

Fixing Healthcare Episode 10 Transcript:

Interview with Zeev Neuwirth

- Jeremy Corr: Hello, and welcome to season two of Fixing Healthcare with Dr. Robert Pearl and Jeremy Corr. I am one of your hosts, Jeremy Corr. I am the host of the popular New Books in Medicine podcast, and I have with me my co-host, Dr. Robert Pearl. For 18 years, Robert was the CEO of the Permanente Medical Group, the nation's largest physician group. He is currently a Forbes contributor, a professor at both the Stanford University School of Medicine and Business, and author of the best-selling book, "Mistreated: Why We Think We're Getting Good Healthcare--and Why We're Usually Wrong."
- Robert Pearl: Hello, everyone, and welcome to season two of our monthly podcast series aimed at addressing the failures of the American healthcare system, and finding solutions to make it, once again, the best in the world. In season one, our guests were chosen for their expertise within the current healthcare system. Their bold plans drew thousands of listeners and sparked a national debate. The best and boldest of their ideas were part of the first-ever Fixing Healthcare Survey, which you can visit my website, www.robertpearlmd.com. Please, go there to check out the survey results, and add your comments. We'll be sharing the best listener ideas on air throughout this second season.
- Robert Pearl: This year, we'll be welcoming guests who come to us from outside the medical mainstream. We're looking for new, unconventional ideas, and, most importantly, practical, proven strategies for making change happen.
- Jeremy Corr: Our guest today is Zeev Neuwirth. He is the author of the new book, "Reframing Healthcare: A Road Map for Creating Disrupting Change." He is also the host of the hit podcast, Creating a New Healthcare. He currently serves as a senior medical director of population health for Atrium Health, formerly Carolinas Healthcare System.
- Robert Pearl: Zeev, I appreciate you being on our show today. In "Mistreated: Why We Think We're Getting Good Healthcare and Why We're Usually Wrong," I focus on the what. What do we need to do to achieve higher quality, easier patient access, and lower costs? In Fixing Healthcare season one, we and our guests focused on what do we need to do to make American healthcare great again. Now, in season two, we're focusing on the how, and your book, "Reframing Healthcare," does a great job of tackling that question through a combination of the reframing road map with a marketing mindset. You offer seven specific steps to create disruptive change.
- Robert Pearl: Today, I want to explore each of them with you, and, at the end, look at one specific opportunity: How can we improve primary care?

Zeev Neuwirth: Well, thanks, Robbie, for having me on your podcast. I have to say, I'm a big fan of your podcast series, and I also loved your book. In fact, I think I referenced your book in my own book, so really a pleasure and a privilege to be on your program today.

Robert Pearl: Okay, for the listeners, let's get started. Let's take step one of your seven-step process. What do you mean by reorienting, and how would you apply it to the American healthcare system, if I can use the word system very loosely?

Zeev Neuwirth: Yeah, so in the book, I spend a bit of time talking about how I came to this understanding that the first step has to be reorientation. Like you, I've been in the healthcare system for many years. I've actually been in healthcare for almost three decades. From the beginning, have realized that things had to be much better, and I think you and your book explore that in detail. In my own book, I talk about it in the first chapter, and I think most people accept that the system has to be overhauled.

Zeev Neuwirth: After 30 years of chasing one silver bullet after another, I finally realized that we really needed a different way of thinking about things. In fact, if you look at innovation in every industry, what you'll see is that transformations and major, profound innovations actually occur when you bring in ideas from outside of the industry. You can't fix the problem. You really have to reframe it and reorient it. That's the way innovation and transformation generally work.

Zeev Neuwirth: I had been actually observing a major reorientation or reframe and had been observing people actually introducing it into healthcare. That's the marketing mindset that we'll talk about, but that's what the reorient step means.

Robert Pearl: You have a great visual in your book about the U.S. pilots in, I think, it was the Korean War. Can you tell the listeners that story?

Zeev Neuwirth: Yeah. You know the whole idea of a road map. Why do you need a road map? Why do you need steps? Why do you need a guideline? People think of innovation as just coming out of thin air, something like that, or coming out of some genius' brain. The truth is, when you're stuck in a situation that's a dilemma, especially when things are very, very, volatile, you need to have certain guidelines. There was a guideline that was actually created by a pilot strategist. What he observed was in the dog fights that the Americans were winning over the Koreans, and yet the Koreans were flying fighter jets that were far superior to the American fighter jets. He couldn't understand how that could be. Their jets were so much better.

Zeev Neuwirth: What he observed was that the American pilots, the only advantage they had in their jets was that they had a bigger viewing perspective. They actually could see around much better and much easier and much faster. What he observed them doing was what he documented, what is called an OODA loop, O-O-D-A.

That would be to observe, orient, decide on a course of action, and act. O-O-D-A, observe, orient, decide, and act.

Zeev Neuwirth: What he observed was that the pilots, because they had better viewing, could do these OODA loops much faster than the Korean pilots. So, he actually wrote this down. Taught it. It actually became quite well-known in the military, and then it became known outside the military. In fact, it's a general principle that has been adopted by entrepreneurs in Silicon Valley. They all know about the OODA loop. It's become an industry competitive advantage to really observe, orient, decide, and act. The faster you can do that, go through those loops, the more of a competitive advantage you have.

