The Beryl Institute's To Care is Human Podcast

The Beryl Institute’s To Care is Human podcast, is elevating the patient experience and the human experience in healthcare. In this podcast, Jason A. Wolf, President of the Institute talks with Dr. David Feinberg, VP Healthcare, Google Health gaining insight into Dr. Feinberg’s healing human kind one patient at a time and delivering acts of kindness philosophy that impacted so many during throughout his career and has brought him to Google Health.

Starting with Dr. Feinberg’s days at UCLA and traveling along the organizations he has impacted, Jason’s conversation uncovers the very foundational values that drives Dr. Feinberg’s success in forming relationships with each patient he encounters.

About The Beryl Institute

The Beryl Institute is the global community of practice and premier thought leader on improving the patient experience. The Institute defines the patient experience as “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”
Jason: From your UCLA days you’ve championed the idea of healing human kind one patient at a time, improving health, alleviating suffering, and delivering acts of kindness. For me, how has this perspective supported your own efforts as a leader in healthcare?

David: Well you know, I think it’s just kept me grounded in really, why we get up everyday, and that’s to make people’s lives a little better. Especially if they’re sick, or if there’s things we can do to prevent them from getting sick. When you get sick, or you have an illness, it’s really really complicated to deal with the illness, and then on top of it, we make it really hard to interact with that system we call healthcare. I just think it’s been a real calling and privilege to try to just make it easier for those folks. It’s why I went into medicine.

Jason: Well, good. I think in that balance for you of obviously having that practitioner mindset, a leadership mindset, and really an innovator mindset altogether to look at it from those lenses, I think has been a critical combination of perspectives. Wouldn’t you say?

David: Yeah. When I was doing child psychiatry at UCLA, and just starting to get my first, kind of administrative role, my mom said to me, “That’s so sad, because you’re going to have less time to take care of patients.” I said, “No, Mom. I got three docs working with me now, so instead of 200 patients, we can see 800 patients a month, or whatever, and they’re all my patients.” Then I had this opportunity at UCLA where we would care for about a million patients, and here at Geisigner, where we take care of a population of about three million, they’re all my patients. I want to make sure they all get care that’s safe, that’s dignified, that they understand, that’s affordable, that’s culturally sensitive. I want them treated as if they were my mom, and it’s been great to be able to try to scale that with great organizations that are so focused on making that happen. They’re my patients. That’s why I still give out my cell phone, they’re my patients. I want them to get great care.

Jason: Where have you seen that idea really take root and have success, and do you think there are times when that still kind of falls short of it, based on the system we find ourself in?

David: It falls short because we get hubris. If we’re really good, let’s say we have the best patient satisfaction, the best quality, the lowest cost, we got the best rankings, we’re five star. US News and World Reports says, we’re the best hospital in the world. None of that matters to the next patient. The next patient that shows up doesn’t really care what you did for the last guy. They care, what are you going to do for my family? It’s this constant need to be focused on that very next patient because you’re getting tested again. That patient, their world just changed. They don’t really care what you’ve done. They appropriately, want to know what you’re going to do. That’s where I think the biggest challenge is, is never losing that concept that the next patient is the most important patient because you got to prove it again.

Jason: That’s interesting. I think you know this, but maybe not. That quote, you shared that with me back in 2011. I still use that quote very often in my keynotes that you say now. What’s only important is that person that’s coming next. I think that’s a critical, critical piece. You did kind of allude to your days at UCLA, moving from practitioner to leader, in grounding you as well. I know during your time there you worked on the book, ‘Prescription for Excellence’ with Joseph Michelli. What inspired that process, and what did it teach you going through codifying, and formalizing the processes and the experience that you had there?
I remember, this was when there were still book stores. We had little kids then, and my son who was probably around ... I'm guessing six or seven. We're at a Borders book store, and he pulls a book out and he goes, "Dad, I think you'd like this one. These are the kind of books you like." Because he knows I liked books that were in the business section, and had a lot of bullets in them. It was a Starbucks book, and so it's a book and it looks like it's wrapped in that coffee holder thing.

By Joseph Michelli, of 'The Starbucks Experience'. I think that's what it's called. I read it, and I thought it was great, and I brought Joseph in to be a speaker to our team around improving the patient experience. We became friendly, and he called me, maybe like a year later and was asking me what his next book should be. I think it was when the Sony Wii Station was happening, or Mercedes. He was trying to decide what to do. I'm like, Joseph, you know that story in your book where the elderly couple comes into Starbucks everyday, orders two coffees, a muffin, they sit down, they split the muffin, and the husband and wife have breakfast. Everyday. Then the husband dies, and for a week, the widow never comes in, but then she finally gets back to Starbucks, and she gets to the counter and she freezes. The barista says, "Hey, why don't we each have a cup of coffee, and split a muffin?" The barista goes out, and has muffin and coffee with this lady who has been a great customer, without the husband now. Joseph's like, "Of course I know that story. I wrote the book."

