

Fixing Healthcare Episode 12 Transcript:

Interview with Kevin Pho

- Jeremy Corr: Hello and welcome to our final episode of Season Two. This is the Fixing Healthcare Podcast with Dr. Robert Pearl and Jeremy Corr. I am one of your hosts, Jeremy Corr. I am also the host of the popular New Books in Medicine Podcast, and with me is Dr. Robert Pearl. For 18 years, Robert was the CEO of the Permanente 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 bestselling book "Mistreated: Why We Think We're Getting Good Healthcare--And Why We're Usually Wrong."
- Robert Pearl: Hello, everyone, and welcome to our monthly podcast aimed at addressing the failures of the American healthcare system and finding solutions to make it once again the best in the world. As listeners know, our guests in season were chosen for their expertise within the current healthcare system. Their bold plans drew over 10,000 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 on my website, www.robertpearlmd.com. Please go there to check out the survey results and add your own comments.
- Robert Pearl: In season two, Jeremy and I have been welcoming guests from outside of the medical mainstream, looking for new unconventional ideas along with surprising insights on the current state of American healthcare.
- Jeremy Corr: Our guest today is Dr. Kevin Pho, a primary care physician, author, public speaker, and media consultant. He is best known for his platform KevinMD, which generates over 3 million monthly page views and welcomes more than 250,000 followers on Twitter and Facebook. He's a leading expert on how social and digital media can connect doctors with each other, improve healthcare for patients, and help people share their insights and tell their stories.
- Robert Pearl: Hi, Kevin.
- Kevin Pho: Hi, Robert. How are you?
- Robert Pearl: In this current season of Fixing Healthcare, we're interviewing experts on different approaches to healthcare delivery and alternative solutions from what most doctors, hospital administrators, and insurance company CEOs would consider. You're our final guest, and I can't wait to hear your thoughts on how social and digital media can improve American healthcare in the future. I'll begin by asking you: Do you believe that social media could serve to ignite a revolution healthcare led by the patient, similar to what is called the Arab Spring, with a Twitter revolution?

Kevin Pho: I think that question has certainly already passed. Social media has given not just patients, everyone in the healthcare arena a voice and a platform. Before social media, in order for anyone to get heard, they would have to go on television, they would have to be published in the newspaper. Now, as you know, with the multitude of social media platforms, whether we're talking blogs, YouTube, Facebook, Twitter, everybody in healthcare, clinicians, advanced practitioners, nurses, and, of course, patients, they have their own voice.

Kevin Pho: Absolutely, it's leading a revolution. It's changing the dynamics of the clinician-patient relationship. Patients have access to more information than they ever had in the past. Some of that information is good, a lot of it is inaccurate, and it certainly is something I'm sure we'll talk about later on. But I think social media has certainly upended the dynamic and it's causing multitudes of disruption within the healthcare milieu.

Robert Pearl: There certainly are a lot of voices, loud voices, pharma companies, insurance companies, hospital leaders. How loud it is the social media voice today and, let's say, five years from now? How loud do you believe it will be?

Kevin Pho: I think the social media voice ... I can't give it a scale, but it's definitely made a difference. I always look at health misinformation. It has tremendous influence on patients. If you look at some studies, seven out of 10 internet users, they use the web to look for health information, and a lot of that information is inaccurate.

Kevin Pho: We need to go no further than the various inaccuracies about vaccines and autism and the false connection and how pseudo-practitioners and people who falsely believe any connection between vaccines and autism have capitalized on social media much earlier than we in the healthcare field. They have a several years' headstart. But what that does is populate the online forums with a tremendous amount of misinformation. Now with social media, especially Facebook, they can use those platforms to amplify that misinformation.

Kevin Pho: I think there's been pushback against that in the last year or so with Facebook and YouTube. They're altering the algorithms. I think now physicians are realizing the power of social media, and we're using it to fight misinformation by creating accurate information and creating a counter-narrative against that. But we have a lot of catch-up to do. They have a several years' head start. As you know, when it comes to online media, a several years' head start might as well be decades.

Kevin Pho: I think the tide is turning and we have a lot of work to do. To get back to your initial question, yes, it's really been disruptive in both good and bad ways.

Kevin Pho: What physicians can do, I mentioned earlier, is a couple of things. Not every physician's going to have the time to create content online. As you and I know,

it takes a lot of time to create content. How long does it take you, for instance, to write one of your articles?

Robert Pearl:

About 10 hours.

Kevin Pho:

That's a significant amount of time, and not a lot of physicians have that time. They can use social media to guide patients to better source of information. They could amplify physician voices that they think contribute accurate information and really act as guides to patients who may be looking for that information online.

