RADM Anne M. Swap, FACHE, 2024 Recipient of the ACHE Gold Medal Award

Few people have overseen healthcare delivery on as large a scale as RADM Anne M. Swap, FACHE, the 2024 recipient of the American College of Healthcare Executives (ACHE) Gold Medal Award. In her 32 years with the United States Navy, RADM Swap completed 21 tours of duty several countries and U.S. states and the District of Columbia. She oversaw remote clinics, major metropolitan health systems, and the healthcare delivery system for naval personnel in the eastern half of the world. At one point, her charge included 78 hospitals and clinics and more than 100,000 staff.

She retired in 2023 after three years as director of the National Capital Region for Military Medicine, overseeing Walter Reed National Military Medical Center and surrounding facilities that served more than 200,000 beneficiaries. Her career covered one of the most tumultuous times in healthcare, with advances in medical capabilities and technology and the impact of a global pandemic.

RADM Swap did not set out to become an admiral or to take on such a huge command. The thread throughout her career from the beginning was simply, as she explains, "doing the right thing, helping the next person, working through the next challenge."

In a recent interview with the *Journal of Healthcare Management* (*JHM*), she talked about her career in the military, leadership, and the importance of knowing and communicating "the why" behind the dynamics of healthcare. The interview is edited for clarity and format.

JHM: *Why did you choose healthcare administration as a career path? Why the military?*

RADM Swap: I went into the field 35 years ago because I loved business and I loved the field of healthcare, and I wanted to merge the two. That's how I ended up in healthcare administration. I thought I could make a difference by supporting the people who deliver care and ultimately making the system better.

My mom was a nurse in the Navy and my dad was a career naval officer. So, I decided to follow in their footsteps. Joining the Navy allowed me to see the world, meet new people, and gain professional experience.

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A lot of my friends who were in graduate school with me went to work for healthcare payers or big corporations like Kaiser and HCA. They started at the bottom and worked themselves up through the organizations. I went into the military and did the same thing. The biggest difference, I found, is that in the military, we don't get to choose our subordinates or our bosses. When you're in the civilian sector, if you interview for a job and they choose you, you get to decide if it is a good fit for you. When you're in the military, you get what you get and you learn to work in that environment. I believe this creates a very resilient workforce. You have to figure the job out quickly and get to work. The ability to navigate the Navy organization made me a stronger individual.

During my career, I went to Japan. California, Tennessee, Washington, D.C. . . . I took policy jobs. I ran clinics and hospitals. I deployed overseas and worked with the Afghan government.

I can look back now and see how my career made me a better person. I learned more about myself and how to work with other people. The opportunities have enriched my life.

JHM: *What do you think are the key issues in healthcare delivery in the military? How do they differ from issues the private sector faces?*

RADM Swap: The issues are similar. The military is concerned with cost and quality, much like civilian organizations. Both the military and the private sector are concerned with measuring quality, safety, and training healthcare professionals. But the military doesn't generate revenue, it generates readiness. It ensures that our people are ready to do their jobs under the most difficult circumstances—that they are ready to care for our active-duty members wherever they are deployed.

When COVID-19 started in 2019, I was leading Naval Medical Forces Atlantic, responsible for the Navy's hospitals and clinics across half the globe. Our challenges were the same as in the private sector: People were tired. They were frustrated. No one knew what was going to come next. We had problems with hiring and matching salaries. We competed for the same workforce as private employers but were limited by government salary caps. Of course, there are reasons people want to work in military medicine—pride and wanting to serve—but we have had trouble competing because of the money.

During the pandemic, we were trying to protect our staff, trying to make sure they were safe and trying to be innovative in a bureaucratic environment. We did a pretty good job of it. A lot of policies and waivers were put into place to cut red tape and allow us to do things that we needed to do. We sent teams all over the country to support local governments with vaccinations and care, all while operating our own healthcare system. Access to healthcare suffered in the military—like it did in the private sector. Many staff members resigned or retired, presumably due to burnout or to pursue other opportunities, leaving an even smaller workforce to fill the gaps. Some people would call that experience an opportunity because we grew and learned from it.