I'm like, "Joseph, I have 800 better stories than that. You have this track record of writing these best seller customer experience books. You've got to come in to UCLA, and see what we're doing." That's how ... we literally hired him to come in, and he comes in with a team, and says, other than we have a right to correct spelling errors, it's whatever he finds, and came in and wrote 'Prescription for Excellence', which was fantastic for us. You know what it got us? A lot of visitors would then come to see what we were doing, and what we were doing I don't think was particularly special, but it kept us upping our day. Like, oh my God, these people are coming. We better really get it right with these patients. It was a good burning platform. Yeah, we brought him in to write it because I had challenged him that I had better stories than the lady getting the muffin.

Well, I've even been there a couple times myself. I think the process that I had a chance to learn with you, and from you, and the time that we spent together in other places is, you really are a champion of this, as we've said it, for the human experience in healthcare. From your lens, how have you defined that, and what have been your priorities for action, and addressing this idea of the human experience in healthcare?

To me, the experience that people have is so ... I mean, you can just picture it in just a couple sentences, right? If you're a third grader, right, in her haiku poem, that she wants to tie yarn around her neck, and kill herself, you know what that family is feeling. When the Mom comes home and says to her husband, "My Mammography came back, and there's a lump." When your elderly parent falls in the middle of the night, is bleeding in the bathroom, but doesn't want to call you because they don't want to disturb you until the morning because they know you have to get to work, and they don't want to wake you in the night. You just know right away that those one sentences, and we all know what those families are now feeling, right? What they're feeling is, whoa, our world just got shook. We got some real issues that we got to deal with now, and in all of those cases, we need help. We need help from this healthcare system.
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What we'd like that healthcare system to do is to say, one ... This is pretty futuristic, maybe there's something they do to even prevent that from happening, that little vignette. Or at a minimum, we've been expecting you, we're ready to take you in, put our arms around you, and love you, and get you all the right stuff that you need to make the right decisions to take care of your little girl, your wife, or your mom. That to me, is the experience that we're trying to create every time for every patient. Whether they're in our ER, whether they call by phone, or whether they're connecting to us online.

Jason:

That's powerful. We've kind of underlined ... You've probably heard me say this before, this whole idea that simply, the baseline of healthcare is where human beings care for human beings, so the reality of those kind of things that you speak to really do become the priorities for action as well. With this focus on human experience you're talking about, inverting it because clearly there's two sides to this equation. There's the people that we are serving, and also those who do the work of providing that service through healthcare. We know there's been this elevating dialogue on burnout, and resilience, and joy and work. How much of a concern or priority do you see this to be currently, sort of the state of the healthcare workforce, and how can and should healthcare organizations be working to address that as part of the experience equation?

David:

I'm going to take a little tweak on that one, and I don't mean in my answer, to minimize folks that are having real struggles as being providers. I just want that to be a disclaimer to start with. However, I see burnout as something different. Really, when you look at physician burnout, or provider burnout, it's not the way we're defining burnout now. Burnout started because doctors couldn't get things they needed for their patients. Therefore, they were burned out. That's where the term came from. A patient comes in to you, and they have a lot of rat bites, and you just keep fixing the rat bites, but you can't go in the community and kill the rat. That leads to burnout. Or a diabetic who comes in and can't get food, and you keep giving him meds, but you know they're living in an environment where it's not safe to walk. That leads to burnout. I still think we need to focus that it needs to be patient centered, and what do we do to make the joy back for that doc. I think the answer is, you need a team-based approach. You need a real population-based approach, so you can go out and kill the rat, so you can get people healthy food.

Then the docs and the other providers are going to find joy because actually, their patients are going to get better. That patient that comes into the ER all the time because they don't have housing, that can burnout the ER doc. When that patient gets housing, and then says, "I want to take a bus for two hours because I miss my friends in the ER, and I just want to go say hi to them. I'm doing really well." That creates joy. To me, the burnout is actually addressing a lot of the social determinants of health for those we care for, will decrease the burnout of our providers. Now, remember I gave a disclaimer, so I'm also saying, yeah, the EHR could be better, and there's a lot of regulations. Yes, yes, yes, but I don't want us to think that ... We can only have one true North. Patients come first. Let's take care of them, and let's give our caregivers all the tools they need to be able to deliver on that care.

