

For Your Informatics Podcast

Episode 48 - *Leadership at the Intersection of Data, AI, and Health Innovation* (with Michi Kono, CTO Garner Health)

Dr. Wendy Marie Ingram: Welcome to another edition of For Your Informatics, a podcast where we explore the limitless world of medical informatics. Created and led by the women in AMIA. We offer insights into career paths, leadership and education. Thanks for joining us as we highlight lives to inspire greatness, inclusion, and diversity in the field of informatics.

Dr. Leyla Warsame (LW): Hello and welcome to the For Your Informatics Podcast where we explore the limitless world of biomedical informatics. My name is Dr. Leyla Warsame, and I'll be your host. Thank you sponsors, and thank you for joining us. We are pleased to welcome our distinguished guest today, Michi Kono, the Chief Technology Officer of Garner Health.

A seasoned technology leader, he led teams overseeing core ML models for payment fraud prevention and identify verification at Stripe. At Meta, he managed the global payment processing systems that powered all company-wide commerce at Capital One. His spearheaded the development of the company's inaugural ml, feature engineering platform and registry, known for scale and high performing distributed teams.

Michi excels in data-driven leadership and driving transformative engineering initiatives forward. We are honored to have him as a guest to discuss his career journey and role as a leader in health technology. Thank you so much for joining us, Michi.

Mr. Michi Kono (MK): Good. Uh, good to be here. Thank you.

Dr. Leyla Warsame (LW): Let's start with a brief introduction.

Tell us more about yourself, how you began your journey in health informatics and where you are currently.

Mr. Michi Kono (MK): Yes. Thank you. So, as, uh, as you said, I'm the CTO of Garner Health, uh, based out of New York. Um, prior to this I worked in some startups and one of them was acquired by Capital One. And I think that's where I started sort of the data journey where, um, at the time, capital One was thinking about doing ML and whatnot, and a big blocker for that was sort of organizing the data.

And so, the work that I led there was to stand up a platform for sort of collecting and organizing data in a way that could be used for, um, more advanced data analytics and ML use cases. Um, I also went on to meta. At Meta, I did a couple of different roles, payments included, but I also worked on, um, a device there that hopefully they'll release someday.

And we did some, it was related to some, um, personal health topics. And so, um, it was, you know, we thought that was pretty important for the world. And, uh, like I said, I hope they released it. And then finally I went on to, um, I was at Stripe before this role, and there, uh, I oversaw the teams that were doing the.

The fraud prevention and there's a lot of behavioral things that go into fraud that you can think about and into it. And then modeling that into, um, the actual models to prevent, uh, fraudulent transactions and seeing that at scale across the world. I decided to come to Garner, one because I sort of missed being in a startup like a, a true startup, but also because it was an interesting intersection of some of the things I've been doing for the last few years. And I really wanted to bring. The learnings of like an at scale corporate world, back to the startup and do the, bring the good parts, but not all the bad parts. So, uh, that's around me here.

Dr. Leyla Warsame (LW): Okay. Um, what is the common thread in your experiences that you lean on at Garner right now?

Mr. Michi Kono (MK): As an engineer, I always think that we're, um, we are there to enable the business and, uh, what's important, you know, is that you have to, is an issue to be very adaptive to the business need. And increasingly over the years, something, a trend that I saw like a TED about a decade ago was that, uh, data would rule the world and, um, become, it's like the, the moat.

It's that one true moat. Um, and so that back then I decided, hey, as a career thing, I would focus more on that and make sure that I'm, uh, you know, um, working on things that, um, uh, are related to scaling the use of data. And so I think that's been something I've kept an eye on throughout my career. And, um, you know, coming here obviously, uh, at, at Garner Health, that's, that's basically our mission is to, um, use the data to help people get better care.

Dr. Leyla Warsame (LW): May I ask, sort of, prior to all these positions, when you were in school, how did you decide that this was something of interest for you? Or was it an inclination that was naturally there? All, all along your childhood?

Mr. Michi Kono (MK): You mean the, as a career for engineering or the data part?

Dr. Leyla Warsame (LW): Yeah, about engineering both and also your love for startups because it sounds like you always wanted to go back to startups.

Mr. Michi Kono (MK): So first on the career bit, I, I actually sort of taught myself, um, to write code, um, when I was quite young, um, like in grade school. And it was just something that naturally was interesting to me and I was that. A kid who was like reading computer science books at recess.