Kevin Pho:

I always view it as a partnership. Doctors and patients should be partners, because there are a lot of doctors I talk to. They don't want their patients online. But I always tell them that it's going to happen anyway whether we like it or not, so we might as well partner with patients and help guide them to reputable sources of health information, educate them in terms of what kind of websites are accurate, what kind of websites are legitimate, what are some of the tip-offs that they should look for whenever they're online.

Kevin Pho:

There's a tremendous danger to public health with some information, and I'll go back to vaccines and autism. I think that whenever you have measles outbreaks at record levels across the country and when you have these threats to public health, then ... I'm certainly no lawyer on First Amendments, but I certainly think that some of the algorithm changes in terms of what Facebook and YouTube are doing in de-emphasizing clearly wrong information, I absolutely fully support because sometimes patients, they don't have the tools to recognize what's accurate or what's not. If you look at a lot of the anti-vaccine movement, they certainly cite their own studies, and those studies certainly don't pass a lot of muster from the medical community.

Robert Pearl:

Kevin, in 2013, you wrote a book titled "Establishing, Managing, Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices." What can you tell listeners about the guide and what's your advice for physicians who are dipping their toes into this evolving social media world?

Kevin Pho:

A lot of physicians, whenever they hear about social media, they always see it from a perspective of risk. They always hear of social media from hospitals and their medical centers about how doctors are getting fired because they're posting inappropriate content online, about how it takes up a lot of time, and now you hear about a lot of the misinformation that social media can perpetuate. Really it's a negative perception of social media.

Kevin Pho:

What I try to do is share stories from the other end, a more positive aspect, why doctors should use social media, because it's certainly changed my life, and I know that you've used social media positively, and it's made a huge difference not only to myself, but also to my patients and to my colleagues, as well.

Kevin Pho: I wrote that book really to share my story and share some of the more positive aspects of why doctors should use social media. Really it boils down to three. Number one is to guide patients to a better source of health information. We talked about misinformation online, and I present a case why doctors need to go online themselves to create that counter-narrative of factual and accurate health information.

Kevin Pho: Number two, more patients than ever are Googling their doctors online. I think more than half of patients Google their doctors and research them. Whenever I see a new patient in my clinic, they often know more about me than I know about them from my online presence. A lot of doctors are frankly scared of that, but they really shouldn't be.

Kevin Pho: Some of them tell me that they don't want any online presence at all. They don't want anything to do with that. But I really tell them that whether they like it or not, they already have an online presence from these third-party review sites. They always garner public information about clinicians and they put profiles up. Whether clinicians like it or not, they already have an online presence, so they need to define that and be proactive about it, and using these various social media platforms is powerful way to do that.

Kevin Pho: The third reason why clinicians need to use social media is really to make our voices heard. Our healthcare world is changing by the day. There's going to be some seismic changes in the coming years. I think it's important for practicing clinicians to share their story and have a voice in that conversation.

Kevin Pho: As I mentioned before, in order for our voices to be heard, we needed to go on television, be published in mainstream media. But now we have powerful tools that give us our own platforms, and they're tremendously powerful, not only the platforms themselves but as a conduit to connecting with mainstream media, like writing op-eds in the newspaper or connecting with television producers, because I think that it's important for us to share our story and really have a seat at the table so we can influence the healthcare conversation going forward.

Robert Pearl: You're absolutely right. My Forbes blogs were read by over five million people. If I had to reach that kind of audience giving keynote addresses, it would be more than one or two every single day to have done that. Social media allows that type of broad reach. More importantly to me actually to a very diverse audience. I think if we're going to change American healthcare for the better, we need to bring as many people as possible to the table and engage in a conversation.

Kevin Pho: No, I completely agree. I think just jumping off from that, I think there are a lot of issues that impact clinicians, whether it's the electronic medical record or the lack of primary care. I really believe that in order for change to be made, we need to connect with patients because when you talk about the healthcare

decision-makers like politicians, they're going to be listening more to patients than they are to clinicians.

Kevin Pho: I think we need to get patients on our side. We need to let them know what goes on behind closed doors, some of the struggles that we deal with because our struggles are going to be patient struggles, as well, because what affects us is going to affect patient care. I think that social media is a way to unify our voices. Hopefully by uniting both clinicians and patients, we could influence the healthcare decision-makers.

Robert Pearl: Your blog KevinMD is the number one by far blog in healthcare from my perspective. I read it every single day. I've noticed that, increasingly, there are articles being posted on physician burnout, probably three to five sometimes in each daily publication. What have you learned about physician burnout from the, I'll say, hundreds if not even thousands of pieces of feedback you've received through your blog?

Kevin Pho: It's what used to be a hidden epidemic. What I try to do is publicize that by using my platform to share these stories. I don't think clinicians have a lot of sympathy. A lot of patients see physicians as the stereotypical rich doctor with the yachts and fancy cars. You make X amount of dollars. Why should you worry about being burned out?

