

AS CEO OF CONNECTED CARE AND Health Informatics for Philips, Carla Kriwet is charged with many duties beyond recruiting. But recruiting is central to her – and Philips’ – goal of saving and improving billions of lives around the globe. The 127-year-old company, once an electronics conglomerate, needs engineering graduates and other serious talent to further its mission as a global force in healthcare technology.

To compete for such talent, Dr. Kriwet offers graduates more than a chance to advance their careers and accumulate stock options. What she talks about when she talks about recruiting is saving lives. A veteran of the medical devices and medical services industries, Dr. Kriwet spoke with the Review from the US headquarters of Amsterdam-based Philips.

How great is the need for engineers at Philips, and how do you compete against Silicon Valley?

The need is high. We are hiring aggressively. There’s a labor war going on, a war for talent, and what we can bring to the table is purpose.

Our vision is to improve the lives of 3 billion people a year by 2025, and that is not just a vision we put on some PowerPoint. It’s serious. We measure people on it. We break it down per business unit and per market. We have targets which are linked to our incentives systems. And we take action when we think we are not getting there.

One example is that we figured out we’re not growing strongly enough in Africa and Southeast Asia. I’m not talking about “growth” in the financial sense, but growth in terms of saving people’s lives, in reaching that target of improving 3 billion lives a year. So we took countermeasures,

like engaging with community life centers to make healthcare more accessible.

And it’s this purpose, and how seriously we take it, that differentiates us from many businesses hiring engineers.

Does that message tend to resonate with engineering graduates?

This entire generation is looking for purpose beyond making money. We get these questions from graduates: “What will be my impact? What project would I work on, and how can I be sure it really has impact?” They want to change the world.

Are tech-savvy graduates your primary target, and if so why?

I’ve been working in this industry for many years and I can tell you it’s very traditional. If you look inside a hospital, many of the processes still work more or less the same as they did 30 years ago.

And it must change. Populations are growing and aging, chronic disease is increasing and costs are increasing. At the same time, affordability and access are declining. That gap is widening, and the only chance to close it, to get good clinical outcomes at affordable costs, is with technology.

One of the reasons we are moving our US headquarters to Cambridge, Massachusetts – which will open Q1 2020 – is to bring us closer to more software talent, to startups, and to the company’s local university and hospital partners.

Philips’ **CARLA KRIWET** tells MerchantCantos’ **JEFF SINDONE** and Brunswick’s **KEVIN HELLIKER** how the firm competes with Silicon Valley for top engineers

A HIGHER HIGH-TECH CALLING



“IF YOU ASK DOCTORS WHAT THEY WANT, THEY DON’T ASK FOR MORE DATA. THEY DON’T ASK FOR MORE INFORMATION – THEY HAVE MORE THEY CAN COPE WITH. THEY ASK FOR SMART, PREDICTIVE GUIDANCE, HELPING THEM TO DO THEIR JOB”

What would you say to a graduate who asked exactly what Philips does to save lives, and how a new hire might participate in that?

Our technology in the catheterization lab, and also our defibrillators, are saving lives every day in an immediate and dramatic way. I receive letters each week from people thanking Philips for the fact that they’re alive and able to see their grandchildren.

But saving and improving lives goes beyond treatment. It starts with prevention and healthy living, where we have great assets. It goes to diagnostics, which typically hasn’t been efficient or accurate enough, and to treatment. And it goes outside the hospital into the support of chronic diseases. We can give very concrete examples of our life-saving effectiveness in each step in what we call the health continuum. Our people do get excited seeing that their projects and activities are contributing to better lives across the entire health continuum. That sense of purpose drives us whether you are in sales, whether you are in marketing, whether you develop products and systems.

When I interview people, I say, “Think about yourself or somebody in your family who recently had a medical issue, a hospital visit, and the challenge that person faced in navigating the healthcare system, getting reimbursement, finding the right advice.” I can easily convey how an individual I’m interviewing would be helping Philips address each of those frustration points.

Do you yourself interview graduates?

Quite a lot. It’s important to show the relevance we attach to that topic. But it’s also important for me to understand what they’re asking for, what their concerns are, what attracts them to Philips, and what they are seeking from the labor market.

I could imagine a young graduate being impressed that he or she is being interviewed not only by a recruiter or HR professional, but by a senior executive.

Today’s graduates are self-confident and have options. They don’t have this kind of hierarchical view that we saw 10, 20 years ago, where they would be timid and so impressed that they’re talking with a C-suite leader. They know the labor market is good for them. They’re looking for things which used to be less on our HR agenda. We used to say, “This is your career path. You’re starting here, and these are the five steps you need to reach the director level,” or whatever. When you try that out with graduates today, they’re not interested. They’re like, “I don’t

want a fixed future. What I want to know is what impact can I have, how can I bring what I learned to make an actual difference, how can I concretely improve the world we’re living in?” And they ask about work-life balance, which is something that would not have been brought up 10, 20 years ago.

Are you seeking Ph.D.s, undergraduates or both? With what degrees?

We’re seeking graduates at all levels. Obviously software engineers are in high demand. At Philips, 60 percent of our R&D engineers work on software, with a large number of them working on the application of Artificial Intelligence.

But we’re also looking for other types of engineers, quality-control experts, economic experts, marketing experts and business graduates.