Robert Pearl: The visual of having a front of an airplane that is narrow in view versus wide in view, to me, is just so powerful because we tend to define the challenges of American healthcare in a very narrow way. I think, as you point out in the book, as we expand that horizon in both directions, left and right, we ended up with far more opportunities and better ideas. How would you apply this specifically to American healthcare? How do we need to reorient it?

Zeev Neuwirth: Well, I think we've been stuck for years. Again, I would say a couple of things. I would say, first of all, we've been stuck in an era of re-engineering, and that's been going on probably since the 1980s. Very much similar to other industries where we really are focused on just optimizing and improving efficiency and proximal, incremental changes. I think there's a place for that, and that shouldn't go away. We should continue to improve and improve efficiency and optimize processes. But, I believe we need to move into an era of reframing.

Zeev Neuwirth: Again, in other industries you see that happening, whether it be in the baking industry, for instance. You have to transform. You can't fix yourself out of a dilemma. That's the first point. The second point is really, well, what is the new orientation? What is this new reframe? I think that we have to shift ... and, I probably need to explain this ... we have to shift from a medical mindset to, what I call, a marketing mindset.

Robert Pearl: Expand some more, particularly around the focus on the consumer.

Zeev Neuwirth: Yeah, so thanks for asking. The medical mindset that we're in is obviously very, very important, very necessary. The medical science and technology and the application of that and the advancement of that, and all that will continue. But, we've really been stuck in terms of thinking about healthcare delivery and thinking about people as patients in, what I would say, is just an outdated way of delivering healthcare and delivering those services. Every other industry has a fundamental set of principles that are based on the consumer or the customer. Every other industry. It is so basic. It is so fundamental that people don't even think about it.

Zeev Neuwirth: They have a hard time even explaining it because it is just the way every other industry works. You treat people. You think about your potential customers and your customers in a certain way. There are rules of the road, and those rules guide everything. Of course, over the past few decades, those rules have become technologized, and there's analytics and tremendous sophistication. What's been, I would say, frustrating to me to observe is that healthcare's still working in a very, very, old way of thinking about people and delivering its services. I think we need to adopt the mindset, the consumerist, customer mindset, what I call the marketing mindset, with its principles, with its technology, with its sophistication, in order to advance healthcare delivery.

Robert Pearl: What do you mean by redefine, and how would you apply that to the current challenges of American healthcare?

Zeev Neuwirth: Yeah, so I think if you take this marketing mindset or this consumerist approach ... I would say this as a starter. I think unless you actually understand consumerism and marketing and really have studied and have some expertise, chances are you really don't understand it. It probably raises some red flags for a lot of folks thinking, "Oh, my God. What does this mean? We're going to treat patients as consumers. Are we going to try to sell them things," and all that. Nothing could be further from the truth.

Zeev Neuwirth: The essence of marketing is all about understanding people, understanding their needs, finding customer segments, customizing solutions for those segments, delivering those solutions, and making sure that you're engaging your customers and continue to make your solution relevant to them. If you think about it, that actually isn't all that different from the fundamental principles of medical care. It's really about knowing your patients, understanding your patients, taking the generic training and evidence-based medicine you've been taught, and customizing it to that individual in front of you, and then making sure they understand it, and they can actually use the wisdom and knowledge and skill that you're bringing to them.

Zeev Neuwirth: The customer mindset, I think, and the marketing mindset is a perfect fit for healthcare delivery. In that mindset, you have to begin to redefine the problems. Again, the problems become really questions of how well do I know my customers? How well do I understand what they need? Am I delivering on those needs? How do I know that I'm delivering on those needs? Are they engaged? Those are the type of questions in this new mindset. It's really interesting. In a new mindset and a new reframe, you're not getting rid of problems. You're actually substituting a different set of problems for the old problems. But, that new set of problems will actually allow you to transform out of the dilemma you're in.

Robert Pearl: Once you've done that, you next talk about rebranding. Again, what does that mean? Translate it for our listeners. How do we apply it to healthcare?

Zeev Neuwirth: Yeah. Again, I just want to say that this road map is ... I didn't make it up. I've literally been observing it for years. When I observe people who are successfully bringing new ideas into healthcare, this is what I've observed them doing. Rebranding is really important. Branding is all about the value proposition, and understanding the value proposition that your customers need and want and then delivering on it. It actually is probably, out of all the steps, the most challenging of steps because it actually requires you to understand the human beings in front of you, their needs, their desires, and how you can meet them.

Zeev Neuwirth: I think an example in the book, I talk about examples of this, Mastercard. Mastercard has a classic, iconic commercial. Probably, Robbie, you may remember this one where there's a father and a son going to the son's first baseball game, and they take you through how they come through the turnstiles, and they buy the food and paraphernalia. They sit down, and they're talking to each other. At the end of the commercial, it really hones in on the child's face as he's looking up at his dad adoringly. It says, "Some things money can't buy, but for everything else there's Mastercard."

