

ECG VOICES

# By Embracing Change, Alan Lassiter Stays on His Path

by Matt Maslin



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## Alan Lassiter was only nine years old when he encountered his first career crisis. “I woke up one night thinking, I don’t know what I’m going to *do* with the rest of my life,” he says, recalling his conundrum.

Young Alan quickly narrowed his career options to three possibilities—astronomer, scuba diver, or physician—and gave himself three months to make what would presumably be one of the most consequential decisions of his life.

What followed was a period of independent research, conversations with peers and mentors, prayer—and ultimately, insight. He eliminated astronomy over concerns about funding. He conceded that scuba diving, as a full-time profession, was “more aspirational than practical.” That left only one option.

“Medicine just seemed like a great thing,” Alan says, the joy evident in his voice. “At age nine, that was when the commitment was made. And it never wavered.”

Sure enough, Alan grew up to become a doctor. But that’s not to say he never again found himself at a career crossroads. In a professional life that’s seen him work as a physician, a health system executive, a health-care consultant, and even the proprietor of a chocolate shop, Alan has had to reconsider the direction of his career more than once. But no matter which path he chose, he always found himself in a similar place—being in a position to lift others up.

### **An Early Course Correction**

Alan grew up in a small town in Texas. Years after settling on his occupation, he began his medical training at the University of Texas Medical Branch with the intention of becoming a family practice doctor. But three years in, he experienced what he calls an “existential crisis.” Having spent much of his life to that point preparing to be a family physician, he found himself feeling disenchanting with family medicine. But when he started his pediatric rotation, he had something of an epiphany.

“I loved the whole environment,” he says. “The children, the moms, the dads. From the preborn to the adoles-

cent, I loved the whole continuum.” With the support of his wife, he switched course and became a pediatrician. “It was where I was called,” he says.

Pediatric providers are always in demand, and a freshly minted pediatrician often has their choice of destination. But in what would be a recurring theme throughout his career—working with underserved populations—Alan opted to stay local. “I just felt like I owed something to my little community,” he explains. “So I went to Wichita Falls, Texas, close to where I grew up, where there were only 5 pediatricians serving an area of around 125,000 people.”

The workload, unsurprisingly, was intense. “A few of my partners and I covered everything. We ran a level II NICU. We went to the ER resuscitations. We went to all of the difficult deliveries where newborns were in distress. We also took all of our own calls throughout the night. I did house calls and then ran a very busy practice, seeing anywhere between 30 and 50 patients a day,” Alan says.

It didn’t take him long to realize that the pace was unsustainable. “I thought, there has to be a systematic approach to doing these things,” Alan says. Seeking an environment that was better controlled, Alan decided to pursue work in a pediatric ER. The problem was, there was no pediatric ER in the area. Nor in the state. At the time, there were only three pediatric ERs in the entire country. ▶

### Caring for Patients—and Their Providers

Alan's search led him to Knoxville, Tennessee, home of the first pediatric ER in the US. He simultaneously began his work in pediatric critical care. And while the new setting offered a more controlled way to treat pediatric patients, Alan was also determined to find a way to care for the providers who cared for those children.

"I began to work diligently to develop systems of care that were not common in pediatrics at the time," he says—including an early version of the now-common hospitalist service. "That word did not exist until a few years later," he says. "When I was in the ER, I would admit the patient, dictate the admission and write orders, then call their physician and tell them we'd gotten their patient admitted." But the physicians would still come to the hospital to see their patients, as the concept of handing over care to a hospital-based physician was virtually unheard of.

That changed after several months, when one of the busiest pediatricians in the city had to take a break and couldn't find anyone to cover his patients. Alan's team offered to do just that.

"Over a period of about 72 hours, we admitted every patient and discharged a bunch of them as well," he recounts. "When [the doctor] came back, he didn't have to pick up a burdensome caseload. He didn't pay the price for stepping away, which he needed to do." That pediatrician spread the word about the burgeoning hospitalist service, and its popularity quickly soared.

The term "hospitalist" wouldn't be coined until the mid-1990s, and Alan doesn't credit himself with pioneering the concept. What he sees instead is the actualization of the idea he had back in Texas, when an overwhelming workload was burning him out.

