

### EPISODE 2: SPEAKING THE LOVE LANGUAGE OF THE DECISIONMAKER

### PODCAST TRANSCRIPT

#### Pre-Roll (00:00):

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#### Tim Irvine (00:39):

Innovation. Isn't a solo job. In fact, it's a team sport. It requires internal collaboration and strategy sharing best practices and what not to news and leveraging resources to ensure the best mission oriented plan going forward.

#### Stephanie Wander (00:53):

Exactly, rarely do we find an organization transform tech wise alone. There's extreme value in forming and cultivating relationships in order to innovate, not only our organizations turning to internal resources and partners enterprise wide, but they're also building a network of traditional and non-traditional partners in government, public sector, academia ventures.

#### Tim Irvine (01:11):

Oh startups. But how I to ask exactly, are they finding these partners and creating relationships? What's the common language among partners and how do you speak the

love language of the decision makers?

#### Stephanie Wander (01:23):

That's what we'll discuss today on the federal innovator, a podcast for, and about the innovators taking on the biggest challenges in the federal government and making change that is more human simple engineer.

#### Tim Irvine (01:32):

I'm your co-host Tim Irvin lead of Accenture's federal digital studio. Yeah.

#### Stephanie Wander (01:37):

And I'm Stephanie wander, deputy director and senior fellow of the geo tech center at the Atlanta council. Join us to discuss these questions is Santi Patel, director of drive the division of research innovation and ventures at the biomedical advanced research and development authority at HHS. Welcome Sandy.

#### Sandeep Patel (01:53):

Thanks for having me.

#### **New Speaker (01:54):**

So, Sandeep, let's let's get into it. So you're the first director of Barta's new division. So drive division of research innovation and ventures, and you oversee a very diverse portfolio of health security innovations that are looking at current and emerging threats. So when you think about driving your mission there, what, what are your kind of core? How would you articulate your core priorities as, as director?

#### Sandeep Patel (02:19):

Yeah, so I, you know, I think, I think our goal is simply put, is to, to usher in the future of, of health security. But I think it's worth unpacking that a little bit and, and probably a good place to start is to describe what Barta itself is designed to do. So BARDA, as you mentioned, the biomedical advanced research building authorities is actually a relatively new organization, about 15 years old now.

#### Sandeep Patel (02:42):

And it was really designed to, to fill this gap in developing public private partnerships to, to rapidly produce and make available new medical countermeasures in preparation for, and during emergencies. So things like vaccines therapeutic drugs diagnostics, you know, and other types of medical devices as well. And Dr. Is a, is a relatively new unit within, within BARDA. It it's a two year organization. And, and, you know, one of the things that we recognize is that, you know, as we look into the future and we, and we think about, you know, what are those threats that we should be worried about in terms of, of health security? So everything from hurricanes to, to chemical exposures, to nuclear, radiological attacks, to pandemics like COVID-19, what is it that we need to do to prepare?

#### Sandeep Patel (03:40):

And I think one of the things that that's, that's become increasingly evident is that there's a range of technologies and capabilities out there that, that we need to capture that we need to develop. That's really important to, to help bolster our ability to kind of withstand those, those events. And so drive was set up to it to do that, to invest in those transform transformational technologies, across a wide variety of disciplines to work and operate out of kind of not necessarily knowing what's coming and being prepared. Nonetheless you know, I think we, we have this, this, this broad kind of problem with, with things like this, where we just, we end up playing a game of whack-a-mole, you know, the more we prepare for one set of circumstances, the less we're prepared for others. And, you know, we've seen a lot of this play out with COVID-19 and there's really, at least the way I see it.

#### Sandeep Patel (04:35):

There's two ways to get out of this cycle. And this is really what drive is positioned to do. One is to, to ensure we're, we're set up to respond to unknown situations that, that we have an ability to, to innovate on the fly to, to identify a problem that we may not have prepared for and be able to, you know, develop a product or a solution or find the right innovators, fund them, bring them together, whatever it takes to, to kind of address that in real time. And then the second is, is really invest in the kinds of technologies and capabilities that aren't just going after one problem, but can really lift all boats. So things like, you know, things like can we better screen a set of drugs for, for a given outbreak, or can we make the manufacturing of vaccines faster and cheaper? Can we do clinical trials faster? Can we, you know, all of these things, I think, you know, what I would call positive some scenarios are the things that I think drive is focused on, on seeding and, and trying to try to help the bar to achieve better

#### Stephanie Wander (05:45):

Sadeep, I know this isn't your first foray with, with driving innovation, using public private partnerships and, and doing this kind of biomedical innovation, I was hoping you could talk a bit about your innovation project, a little bit about why you think it's important to drive innovation that way. And then what was the process to really setting that project up and communicating with decision makers in government and industry to establish that partnership?