Zeev Neuwirth: Now, the brilliance of that ... Okay, that was a 30-second commercial. It's lasted, I don't know, almost three decades. It has been viewed in every country across the world. It's iconic. What that took, though, was months and months of intense branding research. They had to figure out what was their value proposition. What they found, Mastercard, to their surprise, was that people were using the card to buy things to enhance relationships, often very, very similar to enhanced relationships within their family and extended family and friends. So, they picked up on the true value proposition being all about these relationships.

Zeev Neuwirth: The transaction, they say this is really what's important to you. We understand that. We will deliver that value to you. Let us take care of the transactional stuff. It's just a brilliant example of branding, and I think in healthcare ... We can get into this if you'd like. I can show you in primary care in a moment the difference between a really bad way of branding and what's emerging as a new way of branding healthcare, particularly in the primary care domain.

Robert Pearl: Absolutely, once we explain to the listeners what these terms mean, I think translating it into a specific example, and primary care's a great one, will be very educational. Let's talk a little bit about redesigning. Now, we've rebranded. We've been able to go through the first three steps, and now, we need to redesign. What do you mean by that? How should we redesign the system?

Zeev Neuwirth: There again, in other industries, there's been a revolution, an understanding that you have to be very, very intentional about designing your products and services as much as you can, just about everything. It's not just the product. If you look at things we get now, even the packaging is designed, right? When you take the product out of the package, people literally design those. Of course, Steve Jobs was probably, again, iconic in really showing us how important design is. It was actually a McKinsey study that recently showed that

organizations, companies that were really intentional about designing their products and services, had a much greater return on investment, and were doing much better than companies that were not good at designing.

Zeev Neuwirth: Design is, again, it is such a basic, fundamental, human issue. If something is designed well, whether that's an experience at an amusement park or it's going to a store or anything else for that matter, it engages you. You're sucked into it. You want to be part of it. It makes you feel good about yourself. It just changes everything. If a product is designed well, you can use it. You can use it well. On the other hand, if things aren't designed well, they become irrelevant to you. In fact, they become caustic to you. I would argue that healthcare has paid very, very little attention to human-centered design, and I think it is one of the fundamental flaws of our so-called legacy medical mindset, and one of the core, core facets of the marketing mindset that I talk about.

Robert Pearl: No question about it, Zeev. It really has never been designed at all, no less saying redesigning. It evolved in the 20th century, and it's continued to the 21st. We're in a totally new era with technology, a totally new era in terms of society, and yet, we retain the same traditional approaches only minimally changed given how fast the external world has evolved.

Robert Pearl: Now, once you've redesigned it, you next talk about results. How do you think about in healthcare today re-establishing what the proper results should be?

Zeev Neuwirth: In the book, I actually, in one of the chapters, outline principles of design. One of the major, major principles of redesign is a focus on results. Again, I don't want this to come across as a criticism or too much of a criticism because I think we have been looking at results in terms of quality metrics over the past couple of decades, increasingly so. And, it's a great thing. In surgery, we look at issues like infection, post-operative infections, and pneumonias, and DVTs, and things like that, deep venous thrombosis. But, we haven't really gotten to the point where we're designing for results that matter to our customers.

Zeev Neuwirth: If I have a hip replacement, I expect that you'll do it well. I actually expect that you'll do it flawlessly because you've been trained, and there are quality and safety metrics. It's the same thing as I get into my car. I expect the engine's going to work. I don't expect the engine to fall out of the bottom, or to blow up, or anything like that. Same thing with healthcare, I just expect it will work. It's all under the hood.

Zeev Neuwirth: But no one's asked me, what are the results that matter to you in this surgery, or in this procedure, or in this treatment? For me, it might matter that results that matter might be that I want to be able to walk my dog, or walk with my wife five blocks, or go on a walk after dinner without having severe pain in my hip, or I want to be able to bend over and tie my shoes without severe pain. Or, if I'm an athlete, I want to get back to jogging, or going skiing, or whatever it is. That focus on what we now call patient-reported outcomes measures or

PROMs, is really still very, very fringe in healthcare. I think it's core to every other industry.

Zeev Neuwirth: Again, other industries have their own quality and safety metrics, but they also focus on the results, and they design for the results that matter to their customers.

Robert Pearl: There's a great expression in business school that what you measure is what you get. I think what you're saying is that you need to measure some different things than in the past, and therefore, hopefully, be successful and get the results that the customer, the patient, their family, all desire.

Robert Pearl: You then move to reorganize. What does it mean, and how should we reorganize the American healthcare system?

Zeev Neuwirth: If you go through all these steps ... Again, there are healthcare organizations out there that are doing innovation, and some have gotten into human-centered design. A few are even getting to the point of looking at results that matter to patients or customers, although that's still pretty rare. The thing is this, if you do all those things, what you're going to come across is that the organization as you have it structured is probably not ideal for delivering on the marketing mindset or a consumerist approach.

