

Announcer:

Ahead on Tim Talk, we sit down with a woman who left her medical practice to start preaching healthcare literacy on the streets and now is spreading the word like never before.

Tim Dentry:

Hello again, listeners. And thank you for coming back to this conversation. My guest today is no stranger to Tim Talk. We welcomed her onto the show two years ago to talk about her mission to improve health literacy through relatable, understandable, trustworthy health communication. She broadened her reach via social media through short videos called Dr. Lisa on the Street. Dr. Lisa Fitzpatrick, CEO of Grapevine Health. We are so glad to have you back on our show.

Lisa Fitzpatrick:

Thank you so much for having me back. I'm honored, but also a little surprised that you wanted me to come back.

Tim Dentry:

Well, absolutely. And outreach to individuals where we serve and helping with health literacy, it's going to make us live up to our words of really caring about people in the communities where they are. And being an outward-reaching health system and not one that waits for folks to come to us because that's the key. And one of the key lessons learned through COVID that I hope we all have better have learned or history is going to repeat itself. So thank you for what you do. We can learn from you. I think when last we spoke, we were still in the pandemic, and you were very concerned about the trust deficit that the healthcare community had with the general public. Where do you think we are today in terms of public trust?

Lisa Fitzpatrick:

Sadly, I think we are still very much in the same place we were. And in some ways, we are even a little bit worse off. I think the trust was eroded so deeply during the pandemic. It's going to be really difficult for us to recover. And in some ways, we never had the trust we thought we did. So my specialty is infectious diseases, and most of my career since graduating from my fellowship, I've taken care of people with HIV. And to be honest with you, all the things we saw during the pandemic were things we already struggled with for those of us who were working with HIV. A lot of the mistrust and misinformation about medications, about clinical trials, about the healthcare system's interest in preserving the health of Black and Brown and underserved communities or people who are marginalized, those are all of the things that surfaced during the pandemic. So for those of us working in infectious diseases, it felt like a déjà vu moment in some ways.

And we've never really dug ourselves out of that hole to help people understand, HIV is not some conspiracy. So many people believe HIV was created in the laboratory so that it could be used to annihilate Black people and gay people. And we've known that. We're confronted with that a lot. So fast-forward to the pandemic and you hear people talking about how the vaccines were created to harm people, how there's a new technology you shouldn't trust. It's really all the same thread, the same thread of mistrust and misinformation because we haven't done a great job building trust with people through information.

Transparency is a big deal, not just... People talk a lot about drug price transparency and hospital pricing transparency. But transparency around diagnostics, being open and honest about people's clinical

conditions. Folks really pay attention to whether or not we're being truthful with them and whether or not we are listening to them. And my experience is, and not just in my clinical HIV practice, but all the street walking I've been doing, really validates that, that people feel like we are not listening to them. So if you couple that feeling with all the confusion and conflicting information of the pandemic, I'm not surprised that we are still struggling with this trust issue.

And the final thing I'll say on that is I was never a fan of vaccine mandates. And the reason is because of what I've just told you. I already knew that mistrust was there and people don't, especially in the United States, people do not like it when you tell them they have to do something. I thought a better way would be to use these types of health literacy approaches. We're employing it. Finding people where they are, matching them with trusted messengers, really having civil conversations to help people understand what's going on and speaking to them in plain language in a respectful way. I think more people would be willing to accept and understand how we got to a vaccine so quickly as opposed to the way it was done.

Tim Dentry:

Outstanding. And that's at least four volumes of great thought and content that we could read and talk about and listen to and learn. So I'll use this term in a very positive way. You plucked a few nerves with me in a really good way in what you just said, and I'm going to share a couple of those. First, my experience through COVID. I've really felt, and I could even show you some material I share with big groups of people, that once we were out of the clinical side of COVID that the preparation response, the high caseload, all those kinds of things, once we were beyond that, the community trust would be off the charts. That we would have a halo over our heads, that we were the true heroes during that. All of us, I mean.

In healthcare, we were the true heroes at the time, whether it was setting up mass vaccination sites. We had eight of those across the state. Setting up testing because the state wasn't sure how they were going to get testing accessible. Setting up pop-up clinics for and having our home care nurses go into homeless shelters or on the streets and that kind of thing. And increasing awareness to then monoclonal antibodies when that came out and setting up those clinics. So we always said yes, and then we figured out how to do it. And I just felt that for generations of the communities we serve, people in the state of Maine would remember who they could trust.

And that was true at that moment. What I absolutely didn't realize or predict and my skin is thin on, and I need to get thicker skin on, I guess, is how short that memory was because it seemed like then once the real trouble started for us economically. But people don't care about our economics. That's not what their trust is based on, what our economics are. Their trust is based on how easily accessible are we to meet their needs, how much do we respect them, how much do we give them that extra time, and all of those kinds of things.