Dr. Leyla Warsame (LW): Wow.

Mr. Michi Kono (MK): That was, it was always very interesting to me. And I, and I just found it, um, fun and I don't know, it was a, it was a hobby. Um, and frankly I wasn't interested in doing it as a career because I thought it would destroy my hobby in some ways.

It sort, it sort of did. Um, but I enjoy my nine to five because of that or whatever the hours I'm putting in because obviously I'm enjoying the work. 'cause it's, it's actually legitimately fascinating to me. Um, but that's where it comes from. And um, and I think engineering in particular is tough if you're not.

I'm interested in it. It's a field that moves so quickly that you're always learning. And so if you don't find that fun and interesting, I think it's a, it'll be a struggle as a career. So that's where that comes from. Um, in terms of the data, I think I actually, I, you know, when you asked this question, I, I had a moment when I realized when I first most cared about it, um, was actually at a time in the startup where.

Um, you know, I, I was always in of the perspective that engineering helps the business, of course.

Dr. Leyla Warsame (LW): Mm-hmm.

Mr. Michi Kono (MK): I went to a startup once that, that ended up not doing so well, but it was doing very well when I showed up. And one of the first things I did was I wanted to put together like a metrics dashboard to understand the value of the features that we're shipping.

Um. Because obviously I wanna understand what everyone's working on and you know, whether there's impact. And when I finished putting that dashboard

together, I realized that there was very, very, very few active users of the platform of the tool and service. And there was very, very little revenue coming in.

Um, so that was my first experience with hype startups because I realized that that was not actually the viable business. Mm-hmm. But I was the first person in the history of the company to do that analysis. And it was just a weekend thing. So. From that point forward, I remember thinking like, it's really important to be data-driven, um, in how you operate because obviously the business could be eroding under you and no one even knew it.

Dr. Leyla Warsame (LW): Wow. Well, thank you so much for that, um, insight into your journey into informatics. Um, and it's great to hear about your accomplishments so far. What are, what are you currently working on at Garner and what keeps you interested in that particular area?

Mr. Michi Kono (MK): Well, so what Garner does is we, we use big data. Um, to in data science, to, um, offer employers, uh, a benefit that they can offer to their employees that basically gives them the best doctors in their area.

And so a lot of the work that we do here is the engineering that enables that big data analysis, um, as well as the product that allows the employees to, to access this data. We also provide it as a tool for providers to refer other providers. And so we have all these tools and stuff. So everything that we do is around sort of dealing with this data.

Um, and then we also, of course, um, um, process some claims and payments related to that stuff in order to. To basically provide it as a benefit to the employees. So we do, so we touch a little everything and, um, uh, so it's like standard startup system stuff. I'm not sure if that answers your question, but hopefully it helps.

Dr. Leyla Warsame (LW): Yeah. I was reading a little bit about, uh, thinking one of the products that you just kind of mentioned, which is, uh, emphasizing using of data to identify high performing providers. Um, how do you ensure that your performance metrics fairly account for differences and. Patient population and avoiding penalizing providers who serve high risk communities.

And I'm right, I'm coming at this from, you know, an AI perspective, but also as a provider personally.

Mr. Michi Kono (MK): Yeah. So we get that question all the time. Um, and so it's obviously been thought about. We, um, funny enough, we're not doing this from an ML perspective. Uh, this is a, you know, one of the big things is that we had to be able to explain this.

Uh, to providers. I mean, it's not uncommon for the people that do these referrals, for example, to say, well, who am I referring here? And like, is this, does this make sense? Um, and so we have to be able to explain it. And so for example, in ml it's sometimes difficult to explain why that model chose the thing, especially if you're doing deep, deep learning.

And so we don't do that kind of stuff. Instead, what we do is, um, we operate from first principles, so, um. You know, if we, we look at like research papers and, and best practices and whatnot, and we test that against, um, our data sets and we codify, um. The, the, those findings, if they, if they're actually, um, validated by the data.

And the idea is that we can show a provider like, look, here's all these times that you did something that obviously you shouldn't have done unless you disagree with the findings here. Um, that was actually bad for the patients. And so that's one thing. And then we, it's not an absolute scale, it's relative to the condition of the patient and their care history.