"It was the experience in Wichita Falls, saying that we needed a comprehensive system of care, that led me to actually begin putting that system together," Alan says.

### Learning a New Language

Of course, building a system and paying for it are two different things. When Alan took on a leadership role at the hospital, he found himself having conversation after frustrating conversation with the CEO. Alan saw a program that was evolving rapidly but not swiftly enough to serve a vast population base that wasn't getting the care they needed when they needed it. But the CEO routinely turned down requests for additional funding. "I could never get him to see how important it was," Alan laments.

### "You don't go into pediatrics if you're not concerned about health equity."

In addition, his new role as hospital executive came with an unwelcome requirement—taking business courses. "I did *not* want to take business classes," Alan says. "I was called to the bedside." Nevertheless, he dutifully enrolled in his first mandated finance class. There he was surprised to discover a new passion.

"Within two hours, I fell in love with business, because I realized why the CEO wasn't approving my requests—I wasn't speaking his language," Alan explains. He returned to the CEO with the same growth proposal he'd presented before, but this time supported by "comprehensive spreadsheets," projections, pro formas, and other data that mapped out the system Alan wanted to develop. "And he looked at me and said, 'Alan, this is great, why haven't you brought this to me before?'" he recounts with a chuckle. "You've got to be able to speak the language of business."

### Dedication to Health Equity

He'd need all the business savvy he could acquire in order to continue finding ways to improve access for underserved patients. Alan's decision to begin his career by giving back to his community blossomed into a full-time devotion to improving health equity. "You don't go into pediatrics if you're not concerned about health equity. Adverse social determinants of health (SDOH) are devastating for many children and their parents," Alan says. "I've always loved taking care of those who aren't going to be taken care of otherwise." His experiences in Knoxville only deepened his resolve.

The ER that Alan worked in served patients who lived in Appalachia. As he describes it, people who rarely left the mountain would do so in order to seek care at his hospital—and specifically from Alan, as they came to know and trust him. He describes meeting mothers who were grappling with the effects of drug addiction or prostitution, but who loved their children and wanted to get them proper medical care. "We had to take people who were in the most desperate of straits and really help them grow and understand how to take care of their children," he says. ►

## A Knoxville Story

*Alan shares an anecdote that is emblematic of his time serving an Appalachian community in Tennessee.*

There was one really cold winter's night when I was in the ER, and this mom came in. The last time I had seen her, just a few months earlier, she was pregnant. That night, she came in with her daughter, probably around age five, and her son, who was about three. And the little girl was wearing the nicest dress. Her mom had gotten her dressed up to go see the doctor.

But it was icy out, and on the way, the girl stumbled and ripped the hem of her dress. Her mom wasn't mad at her, but the girl was distressed because she wanted to look so sweet for the doctor. And I just put my arm around her and said, 'that's the most beautiful dress, and I don't know what happened, but I think you made it even prettier.' And she smiled. Part of the role is to build people up when you have them there.

But I was wondering about the mom, who had been pregnant. I noticed she had a clothes basket with her, which was kind of strange. So finally I asked where her baby was, and she showed me her clothes basket. She had put three layers of blankets on the bottom, with the baby in the middle, and three layers of blankets on the top to keep him warm. She didn't have a baby seat or anything like that.

We had a wonderful conversation, and I was so glad I could help. But that was just one family. There were a lot more. And that just further compelled me to figure out a way to help others get care in a way that's sustainable.

## Another Crossroads

The next phase of Alan's career was a busy one, to say the least. He returned to Texas when he was recruited to be the CEO of Cook Children's Physician Network in the Dallas-Fort Worth market. He got an MBA. He and his team built a Medicaid HMO from the ground up. He mentored physicians and urged them to take business classes, as he did, so they too could learn the language of the C-suite and advocate for the systems of care they were trying to build.

And then came a painful decision. With his case-load growing and his executive role becoming more demanding, something had to give. After fulfilling his boyhood commitment to become a physician, Dr. Lasiter stepped away from his clinical work. "I loved clinical practice, but I couldn't do both and survive," he says.