So you said a couple of things again, in some ways we never had the trust we thought we did. I've been thinking a lot about that, and I think that's very true. I think there was a bit of skepticism, especially as healthcare got a little bit more, especially hospitals and health systems got a little bit bigger, a little bit bigger. Just through that alone, whether we have values that show we care about all that we serve, and our primary characteristic of the culture of our organization is be a caring organization that starts with caring for those that we work with and then also to those that we serve. That wasn't always the case, and you can't just say those words. You got to continue to raise that bar. So how do you respond to that? You listen and learn.

And you said that very, very well. Do people feel like they're listened to? And so that's got to be a big thing. And therefore, don't evade your vulnerability. We're all vulnerable, and we're all imperfect. And

the best thing that we can do right now as healthcare providers in doing something about making people feel more listened to, and therefore developing ways to help them in their care and their care planning, their ownership of their health, and that kind of a thing is to really listen and to learn from that, and then do something about it.

Because the mistrust was there. And the last thing I'll say is, okay, mistrust is there, has been there. It fluctuates in levels, but our job is to earn trust. And so when I said a bit ago about thin-skinned, it's because I thought for the longest time. Don't they realize how much we care? Don't they realize how much we're trying to give and do something with all odds against us, with all these headwinds and all these other descriptives of a tough situation both clinically and then the economics of it and all that? And sure one could say, and across our country people are getting less trusting. And whether it's healthcare or anything, any aspect of care. But you absolutely said it as far as improving our skills of listening and learning from one another, which is why I'm glad you're here, Dr. Fitzpatrick.

Lisa Fitzpatrick:

There are a couple of things I want to react to. First, this notion that people don't pay attention to the cost drivers or the financial considerations in health systems. They pay attention but not in the way we'd want them to. One of the most common things I hear on the street in underserved communities is that doctors are drug dealers who are collaborating with the pharmaceutical industry to make money. And this erodes trust. I mean, if you're thin-skinned, that's a hard thing to hear. That people think you're really just trying to make money, and you don't care about them. But if you think about the optics, the optics are all about money. I remember one of the reasons I decided to leave academia was because I received a memo from our department chair telling us the bed census was too low.

Now here I am thinking about, and I'm being really honest, talking to a hospital administrator who cares about your bed census, I know. But one of the things I'm also known for is honesty. So that concerned me because I wanted to keep people out of the hospital, but I was working in a hospital that really needed people in the hospital, and I had trouble reconciling that. So when people in the community would say things like that to me, it made me realize they were paying attention. They don't really understand all that you have to consider, all the things you have to balance away to keep even the clinic running, not just the health system. And on the outside, it looks to them like we don't care and it's all about money. And I have so many stories about that, about people who have given me that perspective in different ways.

The other thing is about how people perceive care. Now we do a lot of qualitative data collection. So we talk directly to people where we have focus groups or discussion groups with community members, community organizations, and patients. And they tell us. I mean, we don't just ask, "Well, why did you go to the emergency room?" They might give us a, "Yeah, so my doctor said I should come here." We don't stop there. We drill down and try to really get to the root of the problem. And it always comes back to something about the operations, the process that made them believe they weren't a priority.

And so a good example of this is, "Well, my doctor's always making me wait. But then I was late, and they told me I had to reschedule." So we don't think about those things because we are also busy trying to keep the trains on time. But it's a real challenge. And if you're not consistently listening to how people are perceiving the care and services we're providing, this disconnect will continue to be there. But we have to be aware of it because I think a lot of the customers we've had, they don't recognize there's a disconnect. So that's been very interesting for us.

Tim Dentry:

Thank you. I would add listening with humility and listening with the intent to learn and do something about it. And that is so true. And that's what you do, and that's what you do in Lisa on the Street. So I'd like to ask you a couple of questions about the videos that you produce. Obviously those that have experienced those tools, you produce a very effective tool to connect with people where they are, as you've already said on this podcast. But it's not just where you're talking to them, but how you're talking to them too. So can you tell our listeners the effective ways to reach people where they are? And I think our listeners, with a lot of them being caregivers themselves and with patients and with community individuals and that kind of a thing, providers if you will, and other healthcare professionals. How can the providers and other healthcare professionals improve communication with patients? What have you found to be the keys that open up the door to trust so that we can together make it a wider door?

Lisa Fitzpatrick:

Well, I've been asked this question before, and people, particularly doctors, don't really like my answer. But it involves humility, recognizing you don't really understand where this person's coming from. You've never walked in their shoes. As we train, I'm of a generation that didn't really talk about bias. So there was a lot of bias embedded in my training and the way I think about and approach things. I'm much better now. But people recognize when you're judging them or you are being condescending, even if you don't think you are. But saying things like, "As we talked about last time." Or, "Don't you remember?" Or, "We've been over this before." Which sounds very benign to you, but it sounds very condescending to them. And subtle things like that.