Kevin Pho: I think it's a tremendous problem, because if you look at various surveys, physicians who exhibit symptoms of burnout can exceed 50%. They leave medicine early, they go part-time. That's certainly contributing to especially the primary care shortage as more and more doctors just drop out of clinical medicine.

Kevin Pho: I make a conscious effort to really share those stories. They're certainly unsolicited. I get hundreds of stories every week. A lot of them have to do with burnout. I think it's important to pull the curtain back and let the public know some of the issues that physicians are facing. We're all human, too. If you look at some of the reasons why clinicians are burning out, it certainly affects patient care.

Kevin Pho: To answer your question in terms of what I've learned, I think the core reason why physicians are burning out is really a lack of empowerment. Physicians used to practice in private practice settings, and now that they're becoming in the minority, there's increased bureaucracy, increased regulations, and, of course, we have electronic medical records that really are lacking when it comes to physician friendliness.

Kevin Pho: That lack of empowerment is certainly, I think, a major contributor to doctors being burnt out. A lot of them are going part-time and certainly leaving the practice of medicine. What good are doctors if they're burnt out and can't see patients?

Kevin Pho: I think it's important to expose those stories. Over the past few years, I've gotten responses from patients saying how enlightened they've been and how they never knew what physicians were going through. Whenever I get an email from a patient who tells me that, it really strengthens my resolve to go on and continue sharing these stories.

Robert Pearl: If you could do two or three things to address the problem, what would they be?

Kevin Pho: Well, I think it's really to empower physicians again. To me, it's really control over not only their practice, but I think their schedules as well. Physicians today, they want the proverbial balance when it comes to work-life and home-life. I think that one of the best ways to really combat burnout is to give clinicians certainly that option to practice according to how they would like.

Kevin Pho: I still think that there's too much of an emphasis on productivity and meeting RVU targets. I certainly know that's the reality of our healthcare system, even though we're slowly moving away from that. But I think that emphasis on productivity also is causing a lot of physicians to burnout. Perhaps if we move away from a system and reform how clinicians are being paid and perhaps less of an emphasis on productivity, I think that will also go a long way into preventing symptoms of burnout.

Robert Pearl: You continue to practice internal medicine, which is a specialty you trained in. How has your practice changed across your career?

Kevin Pho: I'm seeing fewer patients. I think that when I first got out of residency, this was 17 years ago, I've only really worked at one job. I practiced in Nashua, New Hampshire. I practiced in a hospital-based setting. There are four of us in the clinic. I'm certainly very happy there.

Kevin Pho: When I first started out, I didn't know any better. I would see 25, 30 patients a day in the primary care setting. I realized that really wasn't sustainable over the long run. After about 10 years of that, after I had my children, my daughters now are 14 and 10, I realized that's not really what I wanted anymore. I wanted less of an emphasis on clinical medicine. That coincided with the growth of KevinMD and I was able to spend more time in that, and it really just gave me a better balance.

Kevin Pho: In terms of how my practice has changed, it's certainly more of a hybrid. Whereas before it was all clinical medicine and now I balance it with what I do on social media. I balance it with speaking. I balance it with coaching. Then I work .75 FTE. I see fewer patients. Rather than seeing 25 patients a day, it gives me the flexibility to see 15 to 16 patients a day, and it's really kept me going.

Kevin Pho: I think that over the years, just having the opportunity not only to stay in clinical medicine for that long but also having the opportunity to do these things in

social media and meeting new people, meeting doctors across the country, and just opening my eyes to the state of American healthcare and what we could do to fix that, that's certainly been an evolution over my career so far.

Robert Pearl: How do you use social media with your own patients?

Kevin Pho: Well, a lot of them find me through social media. I think one of the things I mentioned was that patients know now more about their doctors than doctors do about their patient when they first come in. They certainly read what I do.

Kevin Pho: In terms of how I use social media with them is really just to educate. I never give personal medical advice over social media. There are a lot of patients who were concerned, rightly, about our healthcare system and they ask me questions about my opinion about where the healthcare system is going. I certainly point them to some articles on my site. Some patients come into my office and they ask me about some recent articles on burnout, for instance, that was on and they ask my opinion on that.

Kevin Pho: In addition to that obvious education piece where I can guide patients to better sources of health information, I think it's opened up other avenues of conversation where I'm able to engage patients on topics they wouldn't necessarily know to engage about, whether it's healthcare reform or some of the stories that are on my site, and it's really because of my social media presence that's led to that. That's been a pleasant surprise.