I think we keep talking about how the EHR has made it hard. I think it's actually a lot of the social determinants that have made it hard for a lot of our providers.
I think you and I similarly have that systemic line of sight on this, that healthcare, as you said before, our so called healthcare system really reaches beyond the boundaries of our delivery mechanisms, and that does put a lot of compounding pressures that we don't even acknowledge a lot of times, on the people providing care. I think that's pretty significant and insightful, so I appreciate that thought. It's interesting because this paper we literally just released about a week ago now, called, 'The Care is Human', and in that, I wrote a bit about this idea that we've kind of built a transactional healthcare system, and tried to cram these relational practices in to make it feel more personal, but rather, how do we think about ... and I think you've championed this, creating a relational system, and then find the right transactions to ensure that that relational system is effective.

I think that fixes the burnout.

I appreciate that. You reflect on that, what does that mean to you in terms of that potential shift in the way healthcare looks like, and what do you think that could help healthcare accomplish if we change that mindset?

Well, I think if we really focused on, it's people caring for people, and give them the right tools, and get them the right caregivers, that it's an incredibly, incredibly rewarding occupation. I think you could put it up there as one of the most rewarding. I think it's rewarding to be a teacher. I think it's probably rewarding to be in the clergy, but from a healing standpoint, it's really pretty special. If we can get that system to hum, I think bi-directionally, people will feel cared for. Those caregivers will feel also cared for because you just get to really enjoy very intimate parts of people's lives.

That is that connectivity piece that comes back all the way to some of the initial words we talked about, and you used at UCLA as well. With this change, where do you think healthcare is headed? What's the fate of our traditional models of delivery then, and what may or may not be changing with some of this evolving thinking about what healthcare can, and should be?

Well, I think a key piece of this that we haven't hit on very hard in our discussion so far that's absolutely crucial, is the affordability piece. You can't care for people if they can't afford the care. When we start thinking about affordability, and if we can care for people in a way that they can afford ... if they can't take their pill, we can't care for them, if they can't afford it. If we really make people healthier, they'll have extra income to do fun stuff, like vacations, and save money for college, and what have you. I think that piece is key, and people really talk so much toward moving toward value. I'm at a place now that's very focused on value based, where we're at risk for a lot of the people we care for. That helps align incentives, but it's not that sometimes paying for a particular service is a negative thing. I think what we really need to think about is the overall cost, that it's accessible, and that it's kind. If we get that right, we can kind of work into any kind of payment. I do think in what's forward for healthcare, is more value based. I think it makes sense that that's coming, and I also think technology is going to play a huge role.
When we think of how we interact with our banking system, or how we interact with travel, or how we interact with so many things. It’s mobile, it’s whenever I want it. It’s very centered around me as a customer, except healthcare. That technology is now available. I think the transition of people to electronic health records, while they’re still clunky, has at least digitized the data, so that we can learn from it, we can use these cool things like machine learning, and artificial intelligence to figure out things that the human mind can’t. Those kinds of pattern recognition, and labeling things can be really helpful in predicting, who is going to get sick? Who needs attention?

Also, I think we can make that easier for not only caregivers, but for patients. If it was easy to understand my medical record, it was easy to bring my medical record around with me. It was easy for the doctor to go in and out of my medical records. Those would make things much easier, and the time is now because we see that we have the technology to do it, and we have the platform in place. I think it’s also one of those things, for the first time, technology can come into healthcare, and actually decrease cost. Instead of what we’ve seen historically, is it’s a cost-increaser.

That’s interesting. The consumer research that we released this summer really got to that point. People want to be listened to, they want to be treated with courtesy and respect, and the third thing is, you’ve just hit on, is communicated to in a way that they can understand. To your point that that fills in a lot of the gaps that we currently have in healthcare that add to cost, complication, error, and all those things. I also said it was interesting while we were talking to Vivian. We are the largest consumer facing industry in the world, healthcare. Whether we acknowledge it or not. We’ve not built ourselves that way. In some ways, whether consumerism is a dirty word, we’re not … What extent do you believe consumerism has a hold on healthcare, and in what way does it impact healthcare today?

I’m a believer in customers. If right now, at Geisinger, seventy percent of the people that pick our health plan are choosing it from a list, so they could pick other plans. Long gone are the days where your work says, this is the only insurance we have, right? That’s not consumerism. If you can pick us, or pick somebody else, that’s picking. I just think it’s really crucial to have that mindset to make things much better for those that we care for. I believe that when we talk about patients, it almost by definition means that our healthcare system only takes care of you when you’re sick. So what do we call you when you’re not sick? When we still could be taking care of you, and preventing you from getting sick? Then are you a person, are you a customer? To me, those words are really important, and we have to be … If we keep only focusing on *patients*, we’re only going to continue a sick care system. Instead of really talking about keeping people healthy.