Mm-hmm. So, um, we would, for example, you take like a thousand cases of dealing with like a. You know, a bone, bone being broken or something that was being treated across two doctors. And you would literally compare just those conditions against each other and you would control for things like, you know, the, the demographics, the age, whatever it might be.

And you're looking at, you're trying to compare as much as possible a to a apples to apples across thousands of doctors. And so it's not, um, it's not just a blind ranking of like. Oh, it turns out that the surgeons are doing lots more surgeries and the primary cares aren't, so they're better. Like we don't do that.

We are comparing similar cases to each other across similar patient profiles.

Dr. Leyla Warsame (LW): You talked about analytics and looking at, if this was in the past, looking at how a product was utilized, have you found that the utility of this has been pretty high?

Mr. Michi Kono (MK): Uh, the utility of Garner.

Dr. Leyla Warsame (LW): Of this data being used to identify high performing providers, do people utilize these metrics to actually make decisions?

Mr. Michi Kono (MK): So we don't provide the metrics per se, to them. Mm-hmm. Although we, we explain it when we need to, to certain providers. In certain sales cases, we offer to the consumer an app that's almost like a Yelp. It just shows you, you know, the best doctors in your area to deal with your hearing problems or your, you know, injured knee. Orthopedics or whatever it might be. It's much more simplified for the end user.

Dr. Leyla Warsame (LW): Mm-hmm.

Mr. Michi Kono (MK): Then we do deep analysis for the employers to help 'em understand their ROI since you can't just say trust us, it's better. And so we can, obviously we have to do some analysis around like, for those same conditions in that area, had those, had you not been using Garner, here's how much money you would've spent versus using Garner.

Dr. Leyla Warsame (LW): Right. Okay. And you mentioned you had worked in financial tech communications industry. And now health tech. What led you to these different organization and what are some of the similarities and differences that you've found in the different sectors of that leadership? And finally, are there any different and challenges when it comes to health tech that you haven't seen in those other areas?

Mr. Michi Kono (MK): So what led me to them first? Um. You know, my philosophy and my career has been to, um, not chase the hype and provide value for the world. I think that's, I mean, hopefully we all do that. Um, and so, um, you know, I don't know how much people have empathy for like financial services, but like the people that are most abused in that world is.

People that are socioeconomically disadvantaged and there's a whole thing around like banking and stuff, um, at, at Meta as well. Like, you know, communication stuff really enables people to, it sort of equalizes access to information. And, um, you know, thanks to social media, frankly, we're not paying for text messages anymore, all of us.

Um, so it, you know, there's a whole thing during COVID, um, like that was everyone's lifeline, frankly. So I think, I think, you know, for me, like following, um. Working on things that like touch people's lives on a daily basis is really important to me. And healthcare is something as I get older, especially, I appreciate the importance of it more and more.

And it's obviously deeply personal where there's not a person on this earth that's not affected by this topic. Um, and so being to work on those, uh, on a mission, uh, like garners where we're trying to help people get better care, um, is very rewarding in a way that frankly the financial services and social, you know, the communication industry don't have.

In terms of the similarities as well, um, the stakes are high. Um, like all of the examples I've said have high stakes. Obviously, if you're like, your money disappears from your bank account, that's not okay. If your private messages get published on the internet, that's not okay. And of course, same with healthcare.

If your private healthcare information gets published on the internet, that would not be okay. So the stakes are high and getting things wrong can cost lives in this case. So, I would say the stakes are even higher. In healthcare. Um, and I think that's the biggest difference is that like, if we do this right or if we get it wrong, the implications to society are much greater. And I think that's very motivating.

Dr. Leyla Warsame (LW): Right. And then how does AI, and this can be a personal opinion or professional, how does AI play into your current work and do you see AI having a larger role in health tech?

Mr. Michi Kono (MK): Yeah, so, um. So first in terms of our work, you know, I was, we're doing road mapping as a company and we have, you know, many initiatives going on.

Our R&D group is over a hundred people at this point, and so there's lots of initiatives happening and right now we have AI in the minority of our projects, but we're doing some. And um, and I was thinking just doing like my own mental math of things that I think will have to happen in the next.

Six months or, or maybe 12 months max. And I couldn't think of an example of a team that wouldn't, that doesn't have something to do with AI in their roadmap. Basically it's becoming table stakes, even in our company. In our company, we're very much focused on, you know, we're very first principle, like we're focused on what's gonna help us deliver better care.