Zeev Neuwirth: We're seeing this even in healthcare today. There's tremendous reorganization going on driven by market forces. So, it is an absolute essential step that when you get to this point, that you're going to need to reorganize. Now, let me just say this. There's been a lot of reorganization out there that is what I would call just shuffling of the chairs on the deck of the Titanic. To reorganize just for reorganization's sake in and of itself is not going to reframe. It's not going to be part of this road map of transformation.

Zeev Neuwirth: If you've gone through the other steps and you come to the point where you realize, wow, we need to do things differently ... There are examples of this I think, happening in healthcare.

Robert Pearl: How about the last of the seven steps to now redirect. What are we redirecting, and how should we redirect it in American healthcare?

Zeev Neuwirth: This is probably the money step. This is the step that, I think, really determines if you're putting your money where your mouth is. A lot of organizations, a lot of leaders, can talk about transformation, but until you start to actually redirect your strategy and redirect the subsequent tactics off of that strategy, and then actually take the resources and redirect them off of those tactics and strategy, until you do that, you're still on the launching pad. You're still in a pilot phase.

Zeev Neuwirth: Again, I think there's a lot of rhetoric, but when you see where the money is being spent, where you see where the true strategy is, it's often still in very

legacy, strategic modalities. When I look at organizations that are really going through this entire reframe road map, they put their money where their mouth is. They not only reorganize, they actually take their strategy, their tactics, and their resources, and they repurpose and redirect them for the transformation.

Robert Pearl: When I speak with boards of directors and consult to organizations, it's fascinating to me how they bring me in because they say they want to transition from a fee-for-service mentality to value. Then, when I ask them about all of the ways they generate their current profit around added volume and more complex procedures ... I even imply they might need to redirect their focus and resources ... they say, "We can't do it." Is this really the most difficult step of the entire seven?

Zeev Neuwirth: Yes, I think you nailed it. I think it is. I don't know if I want to say it's the most important, but I think it is because ... One of the reasons I say that is because when you have ... What I've observed across the country over years is that you'll have the rhetoric from senior leadership, and it will be where we're going to go in this direction. We believe in this, but then the middle management and the frontline are still ... They see what the tactics are. They see where the money's going, and it's still in that old way of thinking.

Zeev Neuwirth: I think what you have is a lack of integrity. Again, I'm not criticizing or anything like that. I'm just saying that's the way it comes across to the frontline and middle management. I think that really leads to a demoralization. So, it is critically important if you're going to bring someone like you in and heed the recommendation, the reorientation, the redefining, the rebranding, the redesigning, the different result ... If you're going to take that advice and say, "Yes, we're going to go with that," then you're going to have to redirect your strategies, tactics, and resources. Or, just say, "We're going to stay the same," or, "We're going to just do incremental change," and just leave it at that.

Robert Pearl: If I put your pieces together, there's a beautiful arc. You look much wider than before. You then redefine the lens focus, which is no longer going to be on the physician and the care delivery system, but on the patient, the consumer. Having done that, you better rebrand what you're providing, the value you're creating, which should now be much greater. You're going to have to redesign your systems, measure results, as you say, invariably learn that reorganization's essential, but that's not enough until you redirect your strategy, tactics, and resources.

Robert Pearl: I think it's a brilliant way to think about transformation, and I love in your book how you talk about the fact that Six Sigma or lean approaches can make incremental improvements, but they can't fundamentally transform healthcare. As you've described over your 30-year experience, you've seen the failures and come to the conclusion like I have that radical change, transformational change, is required.

Robert Pearl: Let's look at primary care, the area that I believe in healthcare today is suffering the most and needs the greatest uptake in change and the greatest uptake in improvement.

Zeev Neuwirth: First of all, Robbie, you did a phenomenal job of going through that whole reframe road map. It was really quite eloquent, so thank you. Primary care, I think it's difficult to argue against the fact that primary care in our country over the past couple of decades has been decimated. Some people say it's been destroyed, ruined, what not, but, again, if you look at the facts, very, very few medical students and residents are going into general primary care, internal medicine, or family medicine. Those that are in it are incredibly burnt out. One out of every two primary care physicians is burnt out. Very few primary care physicians would recommend that young physicians, or for that matter, their children, go into primary care.

Zeev Neuwirth: Yet, on the other hand, we also know that the literature tells us that primary care is the most essential aspect of any healthcare system. The more primary care you have in an area, the better health outcomes you have. We've got this insane equation going on here. The most important aspect, or one of the most important aspects of any healthcare system, has been decimated and is dying on the vine. It's a recipe for disaster. Costs will go up. Outcomes will go down, and I think we're beginning to see this.

Zeev Neuwirth: In fact, there was just a recent article that demonstrated that less than 5% of all Medicare payments is spent on primary care. We've been trying to fix it, let's also add that, for at least two or three decades, different formulations of primary care, the patient-centered medical home, and advanced medical homes, and all kinds of iterations. As you pointed out before, we've been doing Toyota production system work on it, process improvement, et cetera, Six Sigma. Nothing's really worked no matter what we throw at it. It could be payment reform, still does not solve the problem.