Robert Pearl: There are multiple issues related to patients that impact their health, from smoking that still affects between one in five and one in every six Americans, obesity, growing epidemic with 30% future people experiencing diabetes, the opioid epidemic, which I think impacted New Hampshire as well as a bunch of others states. How do you see social media helping medical professionals to assist patients in doing the things that they need to do to maximize their health?

Kevin Pho: I think one of the strengths of social media is that it can bring people together with common interests. Whether it's any of these topics that you mentioned, it could bring clinicians with similar goals, similar approaches, they could share knowledge, especially on Twitter, and really use that as a way to fight some of these issues.

Kevin Pho: Social media's strength, bringing people together, whether it's on Twitter, whether it's through a private Facebook group where you have a single topic that you have interested people unifying behind. Really I think that's one of the best ways that we can use social media to fight these issues.

Robert Pearl: Increasingly, you're giving talks as well as your social media platforms. How does the transfer of information, from your perspective, differ between when you

give a keynote address and when you write a particular piece for a broad audience in social media?

Kevin Pho: The biggest difference is that people who I talk to in conferences, they don't necessarily know who exactly I am. In general, physicians aren't on social media reading medical topics. I definitely talk to a brand new audience whenever I give these keynotes than I do on my site or on Facebook and Twitter.

Kevin Pho: I've been sharing a very similar advice for the last 10 years that I've been speaking. I think there's still a lot of negative connotations when it comes to healthcare social media use. I think there's a lot of skepticism.

Kevin Pho: Whenever I give talks in person, I always share social media from the positive perspective, and it still opens up a lot of eyes. Whereas on my own site, people know what I do. They've been reading me for the 15 years that I've been doing this. They're already versed with the various avenues that we can communicate with social media. I'm almost preaching to the choir online. Whereas when I go and meet people in person, there are people who don't know who I am.

Robert Pearl: How do the different generations respond to your social presence, or how do they differ in their response to your social presence?

Kevin Pho: It's probably not surprising. The people who did not grow up in social media, they still view it with a lot of skepticism. They see it as a waste of time. "I have enough patients. I don't necessarily need to be on social media. I don't need to worry about my online reputation." There is that generational gap.

Kevin Pho: It is very exciting that people who have grown up on social media, whether it's the new residents, younger physicians, the medical students, social media was there all throughout their lives. My goal with them is to try to harness that knowledge and try to harness that familiarity of being online into making change, making their voice heard, advocating for their patients, advocating for a clinician's role in the healthcare reform process. You want to translate that enthusiasm and knowledge and social media know-how into ways that we could advance medicine.

Kevin Pho: There's certainly an age gap with that. Yes, I do have some older physicians who they have their light bulb moment and they want to get on. But by far, the enthusiasm lies in the younger generation where they did grow up in social media.

Robert Pearl: I'm sure you follow closely the response rate to each of the pieces that you post. Are there a couple that were particularly successful that come to your mind over the past few years?

Kevin Pho: Anything that tells a poignant story of burnout, because I think that this is something that, before social media and before I started writing and putting

pieces on burnout, it was kind of like a hidden epidemic. A lot of physicians didn't necessarily want to write about that. They didn't want to share about that. But I certainly want to normalize that.

Kevin Pho: There are pieces where physicians would share a particularly poignant story about their burnout experience and what they did to solve it. Those certainly resonate on Facebook. As you know, on Facebook, stories resonate. There are certainly a handful that's been shared 10,000, 20,000, 30,000, 40,000 times on Facebook.

Kevin Pho: When it goes viral, it really shows how much that topic resonates among clinicians, because I think it's something that they identify with. They're reading it on, say, their Facebook feed and they're saying, "You know what? I feel like that, too. This is the first time that another physician has wrote about it." They join in and they share that comment. They say, "I'm experiencing that, too," and they share it in their own feeds. That's how it spreads.

Kevin Pho: I've been doing this for the last few years. I think topics that were previously taboo like burnout and physician suicide, it's becoming more easily talked about now and physicians aren't afraid to share. Sometimes they even put their real name behind some of these stories. I think that's a wonderful thing because it really shows that we are human and that's something that we definitely need to communicate with our patients.

Robert Pearl: Are there any pieces you've posted that you regret having done so?

Kevin Pho: I think over the last, how many, 15 years on my site, I posted ... There's over 30,000 articles on my site. Have I certainly regretted a few? Absolutely. I think, as you know with social media, if there's something that's controversial or there's something that gets negative feedback, I will know about that right away. It never feels comfortable to have a backlash on Twitter, for instance, or outrage on Twitter online.

Kevin Pho: Yes, there have been where the author identified a patient, for instance, or promoted a little bit of a controversial stance. Sometimes I'll have to make a judgment call in conjunction with some of my editorial colleagues at MedPage Today, who I partner with. Yes, there have been a couple times where I was forced to bring things out.