We're not trying to do hype, right? We're not gonna just do technology for the sake of technology. And even in that. Sort of mindset where it's becoming unavoidable, where we have to deal with it. And so, not that it sounds like I'm trying to avoid dealing with it, but like I, I would love to work on it, but in terms of the, the business need, it's happening.

And so it's, I think AI is, you know, engineering wise, AI is an unavoidable, uh, it's almost like APIs. It's an unavoidable part of engineering. Increasingly over time, I don't think it'll touch ev everything necessarily. Um, you know, AI is. Advanced machine learning ml. And so when someone says, where will ML happen?

There are places in your environment that is more likely to use ML than others. I think that AI is just a little bit easier to generalize. And so because of that, it's much more, it's a little bit more pervasive, but there'll still be some stuff that won't be AI applied. But I think that even for our company, it'll be everywhere.

So I can assume that almost all companies will have AI in almost all places at some level. And there'll be differences in, in advance in events like how advanced use cases are. Like not everyone's gonna be training their own LLM or making their own chat bot, but, but I think that there'll be some level of integration that'll be happening everywhere.

Dr. Leyla Warsame (LW): Yeah. And, and how do you see AI's role in healthcare and how, how large of an impact are you foreseeing in terms of changes in how healthcare is delivered per chance?

Mr. Michi Kono (MK): Yeah. This gets into like, not necessarily Garner's roadmap or anything like that. This is more just my personal view on it, but I think that, um.

You know, AI is transforming society. It's very good at analysis, right? It, we can argue that it's not perfect. Obviously we, we all see hallucinations, but it's very good at analysis. And so anything where analysis gets involved, you can assume that AI can play some role even as an advisor. Um, and so things like looking at images, looking at text, it's quite good at that.

Um, transcribing things and then and analyzing that text. And so there's a world where you can use it to shadow, um. A, a provider for example, um, and give the provider advice about something they may have missed, right? You can, you can just transcribe a conversation and say, Hey, did you, did you consider this potential illness?

Um, you can look at, have it second check, guess all of the x-rays and all of the scans and all the data and say, are you sure there's nothing else here I should consider? And the provider can look at that and say like, oh yeah, that's a good point. Maybe I should think about that and offer this test. So I think that's the minimum next step that's gonna probably happen.

You know, I'm not necessarily the, I'm not in the camp of people that believes that AI's gonna cause mass unemployment. At least not, not immediately. And maybe someday, but not yet. Um, and so because of that, I think that the most likely option is that you'll, you'll incrementally bring it in, um, and use it primarily is a tool rather than replacing yourself. You would use it as a, as a provider, you would use it in your day to day.

Dr. Leyla Warsame (LW): Yeah. I wonder what you would say to the people that. Say, um, machines make better decisions than humans. Um, so why would we put a human in between a decision making procedure that a machine has made and the human has to review in order to make a better decision?

Mr. Michi Kono (MK): No, this is, um, there's two answers to that, I think. Mm-hmm. Um, one of them is. And they're both kind of like related to legality. So I think one of them is, uh, accountability and the other one is regulation. Um, and maybe those are the same thing, but basically there'll be, you know, it's like who's gonna take accountability for a misdiagnosis?

And there might be some giant corp someday who makes technology and says, yep, we'll just, we'll just eat the cost and get sued. Like that could happen, but I, but I suspect that, um, at the end of the day, someone has to. Administer tests and you know, nurses can stab people the wrong way. And you know, like, so even in the administration of the test, there's risk, right?

Yeah. And so every, every step of that chain of custody of the data and the process and the follow-ups and the calls and like when you call someone like you're not supposed to hand out PHI said, to be careful and right. So there's all these topics that to worry about and if you could automate that end to end, surely, I just don't know if the risk profile makes sense.

And there's also a possibility where like. The regulators can come in and say, no, we're not gonna allow that for whatever reason. And if you want examples of that, like I live in New York, um, we have a subway system here. Um, you could just AI it, I suppose, like why not? But there's a liability question who, who's, who's gonna sit there and stop the train?

If someone jumps on the tracks, you could put a camera and use ai, but it feels pretty far away still. Before we would just do that, even though in some countries that might be the case. So. I, I think that there's, um, there's the could it do it question and then there's the but what, but there has to be an ROI to the business and I think that that's gonna be actually a bigger driver of stopping it.

Um, and, and so what I think might be more likely is that you can be potentially more efficient.