Zeev Neuwirth: I fundamentally think we have to reframe and reorient primary care. If we take a consumerist marketing mindset, the first thing you'll notice, if you and I were ... Let's say we go into business together. We are now Marketing Mindset, LLC., Reframe Road Map, LLC. We're called in to fix primary care. Let's say, Alex Azar or someone at the federal level says, "You know, we need you guys to fix it. What do you think's going on here?" The first thing we would say, we would look at primary care and say, "Oh, my God. This branding is ridiculous. How do you take one shop? One primary care provider with a staff in an office, how are they supposed to treat everything from heart attacks to strokes to headaches and heartburn? In no other industry would you have such divergent needs, such different customer segments coming into one lane and expect that one lane to treat them all."

Zeev Neuwirth: The reorientation, the redefining, and the rebranding here is really all about segmentation, which is a core, core marketing principle, again, used in every other industry except for healthcare in this way. What we would recommend is

if we had our marketing mindset hats on, we would recommend that we would segment primary care into at least five or six different segments. For example, there is a tremendous need right now for complex, chronic care brand. We need a shop that takes care of the older and very, very sick population. You can't just throw them into the same lane as you throw everyone else.

Zeev Neuwirth: We probably would want an urgent care, on-demand care brand, where, again, I don't want to go wait for two weeks or three weeks to see a doctor, sit in the waiting room for hours, be behind people who are very sick or taking up a long time. This is I want something nearby me. I want to go in and out. So, there's a need for that. There's probably a need for some condition-specific brands, and then we would design each one of those brands specifically for that customer segment and that customer need. We would have very, very different results.

Zeev Neuwirth: Again, think about it this way. If I'm in a complex chronic care brand, and I'm taking care of older, very, very sick people, off and on, 10, 15, 20 different medications, often home-bound, the results I'm going to go for for that are very different for the results for a 30-year-old who comes in because they've had a laceration and need me to sew it up. Completely different key performance indicators. Again, if you think about the road map, I'm going to be organized differently. There comes the reorganization step. The results that I've mentioned are different, and I'm going to redirect my strategies, tactics, and resources completely differently.

Zeev Neuwirth: Yet, we've taken all these brands, probably a dozen different brands, mashed them all together in this mess that we call primary care medical home, and we expect these poor providers and staff to dance to all these different performance indicators. It's just when you think about it, and step back, and you have this marketing mindset and this customer-oriented, segmented approach, it's almost insane that we've allowed this to happen. It's so understandable why people don't want to go into this profession, and why they burn out in it. It just makes no sense. It makes no business sense. I don't know it makes clinical sense, and it clearly doesn't make sense from a consumer market perspective.

Robert Pearl: You alluded to publications recently on the important role that primary care has relative to health and longevity. There's a Forbes piece I wrote about a week ago where I talk about the fact that the same study came out 25 years ago showing the same conclusion, that primary care is at least five times more powerful than specialty care at accomplishing the goals that we would want, as you say, from a consumer perspective, at least judged by overall health and wellness as well as longevity.

Robert Pearl: Yet, as you've also pointed out, the Medicare spend is less than 5%. In fact, in the article, it's maybe as low as 2%, but somewhere between two and 5%. How do you see, using this framework, American healthcare making the change to what I believe is necessary, greater investment in primary care with the return being obvious? How do you see this transition happening? Is it going to be

disruptive? Is it going to be incremental? What do you see the nation doing to address the shortcomings of today?

Zeev Neuwirth: Wow, that's a great, great question. By the way, I do so appreciate your historic context, how you bring some of the recent publications and point out some of the previous ones as well. It just seems so obvious and so evidence-based. This is the reason I wrote the book. I had this knowledge in my head, but I needed to put it down. One of the reasons I wanted to outline it in this way, this road map, and put it in a book was I wanted people to be able to pick it up and actually see, oh my God, this is true. This is happening. The moment you see it, you begin to see every day something happens, every week, every month, and it's almost like, yes, we are going down the road map. This is where the market is heading.

Zeev Neuwirth: I'm hoping that it will be a tool that people will use. I think that whether it be hospital systems, integrated delivery networks, payer systems, state programs, healthcare programs, or the federal government, I think ... Or, the new entrants into the market. Again, whether these entrants be players like the large pharmacy chains like CVS and Walgreens, or now new entrants into healthcare like Walmarts or the Amazons, I think that all of these players and all of these stakeholders are actually moving in this direction, and we're beginning to see it. Organizations like Intermountain have very much segmented and reorganized themselves around the customer.

Zeev Neuwirth: We're seeing, again, forward-thinking places like Kaiser and Geisinger doing it. It's not that we're going to see this happening. It's already happening right now. Again, I'm just pointing out what, to me, is the obvious in the market. I'm hoping that by making it more obvious, and by also providing a road map and a guideline and some suggested advice around it, that it will assist people and it will also accelerate the transition. Because I think the in-between phase right now is the most painful phase. I think we need to get through this in-between phase quickly.

Robert Pearl: Two last questions for you, Zeev, then I'm going to turn it over to Jeremy. First one is for the physicians in the community who are listening in to this podcast, how much time do they have before, if they don't change, they're going to pay a major price?