Yeah, you’re right. It keeps us just within the walls of the healing space versus the preventative, and like you said, sort of the population health space, which is I think, a challenge for us, right? In kind of shifting that mindset. That does lead me to this whole idea of, what are we not seeing in healthcare today that that could impact? What do you see as healthcare’s current blind spot, or what is it that could be in our way of getting to some of these aspirational views that you share?
I think what the blind spot is is what you’ve been working on for so long. We’ve designed a system around the wrong person. We’ve designed a system based on providers, instead of based on people, or patients. I think that’s the fundamental problem. Every other consumer system is actually designed around the customer, right? It’s bazaar. It’s almost like if you said in the airline industry, “We’re going to fly when it’s most convenient for the pilot to get where he’s going. That’s when you get to come on the plane.” It’s just bazaar. We’re only open certain hours, right? We don’t have office visits ... Now, we do a lot at Geisinger, but typically in healthcare people don’t have office visits on Saturdays and Sundays. Why? Well, the providers don’t want that. Well, the airlines fly on the weekends. I don’t get it. That’s probably the best time to go to the doctor. I’m not at work, my kids aren’t at school, can I come in? Oh, yeah. We’re here every third Saturday, until 1:00. Why aren’t we open every night until 8:00?

That, to me is the fundamental problem, that we’ve had this blind spot. I think the reason being is that historically, there was such a knowledge gap between patient and providers, that we could act like that. It was worth waiting in the waiting room because you got to get this answer that you couldn’t get on your own. Google has completely democratized information for the world. There’s now so much information that even the docs can’t stay up to speed, so all of the sudden that gap is different. Well, now why can’t I get it when I want it? I think that piece is an important one that we have to accept, that really now, healthcare providers in a lot of times, not exclusively, are more your guide and your navigator than this paternalistic, “I know something no one else knows, and let me tell you what it is.”

Yeah. I think you’re right. The disruptors of our healthcare system aren’t even other components of the healthcare system. It’s the expectations that are being set by so many consumer facing experiences that people have today, that they ask, this is the most important one that I have, and I’m not getting it. Why is that? Really, it’s an interesting challenge, I think.

Really, it’s an interesting challenge. I think. For you, having been on this journey, and in particular with this move ahead, to the extent that you want to or can ... You’re making this move from being in the direct provider business, to an industry position that could really be disruptive. What inspired that move for you, and what do you aspire to achieve in taking this new step in your role in healthcare?

I think that this next phase for me, and I still have a tremendous amount to learn, but we’ve seen the tech industries, the big companies, Google included, really change many other industries. When you think about it, Google didn’t make libraries work more efficiently. They changed how you got information. Netflix didn’t make Blockbuster work better, it changed how we consume TV’s and movies, or entertainment. What an opportunity to be able to say, “Can I be part of a team that wants to really change how people and patients interact with their own health and wellness, and with times when they’re sick?” Now, I think healthcare is a much more regulated and complicated industry than libraries, and Airbnb’s, and transportation, but actually, a lot of it isn’t that much more complicated. People are still looking for answers, they’re looking for solutions. They’re looking for problems to be solved. What can I do to solve this problem that I have in my family? I think if you take that approach, that the technology companies, and I would say Google is particularly positioned for this, ‘cause everyone starts, before they go to an ER, or when they got a medical problem, with a Google search.
If we can maintain people's trust, and provide them with guidance with whatever they're asking for in a non-creepy way, I think it's a real opportunity to change people's behavior where they can achieve optimal health, and access care easily and affordably. I would say that my next move ... Google has about seven or eight businesses that have a billion users a day. Maps, Gmail, YouTube, Search, Chrome, Android ... Well, what if there was a health unit, a health product, whatever you want to call it, that a billion users a day came to? All those other products are free the user. Google figures out how to make money from it, but what if Google had a billion people a day coming to this place where you got healthier? Then I can say to my mom, "I’m taking care of more patients." To me, that’s what this is about.

It is really. To your point too, expanding all the pieces we’ve talked about. About caring for population, about getting beyond, just dealing with just the healing side to the health side, and the ability to understand the systemic issues, and get the information in the hands of people in a way that they can understand so they can make the right decisions that have that ripple effect that you’d mentioned around being more efficient, being more cost-effective, enabling people to live fuller lives. That’s a powerful potential for healthcare that I think the system, in the way we’ve talked about it in these last few minutes, has kind of been in the way of our capacity to achieve. It’s going to take, I think bold folks like yourself, to be disruptive from the outside in to help us think about and act on these things in some different ways. I appreciate you being a champion for that.

