot more actually a lot more positive.

Ken Segel - Value Capture (he/him/his):
So you know, and some wonderful hints about why WVU Medicine is accomplishing what it has already, and coming so pay attention, everybody.

Ken Segel - Value Capture (he/him/his):
We could talk all day. But I'm gonna ask you one final question, and it's picking up on something that you mentioned a couple times, and that was mentors.

Ken Segel - Value Capture (he/him/his):
And you mentioned several mentors you've had, including some female mentors a couple of times. You made a note of that, and you've had mentors who are female, male, etcetera, I'm sure. But for you as a leader continuing to grow, what has been the place of mentors, and what would you say to young leaders coming up male, female, otherwise, or maybe especially female leaders, about their importance and role, and how to think about it.

Carrie Willetts (she/her/hers):
Oh, that's a great question, I think. I've kind of changed my mindset from this concept of mentorship to sponsorship. And you know, when someone asks you to mentor them or you ask them to mentor. They're going to it, it to me. Seems if you're seeking mentorship, you one as a mentor, be honest with the per. Don't be too hard on the person, but be honest with the person. And vice versa, right? The whole concept of sponsorship is really, in my opinion, about picking that one person that you see something in in them that you they don't see in themselves, and then giving them the opportunity to try it to try something new.

Carrie Willetts (she/her/hers):
And then cheering them on when I've been quote sponsored to something that's built my confidence more than any, you know, dialogue or advice that a mentor has given me because it because number one it they picked me to do it, and I would. But but most importantly is, I never. I didn't want to let them down and.

Carrie Willetts (she/her/hers):
You know, just your confidence just accelerates when someone invites you to try some to a new table, not to do the same work that you've been doing over and over again. But so my guidance for one mentors and others is to, you know, pay it forward. Somebody's probably sponsored you along the way, and you know this whole experience I had with health system, executive CEOs of huge health systems, who took the time. One took the time on a Sunday afternoon to have a call with me that I must pay that forward. It's an obligation, I think, for me to pay that forward, and then to, you know, really seek opportunities to sponsor or to be to sponsor others, because then it will become contagious rather than mentoring advice and things like that.

Ken Segel - Value Capture (he/him/his):
Well, another fantastic tip about how to think about a concept that we hear about a lot of times, and I'm sure listeners like me will hear some of the foundation principles sort of cutting through all of this stuff and that. Learn by doing and that stretching under the safe guidance of somebody with more experience. So wonderful. Carrie, thank you so much for being here, and for sharing some of the deep wisdom and experience that those of us who get to work with you have seen for a long time and are so glad that you know the people of West Virginia right now, but all of American medicine are getting to learn from you and learn with you. We appreciate you coming on so much.

Carrie Willetts (she/her/hers):
Thank you, Ken. It was a pleasure.

Ken Segel - Value Capture (he/him/his):
For the listeners, you know, pay attention to what's going on down at WVU Medicine and Carrie's work. You know, the health system is big on results and modest on ego, which is how we like them. And you know, but tons to learn. And similarly, if you want to gain some other resources around these ideas, check out the Value Capture website, valuecapturellc.com. Please, like the podcast. Subscribe on wherever you like to listen to it and stay in learning partnership with all of us. Thanks everybody for joining us.