Zeev Neuwirth: Wow, that's a great, great question. I'm actually interested in what you think. You have such a great purview on the market. Well, first of all, let me just say that I obviously wrote this book. It is for the public. It is for patients primarily, but I will tell you, I wrote it for providers as well. Providers are dying on the vine, as I mentioned a few minutes ago. They're burnt out. I see this first hand. I've been dealing with this burnout issue for two decades. I've actually done research on it in the past, and I believe this is the right thing for providers as much as it's the right thing for patients. I think this will tremendously help providers.

Zeev Neuwirth: Having said that, I think just from a personal perspective, from a professional perspective, this is the right thing to do, and to do it quickly. I would say in terms of the competitive disadvantage, the longer you wait, the greater will be your competitive disadvantage. Of course, it depends. It depends on your local market, where the market is in terms of the transition, but I would suggest the market is moving. No matter where you are, there are very, very few legacy markets. I think the market is moving across the country very, very quickly.

Zeev Neuwirth: I think we're in, what I would call, a phase change. We're in that phase where when water is frozen, it's still water, and then it just takes a crystal, and the whole thing turns to ice rapidly. I think we're in that phase-change in healthcare. The economy can't bear the burden of the cost of healthcare and the inefficiencies and ineffectiveness anymore. Employers are just not going to stand for it. Payers are not going to stand for it. I think if you don't pick up this book, and if you don't see the reality in front of you, and you put it down for another year or two, I think you're going to be at a major, major competitive disadvantage.

Zeev Neuwirth: Because the thing to remember is, if you're coming in as a new entrant, it's one thing. But, if you've got a legacy system, and especially if you're a large legacy system, it takes a long time to turn those ships. Even if you're a provider group, change does not happen quickly. You have to deconstruct and reconstruct, and that could take anywhere from two to four years at least. So, my suggestion is we start to move the legacy systems, whether they be provider groups or payers or hospital system, move quickly on this because it's going to take some time and the new entrants are already way ahead of us in many ways.

Robert Pearl: Final question. What does your seven-step process teach us about burnout and teach us about overcoming and reversing and solving this terrible challenge to American physicians?

Zeev Neuwirth: On a very, very basic level, this entire reframe road map is really ... My purpose is to humanize healthcare. Humanize it for the people who serve within the system, and humanize it for those who are served by the system. The fundamental consumer marketing mindset, it is all about listening to people, listening to your external customers, listening to your internal customers. Branding is really an existential exercise. What do people need? What problems are they facing? What challenges? What are their frustrations?

Zeev Neuwirth: Why I found this orientation, this marketing mindset, consumerist mindset, so critically important for healthcare, is we need the science and the art and the technology of consumerism to really understand what people need, whether those people are called patients or whether those people are called providers. If we adopt this and deploy it well, I think we will liberate the tremendous value that is currently locked up in the system. I think we're going to humanize healthcare for providers and patients, and I believe that we will save lives in the process.

Jeremy Corr: In one of your recent podcast episodes, I heard you having a conversation with one of your guests about the difference between healthcare and health. Can you talk about the importance of understanding wellness and nutrition as part of the healthcare of the future?

Zeev Neuwirth: This is talked about, I think, a lot, but to the point of what we were talking about before, getting down to brass tacks, getting down to redesigning and for different results and reorganizing and redirecting strategies, tactics, and resources, that's really the important part about this. We have been, across the board, very, very focused on healthcare. That is on we get paid to do things. We get paid for visits. In fact, I think this has really been one of the things that's decimated primary care.

Zeev Neuwirth: Healthcare is not about visits, okay? Yet, that's how doctors get paid. You have to go see a doctor. They get a certain number of RVUs, and that's how they make their money. The same is true for procedural-oriented and surgically-oriented providers. They get paid for doing things. That's healthcare. Paying for health is different. Paying for health is looking at outcomes of health. Was the blood pressure controlled? Was the diabetes controlled? Was the infection controlled? Did the patient, after a surgical procedure or some other procedure, did they get the results they wanted, how they would define health?

Jeremy Corr: With the marketing mindset and the shift towards more consumerism in healthcare, how do you think conversations around end-of-life care should change? Or, where do you think conversations around end-of-life care should go?

Zeev Neuwirth: Well, I think we have a long, long way to go to even begin having those conversations. I can tell you on a very personal level, as a family member having gone through this, that the system just does a terrible job of preparing people for end-of-life. I don't want to get into the politics of it, but it's really quite sad. This is, again, we could put this in the consumerist mindset. What I mean by that is a humanist mindset.

Zeev Neuwirth: As people get sicker and end-of-life is near, this is a reality. We could either ignore it and continue to do, again, what we've been doing in the medical mindset, which is just treat, treat, treat, clinical care, technologic care, invasive care, cost to care. Again, thank God for that care. Thank God that we have such wonderful medicine, but, at the same time, what happened to the humanity? What happened to sitting down and talking to people and having an honest, open discussion? That takes time, and time is money.

Jeremy Corr: I had a friend who works at a factory back home, a friend of mine from high school, didn't go to college or whatever. He was listening to my podcast, and he was like, "You guys talk about physician burnout all the time." He was like, "I've worked at a factory for 10 years. I'm burned out. All my coworkers are burned out. Everybody I know is burned out. Everywhere is cutting costs, and doing less with man hours. What makes physician burnout different?" I'm curious about

what you would say to that to people who don't have that background in healthcare.