#### Sandeep Patel (06:09):

Yeah, so that was, that was a interesting journey. So, so one thing of note here is that, you know, as we started the kidney X journey you know, we started with no money, no mandate from any decision makers and only really a little bit of free time with which to operate. And I think what's important about, about kidney ex in the, in the problems we're trying to solve is that you know, kidney health dialysis, the organ transplant system these are all really complicated or just complicated enough that that really nobody understands these problems.

And river, at least very few people understand these problems. And more importantly very few people understand what could be done about it. And so we ended up looking at in this is trying to think about, well, what, what is a key problem that we're trying to solve here?

#### Sandeep Patel (07:00):

And we started with this idea of, of dialysis and the fact that there are a huge number of people around the country who who, whose kidneys have failed. And they have no other options because they're waiting for an organ for transplant or ineligible for an organ for transplant. And, and their only therapy that they have available to them is to be on dialysis, which is a therapy that was invented decades ago. And there's been very little innovation in this space since, since it was really invented and made widely available. And we started with this problem and said, well, why isn't there something better? Why don't we have, you know, we've seen in, in hearts we've seen in lungs, we've seen the development of, of amazing medical devices that can restore functions that are lost in those organs.

#### Sandeep Patel (07:51):

But we haven't really seen the same thing in, in kidney. And, you know, we probed around, we looked around and we said, well, there really, a lot of people just don't know about this problem. And, you know, decided, and there were many other stakeholders involved in this, but, but, you know, it was one of those things where we, everyone didn't really come together and make a huge deal of this. And so, so we, we focused on that. We also went around to our, you know, I was at, in the secretary's office at HHS at the time. And we also went around to our colleagues within the FDA within CMS which is where Medicare lives in, pays for dialysis mostly around the country. We went to our colleagues at the national institutes of health that are funding a lot of research in this space.

#### Sandeep Patel (08:37):

And what became quickly evident was that a, the, the folks at, at, at Medicare who

were determining payment policies in kidney, and that the folks in FDA who were fielding requests, you know, from companies and, and looking at you know, innovation, this space and the folks at NIH in this space, didn't really know one another, all that well. And so there wasn't this community that existed even within HHS around this. And so that was the first thing we ended up doing is just bridging all those together and, and creating that cohesive community. And then, you know, working with a key partner that ended up being our partner at kidney X, which was the American side of nephrology. And so, you know, w they were brought in and you know, we all kind of worked together on, on figuring out how to move forward and, and design this approach called X, which was, you know, recognizing that we needed innovation from a broad set of fields.

#### Sandeep Patel (09:36):

We, you know, most people didn't understand the problems around, around what's needed to go beyond dialysis to, to invent things like implantable artificial kidneys, and, you know, not enough engineers, not enough material scientists, not enough people outside of this very small niche space knew about this problem. And so our first goal was how do we break this open? How do we define and describe this problem in a way that you know, smart people from all over the place can, can kind of plug in and work towards developing these potentially transformative technologies. And yeah. It sort of snowballed from there.

#### Tim Irvine (10:10):

Yeah. I'm curious Sandeep as, you're describing this. There, there are a few words that I think people wouldn't normally attribute to a lot of the great work happening in the federal space. And you mentioned kind of a commitment with Barta to kind of rapid response. You talked about kind of innovating on the fly. So they're like the speed and resilience associated with you had mentioned kind of not knowing what's coming, but you got to be prepared nonetheless. So how do you, how do you bake in that kind of the speed of response and the resilience, I mean,

particularly coming off the last year as you've been responding to COVID-19 and you talked a little bit about some of the the, you know, the orientation to vaccine formulation earlier, but I'm just curious, how, how have you been able to bake in kind of the speed of the response and the resilience of the team to be able to be quickly deployed at interesting problems? Yeah.

#### Sandeep Patel (11:09):

Yeah. It's an interesting unappreciated problem. I think, and drive is really built to address this. One of the things that, that is sort of core to how we operate is what we call the easy BAA. So this is a what's called a broad agency announcement, and it's a, it's an acquisition contract vehicle that we have. And it's our way of partnering with, with with innovators and entrepreneurs. And what's, what's unique about this, this model. We, we actually borrowed this from DARPA and retooled it for our purposes, but what it does is it prioritizes speed and it prioritizes simplicity and customer service. And what we're really trying to do is be able to capture those innovators who normally government funding to be complicated and cumbersome and too slow, especially for a lot of these startups and entrepreneurs where we're days and weeks matter.

#### Sandeep Patel (12:05):

You know, the, the life cycle of these organizations are short and getting resources to, to those who need it at the right time is critical. So that was the reason we set this up and it was really set it up and designed to go from a solicitation. So, you know, where we sort of describe what we want to an award in a, in a partnership forming within 30 days, really, and during the pandemic, what ended up happening, what we did was retooled all of this for COVID-19. And I'll give you, I'll give you a good example. Back in, in early March and really February, there was clearly a need for, for getting COVID tests out to, to people as fast as possible. And there wasn't a lot happening at the time. And what we ended up doing was leveraging this, this easy BA vehicle and open app, a whole bunch of solicitations for COVID-19 tests.