JHM: *What are the differences between leading on a facility level and leading across facilities, regions, countries, and divisions of the military? How do you scale up your leadership skills in these various situations?*

RADM Swap: I was commander of Naval Medical Forces Atlantic, which included 18 commands from Chicago to Bahrain. It included hospitals from Chicago up to New England, down to Florida, and over to Cuba and Italy. I was accountable to the Surgeon General of the Navy and the Director of the Defense Health Agency; my job was to hold the commanding officers who were assigned to me accountable for quality, safety, and overall performance at their facilities.

One of the most important responsibilities we have as healthcare leaders is to replace ourselves. We need to grow the person coming behind us to make sure that when we leave, someone is there to step up and do the job. We have to find the talent, bring it up, and then let go. You have to let people make decisions, and even sometimes make mistakes, because they won't learn otherwise. Sometimes, managers and leaders are afraid to allow others to make decisions, and then the individuals—and the organizations—don't grow.

When you start getting comfortable in a job, it might be time to move on and go challenge yourself. Me, I always wanted to be a bit uncomfortable when I got to the next job because I knew I would grow through the experience. You need to take a bit of risk. Mere survival is never the way. Many people get up in the morning and just go through the motions. They're doing a job, but they're not finding joy in the work.

What motivated me every day was seeing people succeed. For me, it was all about doing a good job, helping other people, and getting things done.

JHM: *Healthcare is constantly changing, and transforming with new developments in technology, medical knowledge, and policy changes. How do you lead through transformation?*

RADM Swap: It's all about communication—sharing the *why*. People need to understand what you're doing and why you're doing it.

The biggest myth of the military is that people automatically do what you tell them to without question. In a crisis, that's true. But in day-to-day healthcare, people need to understand the why of policies and procedures.

People in healthcare are bright, motivated, caring people who are hungry for information. If you're trying new things without explaining to them why, you're not going to get the change you need. Just because you tell someone to do something doesn't mean it will get done. People will do what you ask them to do if they trust you. They will give you their best if they believe you have their best interest at heart.

I find that when I can sit down to have conversations with healthcare professionals, and if I propose something that might help their patients or make their own lives better, then it is not a hard sell. But if you ask for something that's not value-added for their patients or them, then you're not going to get anywhere. It's not because people are selfish or self-serving, they're just busy. But when you communicate *and* you provide support, change can happen.

Unfortunately, sometimes healthcare leaders start treating staff like widgets and not like valued people. Healthcare is personal, and we keep trying to take the personal part out of it with automation, streamlining, saving money . . . quicker appointments, more appointments . . . driving people to that.

I met a nurse a few years ago who had a tracker on her. Her administrators knew exactly where she was at every moment of her workday and how much time she spent doing whatever she was doing. I appreciate that they were trying to account for the nurse's productivity but, ultimately, they were treating a professional like a widget.

JHM: *How do you maintain that human connection and not turn workers into widgets when you are overseeing such huge numbers of people?*

RADM Swap: How do I manage large groups? I manage by walking around.

When I had a staff of 1,300 people, I'd meet with our leadership group. Then, I would take a couple of hours and walk the floors. When it got to where I had 100,000 people under my command, I would talk to my leaders to put out the standards and keep things consistent with policies. I did a monthly newsletter to remind people to take care of one another, too, but I am really more of a face-to-face kind of person.

When I first got to Naval Medical Forces Atlantic, there were 110 people on staff. I met individually with each person. I wanted to discover who they were as a person, more so than what they did for the organization. It took two or three months to meet with everybody, but it was totally worth every minute spent. They felt heard and they felt seen. That's when I learned that most people don't want you to focus just on fixing their problems, they want you to hear their problems. Then if you can't fix the problem, you tell them why.

JHM: *What role has mentorship played in your career—on both sides of the equation?*

RADM Swap: Mentorship is invaluable. I am always trying my best to support colleagues and juniors . . . to teach them, to coach them. And people who have worked with me and for me have helped me be a better leader. The feedback from my seniors was very helpful, too. Healthcare leaders have a responsibility for the growth and development of those in our field. ACHE provides an avenue for this and for understanding the why.

As I said earlier, healthcare is so special because it's not just a business. It's people's lives—the lives of patients, staff, colleagues, caregivers, and families. We're in this together. We can help each other be better. We're too woven-together not to help. I'm certainly grateful for everything I've gotten to do to help people over the years.