Zeev Neuwirth: That's a phenomenal question, and I think we could do a whole broadcast just on that question. Let me say this. First of all, the issue of burnout in healthcare is incredibly serious. It's and just important. First of all, it's epidemic. Again, when one out of every two doctors is burnt out, that means they're emotionally exhausted. They feel the depersonalized. They're depressed. They're demoralized. That's a public health issue. You don't want your doctor feeling that way because they're not going to be on top of their game. Who wants a surgeon standing over them who's depressed and demoralized? I don't. It is different in that regard. So, that's number one.

Zeev Neuwirth: Number two, it's also, again, this is a manpower issue. If the primary care doctors and specialists and other doctors are falling by the wayside, how are you ever going to get in to see a doctor? It's an access issue as well. It is a little bit different. Having said that, let me just say that ... Actually, I want to say to your friend, "You're absolutely right." The issue of burnout, of despair, of demoralization, is actually an epidemic in our country. The suicide rates in our country have increased dramatically in the last few years. I think it's something like every 12 minutes an American commits suicide now. These are of an unprecedented proportion.

Zeev Neuwirth: So, I think what your friend is describing is reality, and experiencing reality and sharing that reality. I actually would go back to the fact ... This goes back to this whole issue of why do we have to reframe healthcare? Why do we have to reorient healthcare? Well, what we've been doing today, we've been pouring more and more money, nearly 20% of the U.S. gross domestic product every ... Healthcare costs go up three, four, five, six, 7% every year. The technology gets better. The science gets better, and yet, the health gets worse.

Zeev Neuwirth: We are the only developed nation ... Robbie knows this stat better than I do. We are the only developed nation in the world in which life expectancy is going down. It's gone down in the U.S. in the last two years. Suicide rates are going up, and it's not the older people who are committing suicide. It's people in their 30s, 40s, and 50s. We have a crisis in this country, okay? A health crisis. Costs going up, and yet, health getting worse.

Zeev Neuwirth: I think your friend is absolutely right. I think we have to solve for that problem. The reframe I talk about actually in my book, in addition to a consumer-oriented marketing mindset reframe, which is fundamental, we also have to look at what they call the social determinants of health. Because we have to begin to realize that healthcare is mostly not about clinical, medical care. It's about the social determinants of health. Do you have an education? Do you have a meaningful job? Do you have safe housing? Do you have a robust community around you to give your life meaning and purpose as well? Can you get around? Do you have convenient, accessible, affordable transportation?

Zeev Neuwirth: These are fundamental health needs. What we're finding in the literature ... Again, Robbie could speak to this literature as well if not better than I can. The literature is telling us that 60 to 70% of all health outcomes are due to these social determinants of health. So, we have to reorient our healthcare system to actually address those needs and to start to redirect strategies, tactics, and resources. My reframe road map actually includes the reorientation of the social determinants of health.

Zeev Neuwirth: I think we have to address both. We have to take care of the providers because we must if we want the clinical medical care to continue and to be safe. We also have to address the despair that is out there in our society at large.

Jeremy Corr: So, Zeev, you're a futurist. You have your finger on the pulse of what's going on better than just about anybody. You've mentioned how many physicians have actually recommended that their children not become physicians. Are you recommending to young people, your children, friends with children, that they pursue medicine as a career going forward, or are you more pessimistic that it's not going to be as good as it has been in the past?

Zeev Neuwirth: That is a very, very good question, and my answer is unabashedly, I would recommend healthcare. I would recommend medicine. I feel incredibly enthusiastic and energized right now. In fact, I have never felt more excited and enthusiastic about healthcare than I do right now today. In fact, I have no wishes, and I have no regrets, but I wish I could be earlier on in my career because I think we've done through some very, very rough times in healthcare over the past two or three decades. We could go into lots of detail about that, but I think we are emerging into a renaissance of healthcare delivery.

Zeev Neuwirth: Part of it is the medical science and technology. Part of it is digital technology, artificial intelligence, predictive analytics. Again, those are just tools, but if you couple that with what I've been talking about, this reframe or reorientation of healthcare with a consumerist marketing mindset, which, again, it's happening. I'm not making it up. It's not a theory. It's not a futurist prediction. This is happening. I'm just explaining to people what the reality is, and giving a conceptual frame and language to understand it as well as a road map to help us get there. But, we are going there.

Jeremy Corr: In talking with you and reading your book, you seem very optimistic about the future of American medicine, but a lot of people are telling us through the podcast and other channels that they're very pessimistic about the future of American medicine, that things are getting worse. They can't afford the care they need. They can't get through the insurance system. Their deductibles are skyrocketing. They have trouble finding a good primary care physician. When will American healthcare get better, and when do you think patients and consumers will actually be able to see and feel the change?