Kevin Pho: But that hasn't happened very often. I think that it's been a learning process. Over the last 15 years, I know what works, I know what not to do, and I've learned from experience. I think just going through some of these experiences myself is the biggest teacher because, as you know, no one teaches you how to use social media in the healthcare world. It's kind of like trial by fire over the last 15 years.

Kevin Pho: But doing this and posting over 30,000 articles, I know what not to post. But we live in an environment where people can get outraged pretty easily. You just have to walk that line between being provocative and stepping over that line.

Robert Pearl: One of the things that surprises me all the time is how much patients will tolerate the healthcare they receive that they would never tolerate in other aspects of their life like banking or travel or retail. And the idea that you can't just go ahead and schedule your own visit or have all your own medical information easily available to you. These are things that they would never tolerate outside of healthcare.

Robert Pearl: Do you have thoughts about why they tolerate it and, more importantly, how social media can actually make a change to get people the convenience that they should have in their healthcare consistent with the other parts that they would demand in the rest their life?

Kevin Pho: A lot of times patients just simply don't have a lot of choice. When they need healthcare, who would they go to? They would have to go to their local hospital. They have to go to their local emergency room. They'll find a primary care doctor. A lot of times, there's just not a lot of choice.

Kevin Pho: When you compare that to hotels, banking, shopping, patients have choice. In healthcare, they don't. It could be limited by their geography. It could be limited by their insurer. That's one of the reasons why I think healthcare has been slow to change is that we just don't have any competing forces that force us to change.

Kevin Pho: Now I think that's certainly slowly changing because, like you talked about convenience, patients don't necessarily want to wait three weeks to see their primary care doctor for an urgent matter. You're seeing all these urgent care clinics that are coming up. You're seeing companies like CVS starting to have more primary care features, and these are competing with primary care offices.

Kevin Pho: I think it's really a matter of our own doing. We haven't given patients the convenience that other industries have given them. It's our own fault that we haven't. Now we have competitors that are traditionally outside of the clinician world giving them these services.

Kevin Pho: The question can social media, does it have a role? Maybe. I think when it comes to social media strength, which is sharing information, which is a platform in connecting people, I think that these are all common features of pretty much any platform.

Kevin Pho: Can it be used in the health IT world? I think that's probably a long ways off. I think the health IT world is just so fragmented right now. Is there a way to unify social media so we can share information and be more transparent? I think

that's probably not realistic right now. But who knows? Maybe a company will come up with an idea that I haven't thought of yet.

Kevin Pho: I think we're slowly moving toward some of the conveniences that other industries are giving patients. But like I say in a lot of my talks is that healthcare is always five to 10 years behind every other industry. Give us a few years and we'll eventually catch up.

Robert Pearl: Facebook and other large technology companies are coming under increased scrutiny around the issue of personal privacy. Do you have views about how we could preserve that in an era of social media?

Kevin Pho: I think over the last few years, as with all the articles on Facebook and all the privacy issues, I think they're just a lot more hesitant when it comes to giving private information to companies like Facebook. There's a lot more awareness about what Facebook is doing with our private information.

Kevin Pho: That's, I think, also translated to the healthcare field. When I see patients and we asked them to sign up for their patient portal on the EMR, I think there's a lot more hesitance because that requires giving them obviously their private information. Knowing what they know now about how these companies may be using private information and some of the privacy breaches that come up, and we're seeing privacy breaches in the healthcare field increasingly because the security in health IT is probably not as robust as they are in other industries.

Kevin Pho: I think that there is an increasing reticence when it comes to patients just willingly handing over private information, as they should be. I think we all need to be held more accountable and have our feet held to the fire in terms of safeguarding that information.

Robert Pearl: What are your own personal three favorite apps or other sources of information on social media?

Kevin Pho: I certainly go on various Facebook groups. I think that there are various groups on Facebook about clinicians who may be talking about burnout, about clinicians who may be leaving the clinical world of medicine. These are closed Facebook groups where physicians-only and they talk among themselves. I think that a lot of doctors with common interests converse and go on these groups. I think that's one great source of information.

Kevin Pho: In terms of reading other physicians who are on social media, I like going on Twitter. I have a special Twitter group where I have about 20 to 30 physicians that I follow. They share links, they share articles from their own site. That's one of the other ways that I stay updated with the various social media happenings in the healthcare world.

Kevin Pho: I use good old fashion RSS. I grew up on RSS. I know that's not en vogue right now with all the other feeds that are there, but I subscribe to your blog on Forbes, of course, Robert, and as well as about a hundred other physician blogs and healthcare sources that are out there. They range from media blogs like The Boston Globe STAT. I follow New York Times, as well. Then there are other physician blogs who've been blogging for 10 years or almost as long as I have, and I still follow what they have to say.