Providers also need to remember our body language tells a story. And I think there's research on this, that your body language communicates even more effectively than what you're saying. There's a quote, don't listen to what I say. Watch what I do. Or something like that. So this woman, we were asking people about how they decide they trust a doctor. And listening to us, the most common, are they listening? So we'd have to say, "Well, what does that mean? How do you know if they're listening?" And this woman said, "Well, I always notice when my doctor starts... We can be having a conversation, but if she starts moving to the door, then I know it's time to wrap up. And then when she puts her hand on the door, I know I need to stop talking." And that was insightful even for me because I'm sure I've done that before, and they're picking up on these subtle cues that we are not really paying attention to.

And then finally the language. We are doing a terrible job at demystifying health information because these terms are so, they're so prevalent. Television. I mean, if you look at any drug ad on television, it has so many multi-syllable words that people would have to go and look up on Google if they could figure out how to spell it. We take it for granted people know what these words are. A woman asked me on the street, she said, "This is the thing I'm having. What kind of doctor do I need to go to?" So I had to explain the difference between a rheumatologist and a hematologist and an oncologist because we say, "Oh, well I'm going to refer you to the gastroenterologist." But the person may not say, "Oh, what kind of doctor is that? And what do they do?"

So I think just being mindful that we can communicate amongst ourselves as healthcare providers and medical people, and we understand each other. But that doesn't mean other people or the people we're taking care of really understand what we're talking about. Because they will nod along and then they'll go home and ask their grandmother, "This is what the doctor said." But it's like the game of telephone because by the time they get to the grandmother, "Well, this is what I think the doctor said." And then the grandmother gives the interpretation on an imperfect message. So it's been really humbling to hear how people experience and receive our care and attention. Because we think we're doing a good job, but they tell a different story.

Tim Dentry:

Wow. That's so fabulous. And my mind is going a lot of places as I listen to you, and the one place I'm going to is talking with all of our team of healthcare people. There's over 10,000 people that work at Northern Light Health, and everybody has their different roles kind of a thing. And we know that we have some staff shortages, in nursing, certain specialties. You touched on a couple where in other states, and we have the same problem, you could wait over a year to get to see a rheumatologist, for example, that kind of thing. Gastroenterology. There's thousands of people that are waiting to have their test done, their diagnostic procedure done. Thousands. And everybody's doing the best they can, but guess what? The cavalry is not going to come charging in, and all that is going to be straightened out.

And so we need to make sure that those moments when we're with those that we're serving, or we're prioritizing, hey, I'm not reaching out as well as I could. I'm not connecting as well as I could, as you and I both said, with humility saying that. Not with defeatism, not being the victim of whatever, but being a healthcare person that's eye to eye, hand in hand with the patients, or reaching out to them. Guess what? I wonder what difference we could make if we all just really connected and listened. And detect the kind of things that you're hearing, that you're sharing with us right now. So that's a great message. So listeners, I hope you replay this again and listen to Dr. Fitzpatrick because it's always in the budget. It's not an excuse. It's a how we're going to make a difference is how we work with each other and work with people. So one other question please-

Lisa Fitzpatrick:

But can I just give out a shout-out though to the healthcare providers? Because I know docs, nurses, we're under a lot of pressure. And I want people to know they're appreciated. But at the same time, we are in the business of customer service, and so we have to find ways to balance that. And sometimes it's hard to ask for help or mental health support if needed, and there's a whole range of ways we can do that. But I think there's still a stigma among healthcare professionals about seeking mental health support. And I just want to encourage people because to show up in the way you're talking about day after day when it's really a struggle, I don't know how you continue that without some sort of mental health support. So just want to acknowledge that it is hard, and we appreciate people showing up to work when it's such a challenging time. But we need them to be whole and healthy, and that includes seeing about their own mental health.

Tim Dentry:

Very true. Perfect. One other question I wanted to ask you, Dr. Fitzpatrick. How can healthcare literacy and improving communications like we were just talking about, what's the direct correlation between that and improving outcomes? Health outcomes?

Lisa Fitzpatrick:

Okay. Can I tell you a story?

Tim Dentry:

Yeah, please.

Lisa Fitzpatrick:

I hope I didn't tell you this story last time because this story to me is so powerful. It was a man who lives in my neighborhood, and stop me if I told you this story last time because then I'll have to tell you a different story. But I hadn't seen him in a while. And when I saw him again, I said, "Where have you been?" He says, "Oh, I was in the hospital." I said, "Really? What happened?" He said, "Well, they told me there was something wrong with my heart, but there's nothing wrong with my heart. Look at me. I feel good." Assuming I haven't told you this story-

Tim Dentry:

No, no. Keep going. This is great.