Let me give a specific example that I think we should just fix. That’s like, type 2 diabetes. When I was born fifty-six years ago, the chances of me getting type 2 diabetes was one in a hundred. If I were born today, it's one in three. When you think of obesity in general, we spend more on obesity in the United States than we spend on defense. As a percentage of GDP, it's four to seven percent of GDP is spent on obesity. You could call it a national crisis. I'm not talking about type one diabetes, which is genetic, but type two, which is really a food borne illness, or a lifestyle disorder. We keep creating new medicines for diabetes, and new apps for diabetes. Google has done incredible work on looking at the retina of people with diabetes, and being able to diagnose retinopathy equal to eye doctors. Incredible advances. In five years, the measure of success that I want is that the rates of diabetes in young people has gone down dramatically. We know how to do it. We know how to intervene, and allow people to have healthier lives and not develop these disorders. When I went to medical school, type two diabetes was called, Adult Onset Diabetes, because no one got it as a kid.
Now kids are getting Adult Onset Diabetes, they’re getting type two diabetes. It just blows away what you learned in medical school. Those kinds of things, I think are absolutely crucial, and I don’t even want to wait five years before we can say we’ve changed that. It’s really disproportionate to people of less means. If you’re really poor in America, if you’re really poor, you eat rice and beans, which are actually good for you. If you’re just plain poor, you eat high caloric, non-nutritious food. Fast food, bad stuff, stuff from that convenient store. It’s killing you, and killing your kids. We know how to fix that. To me, that’s absolutely crucial. Those kinds of things are what we need to address in the next five years. If we’re not, if we’re just coming up with better pills, I think we’re really failing. Seven out of ten Americans are on a prescription medicine. We can talk about, “Wow, prescription medicines cost too much money,” or, we can get people off medicines because they don’t need them.

Some people do, so I don’t mean to be cavalier here, but those that don’t because we can change behaviors so they don’t need the medicine, then we don’t have to worry about what a medicine costs if you’re not taking it. That’s the stuff I think we’ve got to focus on.

Jason:
That’s pretty exciting. I think about this, and it gets my mind thinking about, in particular, in your role, the capacity that you have to push the thinking in new learning out. The things that people just aren’t even aware of the fact that it’s impacting their lives. Getting information in front of them in ways that they make different choices, helping educate them at the decision points before they enter the health system for care specifically. I think that’s fascinating, the potential to really get ahead of this. As you’ve said, and I think you’re going to be in a position to really impact that as well, which is exciting.

Jason:
Yeah. I think that they will be very lucky to have you. Seriously, we think about this, and I mean, we’ve talked about it a lot, and obviously, I think you and I could talk about this forever if we had the time. In reflecting on all of this, and reflecting on your journey to date, where you see yourself going, do you have any last advice for healthcare leaders, practitioners that really want to advance this conversation on human experience in healthcare? What would you lead them with, what nugget, what challenge would you offer them, or what bit of advice would you suggest they consider?

David:
Often times I get asked the question, and it’s framed as if … “You know, the CEO of my hospital doesn’t think like you. If we just had you, it would be great.” My answer is, wait a second, wait a second. There is a patient right in front of you. There’s a clinic you’re responsible, there’s a call center you’re managing, there’s a team you’re working with. Everybody can fix this. You can start with one patient. If you do it with one patient, it will have a ripple effect. Don’t use excuses that your system doesn’t think this way. You can think this way yourself. You can be a medical student and say, “Hey, would you mind if I called you once you got home because I want to see how you’re feeling? Could I make a home visit?” No one’s going to stop you, and so you have this opportunity to do this stuff in your own little ecosystem. Even if those people up in the [inaudible] aren’t talking the same language. Don’t wait to take care of people.
Jason: Powerful. I think that's a headline right there, don't wait to take care of people. It happens in multiple ways, doesn't it?

David: Yeah.

Jason: Well, I think you have truly been a champion of taking care of people. Like you said, I think your mom will be proud to know that you're taking care of millions, if not eventually billions of patients.

David: My mom is super proud.

Jason: Nothing like our mom’s kvelling over us, right?

David: Exactly.

Jason: I can totally appreciate that. I just want to say thanks to you for your leadership, and this conversation, for your vision. For healthcare, for your willingness to share some of your thoughts today. Always an incredibly valuable, and honor to travel this journey with you as well, Dr. David. I just really appreciate your taking some time today.

David: Well, I appreciate our friendship.