#### Sandeep Patel (12:57):

And because it was designed to move fast and get to a ward really fast, we were able to make over 20 awards fairly quickly within weeks. And a lot of which went to, to EUAs and then resulted in over a hundred million tests so far being shipped out, you know, all because we kind of set up that vehicle in the first place to get money out the door very efficiently. So I think, I think it's it, you know, setting up that the infrastructure like that is, is really key. And especially during the response,

#### Stephanie Wander (13:27):

That's such a great example of, of how how really the process can really enable the innovation to happen. And, and the response to be really quick. I appreciate that.

#### Tim Irvine (13:37):

I'm curious when you're thinking about the different kind of constituents in any kind of thorny problems. So, I mean, when you think about kidney discards and a hundred thousand people on the, on the waiting list like that is a systemic kind of by definition, a systemic issue to solve looking at the full ecosystem, all the different actors associated with it. And I'm curious, like how, how do you build, or how have you been able to build a common ground with folks that don't have the same depth of experience to maybe either know how to solve or know how to care about why this is the thing to do to orient around and kind of socialize in that problem space. I'm just curious how you bridge that gap with stakeholders, different backgrounds.

#### Sandeep Patel (14:19):

I believe everybody has something meaningful to contribute. And the, and the challenge for us, for me, in everything that I do is to unlock that potential to the benefit of all. And, and I also think this is what people typically struggle with. You know, the question they always ask when they hear a problem is, well, how can I help? How is what I'm doing relevant to this particular problem? You know, what can I possibly do to make things better? And I think the, the,

simplest place to start in of this is, is the problem itself. I think focusing on the problem is in Egypt, easy way to bridge, because everyone can relate to the problem, even if they can't relate to the solutions that can often get technical. And, and that's what I use to bridge bridge communities together and get people excited about the possibilities.

#### Sandeep Patel (15:10):

The, the second thing on this is that you know, I think too often we, we, we just speak completely different languages. And this, especially with in government, this happens quite a bit you know, internally to government and then across stakeholders you know, internally within government there's, you know, what I find really interesting about how government, how federal agencies are organized is that there are often these two sides of the house, the budget cost side, which is really focused on containing costs and meeting budgets and, and you know, that whole process, and there's a whole engine around this, right. And then the delivery side of the house, right? So meeting policy goals you know, this is more public facing and, and, you know, in government, those two are often separated. And I think the key, especially with things like, like ambitious problems around kidney health, you have to, you have to be able to talk to both, right.

#### Sandeep Patel (16:06):

In order to raise money, but also to get, you know, leaders excited about it. And, and so, you know, the words we choose are important, the way we describe and bring communities together. Another thing that is very, very powerful that we did with, with kidney work and we were doing a lot with, within Barta too, is, is bringing patient experiences into the equation because it's hard to argue with patients. And if you listen to the patients and their experiences, and I think it becomes obvious at least what the problems are, and you can get people to agree around that.

#### Tim Irvine (16:44):

I really appreciate you joining us. It's been a, it's been wonderful to hear many of these insights.

#### Sandeep Patel (16:51):

It was great to be here.

#### Stephanie Wander (16:53):

So Tim, what jumped out to you?

#### Tim Irvine (16:54):

Uh there was something you said about not knowing what's coming but you have to be prepared nonetheless. So I think the ability to be able to respond to any number of things, and I think frankly, that's a function of the last year where nobody really could have seen, you know, once in a hundred years event, like the pandemic coming, and yet they, they really feel like they've managed to kind of respond to, I'm sure it doesn't feel graceful to them at all times. but it seems like they're responding to that gracefully with kind of like, as you mentioned, like assessing their, you know, technology capability, but also being able to innovate on the fly. I think that speaks to building fit for purpose teams and ecosystems and kind of being able to just be nimble enough to to respond quickly. So I think that that was one of the things that really stood out to me.

#### Stephanie Wander (17:46):

Like you, I'm so struck by the connection innovation and Resilience, and it's always really impressive to me how people that I often that we often get to meet in these innovation spaces have that ability to see the world and say, regardless of all the difficult challenges that we're facing, how do we find those opportunities? How do we see the world differently? And what's working well and like leverage that in solution creation. And that, that just gets me up in the morning and very excited when, when I hear that, that seems to be something that exists because people work in and are prioritizing innovation.

#### Tim Irvine (18:20):

Yeah. great. And Stephanie, what about knowing that you are master of the ecosystem? Like what, what were your thoughts on the way they've kind of like empowered those ecosystems and the way they're kind of getting the deals like getting kind of getting the best out of them?