Kevin Pho: I think a combination between closed Facebook groups, Twitter, and curated RSS feeds, I think those will be the three main sources of how I stay updated with everything.

Robert Pearl: Do you have any words of advice for people who are interested in posting information in social media, but are afraid to do so?

Kevin Pho: My biggest piece of advice is that they've got to come up with a goal first. A lot of clinicians, when they hear me talk or when they hear from a marketing expert that they have to get on social media, they immediately think they need to jump into all these platforms and start a blog or start a YouTube channel, do a Facebook Live, and just use all these tools available to them, and they get overwhelmed very quickly.

Kevin Pho: I always say you've got to start with your goals first. Why do you want to use social media? Do you want to use it to educate patients? Do you want to use it to guide patients to a better source of health information? Do you want to use it to connect and learn from your colleagues? Do you want to use it to debate healthcare reform? Do you want to use it to advocate for a cause?

Kevin Pho: There are platforms that are better suited to different goals. For instance, if you want to connect with patients, I think having a strong Facebook presence is really imperative. If you want to connect with colleagues, I think Twitter is a better way to do that. If you prefer to be on video rather than write articles, then you could certainly create a YouTube channel, for instance.

Kevin Pho: I think there are a lot of factors that go in before just jumping into social media. You want to define what your goals are and you also want to know who you are and how you best can communicate and which medium you're most comfortable communicating in. Once you define those goals and define your strengths, then use those platforms that fit those goals and strengths.

Robert Pearl: I don't think that you're very involved in the more visual ones, whether it's Instagram or whether it's Snapchat or other analogous ones that exist. Is that an area you're going to be looking to expand in the future?

Kevin Pho: I think knowing who I am, probably not. I tried to do video and it doesn't fit my personality. It doesn't fit who I am. I've certainly dabbled in that. But there are some people, of course, who have a passion for video. Of course, you have

people like ZDoggMD who's fantastic on camera and very comfortable on camera. But like I said, I think that you have to be true to who you are. For me, it'll be a curator, it'll be someone who can write the occasional article.

Robert Pearl: As you look into the future, what's your greatest fear about social media?

Kevin Pho: I think my greatest fear is a little bit of what's happening now. I think, back then, I think the ideal of social media is that we could bring people together. I think one thing that I always say is that social media can bring patients and physicians together and we could speak in a unified voice.

Kevin Pho: But what's happening now, and you see it in politics, that people are becoming more tribal. Social media is creating echo chambers and these algorithms under feeds, they're specially curated. It only pops up stories from people that you already agree with, and I think that's definitely a problem. Instead of bringing people together, social media is driving them apart by just making people more tribal. I think that's really shutting down the discourse.

Kevin Pho: We're obviously seeing that in the political world. My biggest fear is that some of that's going to seep into the healthcare world as well, where you have patients who may just shut out the medical world and only listen to opinions and stories that they already agree with. To me, that is the biggest shame of social media. Hopefully it's not going to progress to that point.

Robert Pearl: And your greatest hope for social media going forward?

Kevin Pho: Well, it will be the opposite of that, obviously. I think my greatest hope is that we can make a difference in terms of reforming our healthcare system, and have patients and physicians united with one voice so we can really make changes, because right now, as you said, our healthcare system is the most expensive in a world. The outcomes certainly don't match the money that we put in. Our primary care system, there are severe shortages where the number of uninsured is growing.

Kevin Pho: I think that something has to be done. Hopefully whatever changes that we could make in the healthcare system it's going to be driven by practicing clinicians and patients together. That would be my greatest hope, and hopefully social media can be a tool and platform that can reach those goals.

Robert Pearl: If it makes you feel better, and I'll say what I said earlier, you are the number one healthcare blogger in this nation, I think the impact is far greater than you're giving yourself credit for. I think a single patient voice alone is rarely heard, but I think as the voices come together, particularly to the point you've made, reaching beyond small tribes into a broader area.

Robert Pearl: To elected officials that's called votes. To pharmaceutical companies, it's called reputation. To healthcare companies, it's called embarrassment. All the things

that are possible through social media brings the voice of patients and, as you say often, clinicians, physicians, nurses, and others together in a way that I actually believe has the potential to change American healthcare for the positive in the future.

Jeremy Corr: In your experience, what platform have you found to be the most powerful and which one the most problematic?

Kevin Pho: I think the answer to both is Facebook, just purely because of the numbers. Facebook is by far the biggest social platform that's out there, several billion users. Facebook has the potential to spread misinformation. It can sway elections.

Kevin Pho: I think Facebook, by far, is the most influential, but with that influence, it also has become the most problematic. It's been in the news constantly in the past year or so with privacy breaches. Mark Zuckerberg has issued many, many apologies.