Dr. Leyla Warsame (LW): Mm-hmm.

Mr. Michi Kono (MK): Um. But it's not 10 x because there's still a human in the loop problem. So, um, maybe, maybe a provider could see like 20% more patients. Or another way of thinking about it is maybe it's not the number of patients they can see, but the more accuracy they would have in doing the diagnosis and, and doing all the testing and all of the follow through, um, which allows 'em to then have higher volume.

Right? Because, so they might, the, their number of days and the amount of the length of the visits wouldn't change, but. The number of visits that an individual patient has to go through to get to a conclusion might be reduced because, because the tools are better. So I think that might be an interesting trend that can happen, but I still think that there's, I think we're still pretty far from removal of human in the loop.

Again, there might be a startup that pulls it off. Mm-hmm. But, you know, I, I don't, I don't think it's necessarily a default.

Dr. Leyla Warsame (LW): Okay. AI hype aside, what other emerging technologies do you think will have a significant impact on healthcare in the next three years?

Mr. Michi Kono (MK): Besides AI, I mean, you know, it's hard because I think so much of this is like saying like ml but obviously telehealth comes to mind. Um, and again, that's an opportunity comes down to who wants to take the risk. But you know that that's a thing. Um, but you can only do so much of that. Um, remotely. So, you know, I'm not sure, like it might help a little bit, but I think you still need to have someone do the inspection in person.

So, but I think that's definitely a thing. I think the other stuff is like, there's been some laws passed, and regulations loosened around data and what do you call it? Like, it's difficult to build good. Systems today in healthcare because of the walls everywhere. And that's obviously in some ways on purpose.

Um, but the system itself is like very antiquated and it's still hap it's going very slow, but it's, it's everyone's upgrading. Um, and again, this is kind of similar to financial services. Um, when I first started, the integration points that we had to

deal with were, were really bad. Um, and I remember when I went to meta, I learned.

That, um, some of our integration partners were using the same technology that I was using 20 years ago, and so it literally hadn't changed, um, because they sent the structure to change. It was just not there. So I think that like modernization in me in healthcare is still gonna be a 20 year journey.

Because the underlying systems are not networked or they're not centralized, or they're not apid or whatever it might be, or they're not in the cloud. Um, so I think those journeys will be what, what happens over the next five or 10 years.

Dr. Leyla Warsame (LW): Interesting. We'll go back to sort of your career. What skills have you found most helpful in your journey, um, to being the CTO?

Mr. Michi Kono (MK): I think one of them is maybe mindset, maybe they're both mindset. First of all, I'm like, I'm very interested in the big picture. I think I said in the very beginning that I think of engineering as an enabler for the business, but that implies that you have to know what the business does.

And, um, I remember back when I used to. At the very beginning of my career, or maybe early in my career, and I was doing a lot of hiring. I mean, I'm still doing a lot of hiring, but, but you know, going back then, and I was hiring people that were like relatively junior, um, not management, but CS and it was very common.

I'd say coin flip 50% where they would say in the interview. So what do you guys do here? Like, what's the, how's this, what does this company do? And, and I was almost like shocked. Like, I can't believe they're asking me that question. Like, go to the website and look it up. But they would say, well, yeah, but I, I don't really care as long as you guys use Python here.

Like, I'm all, I'm all in. Like, that was their, their motivation. Like they didn't care about what the business did. Um, and I think that's maybe unique to engineering. I don't know. I, I can't speak for other jobs, but I, I haven't seen that not be true in other jobs like that continued to happen, although as I got more and more senior and you're hiring managers, you see that less and less.

But that was one thing that I remember thinking from very early on, like, how could you not understand? It's one thing to not care what the business does. It's another thing to not know what they do. Um, 'cause you can not be passionate

about working for like a debt collector or something, but understand what they do.

That's one mindset thing is like just I have an interest in understanding the business and, and how it functions and then the, the role that we in engineering play. Um, and then the second, and I'll say, you know, the second big thing is, um, I think for CTO in particular is adopting the circumstances, adapting to circumstances because, um, you know, I've worked in these like smaller startups.

Garner is where you call it midsize or not, but we're, we're a few hundred people, this 400 people or whatever we are. But we're growing, we're, we're doubling every year. We're like, it's rapidly growing and it's a very different world than a 20 person startup. And it's also a very different world than, for example, Stripe, which is an 8,000 person startup and meta was 80,000 people or whatever they are now.