For another eight years, he continued growing the pediatric physician network, developing new physician executives, and building systems of care. His work was satisfying and, by any measure, highly successful. But it came at a cost.

"I was neglecting the most important part—my family. I just could not spend the time with them that I needed to," Alan acknowledges. "I have a wife and three daughters, and my youngest daughter has significant special needs. She started having seizures when she was four and they were nonstop. It was time for me to take care of her and the rest of my family."

And with that, he pivoted again. Alan started his own healthcare consulting firm, which gave him greater autonomy over his schedule. But in a surprising move, he also opened a gourmet chocolate shop. "My wife ran it while I was consulting, but I was there on weekends to help out," he explains. "Handmade chocolates, 38 kinds of gourmet caramel apples..." ▶

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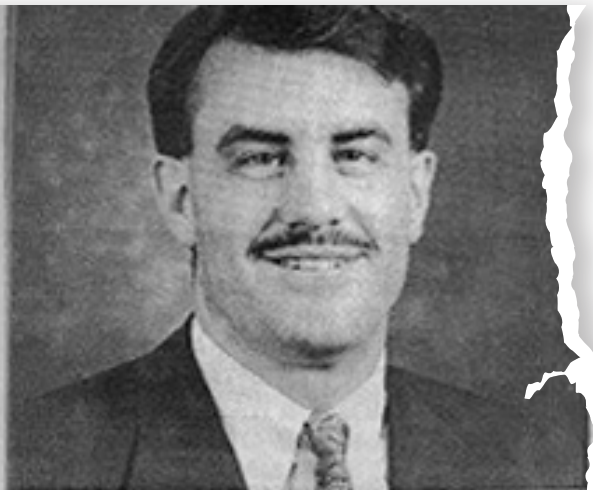
strategic planning and developing the Optum Center for Health Equity.

In 2023, he joined ECG as a principal. Alan leads engagements focused on managed care, enterprise strategy, service lines, pediatrics, population health, and health equity. And while he's gone from clinician to executive to consultant, his determination to improve our system of care continues to be his driving force. Today, that work involves ameliorating one of the most intractable relationships in healthcare—that between payer and provider.

"We're bringing them together in a meaningful way," he says. "It can be done. But you have to be savvy about both sides. You have to know the clinical part, and you also have to know the business. It's not going to be easy, but it's going to be better because we *have* to make it better for the patients we serve. We have to help the payer and provider understand that at the core, the patient has to be the focus. The challenge is getting from the words to something more. People have to actually take those words and make them real in the lives of the patients we serve."

It always comes back to the patient for Alan. And so it's fair to wonder—does he miss practicing medicine? "I do," he admits. "I love children. I love parents. I love all of that. But you know, it's like so many other things in life—there are trade-offs. I had to decide: was I going to stay at the bedside, or was I going to do something that maybe would benefit others more holistically—'others' being patients and those who care for them. If I can see other physicians do the work that I love so much, and I can help them do it, then I'm OK with that. But yes, stepping away was hard, and it still is." He pauses and reflects for a moment.

"And yet I have no regrets. This is where I'm supposed to be." ■



DR. ALAN LASSITER

## Dr. Lassiter Named Cook Network CEO

Alan Kent Lassiter, M.D. was appointed chief executive officer of the Cook Children's Physician Network by its board of directors. Lassiter, a former board member himself, most recently served as medical director of the Pediatric Service for Cook Children's Medical Center in Fort

sibilities include primary care and subspecialty development, managed care contract development, quality assurance, and facility planning. He also serves as a liaison between Cook Children's Medical Center and Cook Children's Home Health.

A newspaper article announcing Alan's appointment as the new Cook Network CEO.

But the venture wasn't inspired by a need for revenue or even a particular passion for sweets. "My wife and I opened it so my youngest daughter would have a place to work," he says. "Not just her, but her two older sisters as well. It was a place to have an identity, for my youngest to be exposed to other people, and we could all do it together."

They ran the store for 10 years—"the margin on chocolate is so *thin*," he notes—before it was time for his next step.

### The Road to ECG

Alan took his consulting talents to the Advisory Board, which was later acquired by Optum. He was the pediatric practice lead and a strategy and growth partner at Optum, leading engagements focused on system