Kevin Pho: To be honest, I don't think that he even realized the power of Facebook when he built it. He's in a very reactive mode right now because there's just a new scandal that's come up every few months, and he has to apologize and then make changes retroactively. They don't have the foresight. They didn't have the foresight to see some of the problems of the platform that he created. The answer to both would be definitely Facebook.

Jeremy Corr: Is it the responsibility and, if so, to what extent of these social media platforms to combat misinformation such as anti-vaccine speech? When does that get in the way of violating free speech? What is your thought around that?

Kevin Pho: Where do you draw the line on that? I'm certainly not an expert in terms of the legal angle of that. But I do think when it comes to public health, when it comes to unprecedented measles outbreaks, I do think that these platforms have a responsibility to tamp down information that can harm the public. When you have YouTube videos, after you play a video, you have the suggested videos leading to a whole bunch of anti-vaccine videos. I think that's a huge problem.

Kevin Pho: To their credit, they are altering their algorithms. They're suppressing information that's clearly false. But I certainly don't think they go far enough.

Kevin Pho: I think that when it comes to health misinformation, it has the potential, of course, to cost lives. I do think that they need to be more accountable for the health misinformation out there and I think they need to do more than they're currently doing.

Jeremy Corr: If you had any advice for consumers, doctors, as well as the platforms in general on how to fix the echo chambers, as you said, what would that be?

Kevin Pho: Again, I'm not privy to these algorithms other than a superficial level. I know that by its nature, it's going to surface stories from people that you already agree with, it's going to surface stories from your friends, but it would also be nice if there was a concerted effort to also share opinions that may be from the other side of the political spectrum, that may not agree with some of the stories that you already agree with, because that's how we learn is to listen to viewpoints and opinions that you don't necessarily agree with.

Kevin Pho: That's one of the reasons that I read a variety of newspapers from various political viewpoints. I read editorial columns of The New York Times and Wall Street Journal, even though they have different political viewpoints, because, call me old fashioned, I believe that there is no one right answer. We can learn from both the progressive and the conservative viewpoint when it comes from healthcare. I both think that they have valid points. I think that having a newsfeed where you could have posts and opinions from across the political spectrum, to me, I would certainly welcome that.

Kevin Pho: Now you have politically tinged news reporting. You have conservatives who go to Fox News, you have progressives who may go to MSNBC. People want their news reporting with a political tinge. To me, I think that's a step in the wrong direction. I think it's important to have information where you get presented with a variety of interpretations. It's obvious, as you know from what's going on politically now, we're moving away from that, and I think that's a shame.

Jeremy Corr: If I go on social media, for example, there's all these posts about Jessica Biel joining the anti-vaccine movement or Jenny McCarthy or Jim Carrey or other big names like that and you see a lot of the anti-vaccine posts that just look so sexy compared to some of the pro-vaccine or common-sense posts from actual physicians. Do you feel doctors often struggle to be as good at social media as some of the people they're trying to combat misinformation against?

Kevin Pho: Yeah. I think that we're at a disadvantage. We're certainly not celebrities. We're not trained in traditional media. We're not trained to be Instagram influencers. We're trained to see patients. I think that we have a responsibility to go beyond the exam room because celebrities, by their nature, they're going to reach out to more people than a physician would, for instance.

Kevin Pho: I think that perhaps we need more pro-science celebrities on our side. We need to present more stories. We need to present scientific studies, not in a dry, empirical nature but we need to frame it in a narrative that can connect with patients. I think that these are all techniques that media companies use. These are techniques that celebrities use, and sometimes they use these techniques to spread misinformation. I think it's important for us in the healthcare field to also use some of those techniques.

Kevin Pho: We have to make science more sexy. We need to make science more shareable on social media. That really means just telling stories. We need to frame our findings, we need to frame our advice through the lens of a story because a

story is what connects with people, a story's what influences people. I don't see that enough when it comes to healthcare information. Oftentimes it's often in boring charts, it's in numbers, and those numbers need to be framed in a story that can change minds.

Jeremy Corr: Do you think doctors should jump into the threads or the comments on some of these posts and actually stand up for vaccines or for good health information, or do you think that doing so in a way gives credibility to the misinformation post to begin with?

Kevin Pho: The online discourse, I think, is a very difficult question because, as we've seen in other politically charged topics, whenever you get into online discourse, it invariably turns ugly. People are already entrenched in their beliefs. A lot of people's viewpoints are already formed and it's very difficult to change.

Kevin Pho: One of things I say to people who are interested in social media is that there are really three groups of people out there. The first group is that people who would agree with you no matter what you say. Then another third will be people who disagree with you no matter what you say. Then, finally, there is the last third of people who can go either way. I think that's really the audience that you want to target when you're talking and you're persuading online.