Each place, I had to operate quite differently to be successful. Um, and so my, my, my role is to like, understand the culture and expectations of that world before I go to, you know, apply my stuff. So I always think about it like, you know, what, what is it that I can bring to this that I can kind of add my own little twist to?

But I need to understand what, um, success of this company looks like before I go and apply it. And I think that, um, being adaptive and open to new styles. Um, is pretty critical. And so I don't, I think that played a big role.

Dr. Leyla Warsame (LW): Yeah. I, I think there, I'm not sure there's a number that people say that you need to have, stay at a place for a certain period of time before you make changes so you can understand the culture of that organization. Do you follow a rule like that?

Mr. Michi Kono (MK): I would say no, but I totally get why, um, because there's this whole thing about like, honor the past. Mm-hmm.

Mr. Michi Kono (MK): In other words, like you have to know the context for why things are broken is pretty important to decide whether something is worth fixing. Um, but I also have this like flip point, which is like, um, you gotta be decisive.

Like not making a decision is also a decision itself. And so I think that philosophy implies that most of the time, which is, it's not, probably not wrong

most of the time you are better off making no decision for let's say three months. Than making a decision and having it be wrong and destroy your credibility in the first three months.

So that's a real trade off. I would say I'm mindful of that, but I'm not, I don't necessarily hold it as a rule just because, um, especially if you're working at a startup, like you don't have a lot of, like a quarter or six months is a long time to lose. Mm-hmm. To not make a decision because. For all, you know, everything's on fire.

Like imagine a fireman shows up to your house and your house is burning down and you're like, they're like, well, hold on, we gotta really understand the situation. They're like, just start putting it out. Right? So there's a little bit of that trade off of like, when is the right time? But of course if they go kicked down the door and that causes the fire to explode because it gets a bunch of air, like that'd be bad too.

So there's a little bit of like making the right decisions and getting the right information. I do operate with the idea of like, get, you know, urgency is important. So operate, so catch up as quickly as possible, but I wouldn't put a date on it.

Dr. Leyla Warsame (LW): Okay. Got it. So, any other advice that you would have for an aspiring healthcare technology leader?

Mr. Michi Kono (MK): So, one thing I would've said a few, a few years ago is, you know, data is gonna be the future. Um, I think that's self-evident now for most people. Um, I always say that the, um, to stay close to the technology. Um, especially related to systems that have to do with data, but like the, the rule of thumb I have is that every five years in technology, whatever is.

Um, the dominant way to do things will not be the dominant, dominant way to do things. In five years, it'll become maybe the second most dominant way, and in 10 years it's obsolete. And so, um, never rest your laurels on what you know today, because in, in, in 10 years it's effectively, but yesterday's news and doesn't matter.

And so I'm always thinking about like, okay, you, what's the trend that's coming? What's the trend I'm in right now? That in five years will be yesterday's news that I should, that I should know it's yesterday's news and therefore I need be looking for what's next. And I'm not trying to do that because I'm chasing hype.

It's because, uh, my role is, you know, as a leadership role. And so I need to be, uh, constantly serving for, um, a sense for like what is a realistic next trend and, and adapt my views based on that. And. That could affect things like hiring strategy or product strategy or whatever it might be. And I don't need to be an expert on these topics, but I should at least have a sense for it.

So, um, um, the, you know, the one example is this, this thing I worked on at Capital One, um, which, you know, it's technically the technical term for, it's called a registry, but basically it, it's like a dictionary of all your data. And it helps you figure out, um, where data is so that you can go do and build a machine learning model or whatever it might be.

And I remember thinking, that's so important, um, because you, how are you supposed to use the data if you don't know where it is? And the bigger the company is, the bigger of a problem it is. And at the time I remember not everyone understood why it was important or necessary. And I remember thinking, this is the future.

Like if we don't like whoever solves this, like everyone's gonna need it. And some companies that were really smart already solved it, obviously. Um, and of course now it's like, there's this joke I think I saw on LinkedIn where there's a bunch of people in a room talking about, like, I think the banner says like, um.

You know, AI project or whatever, and they're all celebrating like, yeah, we're gonna do AI. And then the next meeting is them all like sad talking about. And I think the, the meeting banner says like, AI gov data governance. So basically they're like, they can't find the data and they're trying to figure it out and they're all upset because they can't do it.