Zeev Neuwirth: First of all, I appreciate pointing out some of the challenges that we have today, and they're very, very serious challenges. I don't want in any way to make less of

them. It, in fact, is this is the set of issues that I've devoted my entire career to, and work on every single day. It's the reason I spent the last two years of my life writing a book to really accelerate the transition and transformation of American healthcare to deal with some of these very, very real issues, whether it's affordability, whether it's access, whether it's the issue of the opaque quality of healthcare to make it more transparent and make it more humane and humanistic. Absolute realities that are there today.

Zeev Neuwirth: I think, again, we're seeing the market shifting dramatically. We're seeing new entrants coming in in droves. We're seeing the benefit of the new technologies. We're seeing the market again. This is the reframe. This is the reorientation. We're seeing industries bring in their technologies and their capabilities. Again, maybe it is an optimistic perspective, but I think it's actually realistic. In the past, change in healthcare has been incredibly slow, on the order of decades. I think what we're going to see now is disruption occurring on the order of months to years, and I think it's going to continue to get faster and faster and faster.

Jeremy Corr: Well, Zeev, we've taken up a lot of your time today. Would you like to offer a closing statement for both healthcare industry leaders as well as patients? And, for people that want more information, can you tell them a little bit about your book, your podcast, and how to follow you on social media?

Zeev Neuwirth: Well, thanks for asking. The book is called, "Reframing Healthcare: A Road Map for Creating Disruptive Change." It's on Amazon, and so anyone can just go online, go to Amazon, type in my name, Zeev Neuwirth, or reframing healthcare, and the book will pop up. Again, I wrote the book. It is a detailed outline of the seven steps that we've covered, and I think it would help anyone from CEOs to boards to senior leadership teams to leaders across the board whether you're a payer or a policymaker or a new entrant. I'm hoping that people avail themselves of that.

Zeev Neuwirth: I do have a website, www.reframehealthcare.org. In it, I got into a little bit of explanation on the road map, but that's a way for folks to contact me.

Robert Pearl: Zeev, I can't promise you that our nation will adopt the approach you recommend in your superb book, "Reframing Healthcare: A Road Map for Creating Disruptive Change." For any listener who thought that only incremental progress was possible, you've opened his or her eyes to an approach for true transformation. On behalf of all of America, doctors, patients, nurses, everyone who's involved in the healthcare system, thank you.

Zeev Neuwirth: Well, thank you, Robbie. And, thanks, Jeremy.

Robert Pearl: We're going to wrap up today's episode with something new. I recently read and reviewed four excellent books, including Zeev's. I then asked subscribers to my newsletter, "Monthly Musings on American Healthcare," to share their

favorite medical books. With dozens of suggestions, let's take a look at three of the books that I think the listeners of this podcast will appreciate.

Robert Pearl: Several newsletter subscribers recommended "Deep Medicine," the latest release from Eric Topol, a guest of this podcast back in season one. Henry Soch said the book offers a great overview of AI and machine learning along with a balanced conversation about pros and cons of their application in medicine. Anne Nooney recommended "The End of Alzheimer's" by Dale Bredesen. The book has her contemplating how to best change the model of randomized controlled trials as we enter the era of personalized medicine. Finally, Jeffrey Smith suggests "The Heart Healers" by James Forrester, a cardiologist who offers a detailed history of heart surgery. Jeffrey says the book made him think about how to find better, simpler, and more convenient ways to solve clinical problems.

Robert Pearl: Jeremy, as host of the popular New Books in Medicine podcast, is there a book you would recommend our listeners check out?

Jeremy Corr: Absolutely. Robbie, as you know, I'm a huge history buff, and one of my favorite books of the last couple years has been "The Butchering Art: Joseph Lister's Quest to Transform the Grisly World of Victorian Medicine" by Dr. Lindsey Fitzharris. This book offers a look into the time before antiseptic or anesthesia when the safest surgeries were performed in the home due to the amount of disease and risk of infection in hospitals. Joseph Lister was a fascinating figure. He's one of the few people in medical history for whom there was a clear before and after. Thanks to his work, medicine learned that germs were the source of infections and could be countered by cleansing hands and instruments prior to operating.

Jeremy Corr: Doctor Fitzharris is actually going to be the next guest on the Fixing Healthcare podcast. She is a recognized academic expert. She's been featured on the Joe Rogan Experience podcast, the New Books in Medicine podcast, and many more. We'll be discussing the history of medicine and the important lessons that can be learned from the past. Listeners won't want to miss it.

Jeremy Corr: Robbie, I also read your newest Forbes column, which compares the books "Deep Medicine" and "The Butchering Art." I thought it made a fascinating point about what hasn't changed in American medicine. Where can readers learn more?

Robert Pearl: Listeners can find the column on Forbes.com. I also included a link to the article in my newsletter, which offers a monthly round-up of the relevant healthcare news, opinion, and research. Listeners can subscribe for free on my website, robertpearlmd.com.

Jeremy Corr: Thanks to everyone who shared their book recommendations with Robbie. Next month, we'll read listener ideas and suggestions from the survey to fix American

healthcare on this show. As always, we invite you to provide your ideas for fixing healthcare at robertpearlmd.com. Thank you for listening to Fixing Healthcare with Doctor Robert Pearl and Jeremy Corr. Have a great day.