Lisa Fitzpatrick:

Okay. So I said, "Well, if you feel great and there's nothing wrong with your heart, why did you go to the hospital in the first place?" He said, "Well, I couldn't breathe." So I had to explain to him how his heart, having a problem with his heart leads to problems with breathing. We don't take the time. And even in that hospitalization, if they explained to him what heart failure was, they didn't explain it in a way that he understood it because to him, his breathing had nothing to do with his heart. And he's had multiple hospitalizations since then. He doesn't take the medications because he doesn't believe he needs it. He says, "They keep prescribing this medicine for me, and I have medicine stacked up in my bathroom cabinet." I said, "Well, why do you keep taking the prescriptions? Are you telling them?" And he says, "No, I just think they need the money. So I just go ahead and take the prescription."

Very common. There's a direct correlation between him having low health literacy about his health condition and the cost of these repeat hospitalizations, medication, non-adherence, all related to trust and low health literacy. But it's not his fault. Who's communicating with him in a way that he connects and understands and believes that it's in his best interest to follow the advice, the medical advice, so that he doesn't keep ending up in the hospital in heart failure?

Tim Dentry:

Yes. Great, great example. And I hope what I'm going to add to that isn't too much of a distant tangent, so I apologize ahead of time if it is. But you made me think, as you have throughout this podcast, of the way healthcare, in my view of the elephant of healthcare, that so much of our resource is geared toward things that don't necessarily enhance what you're talking about. It's geared to justifying a service or a charge or going back in and again, getting either after the fact permission or before the fact permission or all those kinds of things, challenging a denial of a claim. My goodness, we have a whole army, mini army. They're there to say, "Oh, we got denied. Now let's make sure we get back in there." And if we could take all of that resource and put it toward people that are on the street and people that are connecting and helping, therefore the doctors and nurses understand that. Because the doctors and nurses, you're right. So what a stressful position and responsibility that they have, and we can't just keep adding to what they're doing-

Lisa Fitzpatrick:

That's right.

Tim Dentry:

... But we can add to their team. We can add to their team. That has a direct correlation, not only with as ISU, patients and outcomes, but in direct correlation to how effective and how satisfied and gratified

the caregivers are in their work and what they do because they have people helping them understand these needs.

Lisa Fitzpatrick:

I think one of the things that's demoralizing for healthcare providers is that sometimes we feel like we are just tuning people up. This is a factory. This part's broken. Fix that for right now until it breaks again. And that can be really frustrating to see the same people over and over with the same conditions, but think about who we are as a society and what we prioritize. How is it that we have allowed this system to escalate? The system by which the insurance company is actually controlling what's happening with the doctor and the patient, what's happening with the health system and doctors, and so on. I don't know. I feel really, it saddens me, but I feel really discouraged about it because I think that needs to change. This notion that the gatekeeper knows more about what we need for patients than we do. It's a real problem.

Tim Dentry:

Yeah. Well, one last thought I have before we wrap up, and I also want to see if you have any last thoughts, Dr. Fitzpatrick. But my last thought, I'll give you the last word on that, is that I heard this one, a healthcare, financial healthcare financial guru in America is talking about the really difficult situation economically that healthcare is in. And he's pointing though to the root cause is a lot of things that you and I are talking about right now. And that the solutions are a lot of the things you and I are talking about, like be humble. Don't hide your vulnerability. Show your vulnerability as you listen and as you learn, that kind of thing.

But you said something just now about what... I can't remember if he used the word frustrate or something along those lines. I love what he said, and I try to live this. We have the responsibility now to be enthusiastic, to be enthusiastic. So as much as that might sound like rah-rah, that's not what he meant. What he meant was listen and learn enthusiastically. Embrace your imperfections enthusiastically, and don't dwell on the problems in healthcare. Be enthusiastic about creating a new future in healthcare.

Lisa Fitzpatrick:

Well, I think that's a great last word. I can't top that. You've just inspired me because a lot of times I don't feel very enthusiastic. So thank you very much.

Tim Dentry:

Thank you, Dr. Fitzpatrick. And thank you all. Absolutely. I've enjoyed this, Dr. Fitzpatrick, so much. And I can't believe it's been two years, but it seems like it's all coming back to me the last time we connected. And I hope you feel that way too. I think to get on this kind of a podcast and not having seen someone for two years, never seen them in real person, by the way. That's a new thing. Seeing people in person again, it's making a comeback. But thank you for being here and sharing more about your mission. And thank you to our podcast listeners as well. Until next time, I'm Tim Dentry from Northern Light Health, encouraging you to listen and act to promote our culture of caring, diversity, and inclusion that starts with caring for one another. Thank you.

Announcer:

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