And so what looked like an AI project was actually a data project. Um, so it's like that, just seeing those trends I think is really helpful and foundational. Um, and so obviously, like that's why I think it's important to pay attention to this stuff. Staying current reading stuff and going to meetups or whatever might take, and especially if you're like a manager, like just, when I say stay close, it just means like being involved with the engineering decisions and understanding why they're making those decisions versus just fully delegating it and say, that's cool. Uh, let me know how it works out.

Dr. Leyla Warsame (LW): Got it. So what is next for you? What does the next three years look like for you?

Mr. Michi Kono (MK): Well, I mean obviously I'm at Garner, so, um, scaling up Garner and building out a great team, um, building out a great product, um, Garner is at a continuous inflection. You know, the team, the engineering team is doubled or effectively doubled in the past year and it's not surprising.

It would not be surprising if that happened again. You know, the timeline can be slightly different. We don't know, but. Um, you know, it could double two more times, three more times, whatever, 10 more times we don't know. But it could double some more and each time that, that's not gonna take 10 years, like it could be annual. Because that's been a historical trend. Each time that happens, you have to reinvent everything. All your processes change, or systems that are good enough, the extra date are not good enough today. The technologies that you chose. We have some technologies that were chosen at the start of this company five years ago that we're now trying to get rid of five years later, exactly five years later, um, with technologies that didn't exist five years ago.

Um, so, so I think building the culture to be proactive about that replacement, proactive about that investigation, um, I think has been critical. And that's what I'll be focusing on, is make sure I'm building the next generation of leaders to do those kind of decisions.

Dr. Leyla Warsame (LW): Yeah. I think it's important. I think one of my leaders calls it succession planning.

Mr. Michi Kono (MK): You gotta make sure that you're building core talent behind you so that there's somebody there that can continue the work [that will be] crazier than that by the time that person is ready to be your successor. The role that they would take over for just themselves, their current role is the role that you were training them for. Yeah. So it can be wild in the startup.

Dr. Leyla Warsame (LW): Absolutely. I wanna thank you, um, I wanna thank our guest, Michi Kono for sharing his inspiring career journey and work as a leader at Garner Health. It's been exciting to hear your thoughts on how stakes and impact and healthcare are high. You gave us your opinion regarding AI as an unavoidable part of engineering.

AI is transformative, good for analysis, which is very useful for healthcare. And as a sort of advice for aspiring healthcare technology leaders, keeping an eye on big picture and being close to the technology and monitoring those, uh, trends. And then as an emerging technology in healthcare systems, how they will be modernizing and or how they will be pushed to modernize in the next few years so that they could keep up with.

Sort of where tech is going. Um, before we let you go, uh, we usually ask this from all of our guests. How can students and early career professionals begin working in the area that you are working at?

Mr. Michi Kono (MK): I think that obviously for those of you that are, you know, taking CS classes or whatever, that's awesome and that would be like the easiest path.

But for everyone else, I think that, um. There's so much materials now including ChatGPT to take courses or learn about ML and ai and I think that would be like, you can probably do like a weekend ML 1 0 1 type of thing. And I think that's super important 'cause it's super insightful in how AI works, if you like, have the basics of ML and, and also if you haven't done it, I hope most of you have, but if you haven't done it, I, I would go try out this whole vibe coding trend.

That's when you, you know, there's websites that you can go to and they just codes for you, um, and builds products for you. If you, you know, if there were any medical professionals that are worried about their jobs being eliminated by ai, uh, there's whole tools that can write software systems for engineers.

And so, um, that's an interesting trend too, to watch. 'cause maybe, maybe engineering won't have jobs soon, but, um. But I would go and try that out too. 'cause it's obviously an interesting way to like make your ideas real and then you can kind of understand what goes into a system over time.

Dr. Leyla Warsame (LW): Wonderful. This is Dr. Leyla Warsame, concluding this episode of For Your Informatics Podcast, where we explored together the limitless world of medical informatics. Thank you and I hope to see you guys again.

Dr. Wendy Marie Ingram: Thank you for joining us for this edition of For Your Informatics, a podcast where we explore the limitless world of medical informatics. Follow us on Twitter, Instagram, and LinkedIn at FY Informatics and never miss an episode. We would love to hear from you. Let us know what you think about the show, ideas for future topics, or guests and other suggestions. Until next time.