Even so, it’s less that we are looking for one or two specific functions and more a certain mindset. A key factor is cooperation. Many years ago, there was a transparent organizational chart, and a defined team, and it was clear who you had to interact with. Now, you have to influence people who might not report directly to you. You have to cooperate not just across the organization, but also with startups we are partnering with. You have to cooperate even with competitors. This collaboration mindset is a key focus of the interviews.

Is it a challenge to explain the mission of Philips, a name that over the decades was attached to a variety of products?

We took the decision three years ago to fully focus on healthcare technology. We sold our audio business, our video business, our TV business. And we IPO’d the lighting, and took all the money we received from these sales to invest fully into health tech. We think it’s a very important area and also an area that needs focused investment.

As a health tech company, Philips has a very strong brand name, top of the list in many markets. Certainly in Germany or India, and of course the Netherlands and some European markets. That also comes from our consumer brand, where we are known for oral healthcare and other products.

For people who have some sense of medical device technology innovation, Philips is one of the top brand names. We have leading market shares or are the market leader in a number of fields – patient monitoring being one, for example.

If you are talking about graduates who don’t have any medical background, I think we might score lower than other firms. But when you bring in the

purpose, our promise and mission of saving and improving billions of lives, it shifts the ground.

What is Philips's track record of innovation in healthcare?

We are one of the leading innovators in artificial intelligence, in diagnostics, radiology, connected care. We're working to enable the flow of crucial information throughout the hospital as well as outside the hospital, and allow data to be shared between all kinds of devices, not just Philips devices.

I spend a lot of time in hospitals, observing. I want to understand how our products and solutions are used, and what issues our customers are struggling with. A couple of years ago, I spent three days with a nurse in the general ward. She had to look after nine patients at night, some of whom didn't look really well. She woke up some of them to take some measurements, and they were upset about being awakened. She was running around, worried about disturbing other patients. By morning time, one patient had died, and the nurse hadn't seen it because she thought he was sleeping.

That's a reality in the general wards right now – 40 percent of unanticipated deaths happen there. The caregiver-to-patient ratio is not one-to-one or one-to-two, as in the ICU, but one-to-eight or 10. Secondly, there's no continuous monitoring. There are spot checks, but no continuous monitoring, and therefore no alarm.

The digital solution from Philips is a wearable biosensor. It's like a patch a third of the size of your hand. You put it on your chest, and it measures key vital signs: respiratory rate, temperature, heart rate, and also position so that we can detect falls. And it translates that with smart algorithms based on big data into early warning scores. If temperature and respiratory rate change in a certain way, and at a certain calibration, you can predict a heart arrest with up to 90 percent precision. And you can do that six to eight hours before it happens.

Now that same nurse is sitting behind a dashboard. At the dashboard is a traffic light with green, yellow, red figures. She can call doctors, she can call rapid response teams, she can give medications. There is also clinical decision support. And it's predictive. That eliminates the stress of being on your own with eight or 10 patients.

There's another example that I feel passionate about, since I worked in an NGO in Burundi. A significant percentage of the world's population, either for financial or location reasons, lacks access to anything you would call modern healthcare.

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CARLA KRIWET

Carla Kriwet is CEO of Philips' Connected Care & Health Informatics (CCHI) cluster of businesses, and a member of the firm's Executive Committee. Before joining Philips, Kriwet held leadership roles at Linde AG, Germany, and was a Senior Principal at The Boston Consulting Group.

JEFF SINDONE is a Partner at MerchantCantos, Brunswick's creative communications agency.

KEVIN HELLIKER is Editor-in-Chief of the Brunswick Review. Both are based in New York.

One solution is what we call tele-ICU. It's a hub-and-spoke model. Imagine a huge room somewhere in Bangalore in a university hospital, with the best experts around. That's the hub. The spokes are smaller hospitals throughout India, for instance, or anywhere in the world. If you're a physician in the hub, you see the patients because there's advanced video technology, you speak to the caregivers, you have access to all the medical data, the history of that specific patient.

Some of the caregivers in these remote places are not even doctors, they're nurses. But they get expert advice from the best people in the country – thereby increasing access to healthcare. You also connect data on a larger basis. If you're a patient in this remote location, I can look not only at you and your certain condition, but as an E-ICU expert I can also get to a database of all patients in a similar age with a similar health track record, with a similar environment, and come back with smarter insights.

One other example: Radiology departments are traditional and too often ineffective. You see radiologists literally looking at three different kinds of screens, and comparing them and saying, "This cancer looked a little bit smaller half a year ago. Now it's a little bit bigger. And I think it's moved, but I can't really see it well up here." The new AI technology we're putting into the radiology department is doing away with this guessing, this extracting data from different systems. Instead of guessing whether the tumor grew or shrunk or moved, automation is making that information available instantly. That allows the physician to focus on the patient, on treatment, on intervention.

If you ask doctors what they want, they don't ask for more data. They don't ask for more information – they have more they can cope with. They ask for smart, predictive guidance, helping them to do their job. And it's our job to meet these needs, and the job of our new joiners at Philips is to work with us toward this end.

What do you say if a candidate asks why you like working at Philips?

Medical errors cause 250,000 deaths annually in the US alone. My passion is avoiding those deaths. What excites me is when I see proof that our technology is saving lives. You no longer have to risk patient infection by cabling and de-cabling – with our devices it's transferred over Wi-Fi, no touch. Little babies in the NICU? They're getting fewer infections because of our smart technology. When our work saves lives, that moves me.