#### Stephanie Wander (18:37):

Yeah. I, you know, I think it's that really sort of secret sauce of understanding, you know, as, as we talked about, one of the themes from today was, was the love language of decision makers, right? So understanding what are the language is we all need to be speaking to one another and how do we sort of appeal to folks in their language? I think it's about trusting your ecosystem and your community. And, and then the third piece I just keep hearing is that human centered component of how do we put patients in the room? How do we get the right stakeholders in the room? How do we channel the right talent and being open to the fact that the right talent might not be in the room currently? I think that's one thing that really jumped out to me, you know, in any, in that example that he shared about, about, you know, young college students having this new take. I think because they're in such a learning environment, right. Sometimes they do see it differently. And so if we can just give them that platform where their ideas are, are fairly heard, that can be so powerful.

#### Tim Irvine (19:31):

Yeah. That reminds me a little bit of, it was an expression from Apple's design team around there, two products that you create with any, any endeavor. One is the actual physical product or digital product. And then the other is what you now have learned in the process. So it felt to me like that second product was that kind of smarter connected ecosystem, like to your point around the Stanford students who are now potentially, I mean, it could alter the trajectory of their careers as they've, you know, demonstrated, you know, enormous kind of prowess, but also I think probably passion for the for the, for the nature of the problem of, you know, solving for people with you know, terminal diseases and an inability to you know, be able to live live a otherwise normal life in many ways.

#### Stephanie Wander (20:29):

Yeah. Tim, I don't want to put you on the spot, but I'm curious what you think about, let me say it this way. I am struck by how one of

the outcomes, a lot of these innovation practices relate to collaboration and new business relationships, a new ways of communicating with one another. Those things can be really hard to measure. How do you think we communicate well with, with, you know experts and decision-makers about these kinds of impacts and network effects and things that maybe aren't the traditional ROI that, that we might be looking to in government?

#### Tim Irvine (21:04):

Yeah. I mean, I think it goes back to two things. One is that love language. So understanding that there are different ways for people to connect to different kind of modes that they'll kind of go back to, to kind of break a problem down and understand what's the useful next step. But I think the other is like not turning your back on, on the people that you were ultimately doing this on behalf of. And I think that's the most powerful component honestly, of working in the federal space is, is the mission that binds teams and which is why I think it was so easy to pick up a phone and call somebody at VA health or talk to some, you know, buddy with kind of deeper policy understanding of kind of the financial implications. I think that is the great, that mission is the great leveler.

#### Tim Irvine (21:52):

And when you've got the object of that mission. So the patients in this case, you're putting them in the driver's seat. I mean, that's why you get something that you'd referred to as a magical meeting or what some people would refer to as a magical meeting, because it's, it's real, it's raw, it's authentic and it's immediate, there's a visceral connection to why everybody is there. And I think that is absolutely a way to drive a, to drive chain and take any kind of iota of abstraction. Like, this is why we are doing this. This is why it's important. And this is why it either needs to be funded or it needs to be accelerated.

#### Stephanie Wander (22:29):

So it really just come down to leadership in your mind then that, you know, putting people first

like we just have to put them first and leaders just need to say, put them first, or do you think there are like tricks of the trade? Cause cause one of the things I caught from the discussion with Sandeep is the idea that you don't want people coming at the end. You don't want to do all the work and all the innovation and all the tests and then say, Oh, what about the people? What do they think that, that then becomes an afternoon spot? So, so do you think there are strategies about, about moving that to the front or is it just a matter of like leadership envision?

#### Tim Irvine (22:58):

I do. I do think it is leadership comes in in terms of providing, I think the context and making sure that we are maybe teams are rallied around the right problems to solve. But I think a lot of this is can be very grassroots, particularly when you have robust impassion and talented kind of pools, you know, pools of individuals, pools of talent. And in these agencies, I think having the courage and, you know, potentially the vulnerability to be able to just quietly listen and, and create a system that allows people to identify what they believe some of these you know, problems to be solved, our jobs to be done are, and you know, helping them kind of de-risk it. And get after it,

#### Stephanie Wander (23:51):

Maybe to the other secret ingredient is giving your team a little bit of time and a little bit of runway to explore things like, like Cindy talked about Kenny X, how that really started, not because anyone said this needs to happen. And to your point, it was very grassroots, but like the fact that they had enough initiative and enough leeway to say, we should go after this and make it happen that if you like almost over-pack your teams or over-schedule your teams, and maybe you have a whole different problem on your hands where you're really not able to, to, to get that new innovation in that new space, if there's no room to, to, to find something new in your, your Workday or

#### Tim Irvine (24:30):

Yeah, I think you're, I think you're absolutely right.

#### Stephanie Wander (24:34):

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