Kevin Pho: Recently, you have physicians who engage with the anti-vaccine movement, and the anti-vaccine movement has retaliated against them. They blanket their online presence with negative reviews. They harass them, they call their employer, tell them to get them fired.

Kevin Pho: I think it's becoming increasingly dangerous for physicians sometimes to go online and engage in these really charged topics, whether it's politically charged or whether it's with vaccines, because the passions on both sides run so high that not every physician is going to have the resources or the makeup really to engage online.

Jeremy Corr: From the patient's perspective, if you come across a post on Facebook or Twitter or whatever and you see one of your friends or someone you know just absolutely blasting the experience they had with a doctor or at a hospital or an ICU or something like that, how should a patient know if that's a true red flag or maybe that their friend or whoever posted that just maybe didn't necessarily understand the situation correctly or maybe just had an off experience?

Kevin Pho: When I advise patients to interpret online reviews of a hospital or a clinic or a physician, I always like to say that's really just one slice. I think they can't expect a hospital or a physician to have universally good reviews. To patients' credit, they normally understand that.

Kevin Pho: I think there have been studies showing that if you present a patient with 100% good reviews versus a physician who has an 70% to 80% good reviews, the ones

with the 70% to 80% good reviews are the ones that has more credibility. I don't think it's realistic to have universally fantastic reviews.

Kevin Pho: Now if a physician has 0% percent good reviews, certainly that's a red flag. But if there are some negative reviews in there that's mixed in with mostly positive reviews, I think that's perfectly acceptable. I know a lot of physicians freak out and they get really upset and angry and anxious whenever they get a negative review, but these are par for the course. We can't please everyone in the healthcare profession. We practice with a lot of constraints. We practice with a time pressure. We practice with a productivity pressure. Because of that, that's eventually going to lead to some patient dissatisfaction.

Jeremy Corr: I used to work in hospitality when I was younger, and one thing I learned was guests of the hotels only tended to leave reviews if they had an experience that went way above and beyond the normal standard or an experience that was absolutely terrible. I mean just perfection wasn't good enough for them to leave a review on most of the time. How do you convince or encourage patients to leave good reviews if they did have a good experience?

Kevin Pho: I actually encourage all my patients to leave reviews, whether they're good or bad. They've done studies on these reviews, and to a lot of clinicians' surprise, a lot of reviews are in fact positive and better than they would think.

Kevin Pho: Whenever I see a patient, I say ask me if they have any questions. I say, "You may get a call by a patient survey company. If you like your experience, feel free to let them know. Or if there's anything that we can improve on, feel free to let them know." I do that with all my patients. Most of time, for the majority of them, they leave good reviews.

Kevin Pho: I think that you don't want to cherry-pick good reviews that you don't think that if you have a great experience with a patient, only ask those patients for reviews. I think ask all your patients for reviews. I think a lot of clinicians will be surprised that the majority of them are going to be good, because, let's face, hopefully most patients like us, and we do want them to share that input going forward.

Jeremy Corr: My final question for you is what's the biggest thing you learned from observing or interacting with patients on social media?

Kevin Pho: The biggest thing that I've learned is that I think that patients, they are not aware of the human side of being a clinician, and they are tremendously appreciative of what goes on behind closed doors and when we share our stories about the sacrifices a lot of clinicians make when treating patients and some of the barriers that they go through. They are profoundly affected by stories of clinicians burning out. They're afraid that it may happen to their physician.

Kevin Pho: I'm surprised by how much that affects them. I'm certainly appreciative of that whenever they come up to me and they thank me for sharing the story, something they had no idea about. I think that is a way that we can become closer.

Kevin Pho: Hearing from patients about the story that they share not only in the exam room, but also their stories that they contribute to my site, I think there are a lot of physicians who aren't aware what patients go through as well. Just sharing those stories with each other, I think, is one of the most powerful ways and bring us together.

Jeremy Corr: Thank you again, Kevin. You were the perfect guest for our final episode of Season Two. Next month in August, Robbie and I are going to provide listeners with a different format for the show. We're going to look back on some of the topics our guests covered in Seasons One and Season Two. I'll have the chance to ask my co-host his impressions as a physician and national healthcare leader, the lessons listeners might take from the interviews, and he'll have the opportunity to ask me my thoughts from the perspective of a patient. Then we'll invite you, the audience, to provide your insights through our Season Two feedback survey. Stay tuned for that.

Robert Pearl: On September 10th, we'll begin Season Three, which will focus on the role the government can and should play in American healthcare. The timing of this coming season lines up perfectly with what we predict will be a loud and raucous year of debate by presidential candidates on this topic of healthcare. We know you'll be interested. Join us for Season Three as we turn our attention to the world of healthcare politics and policy.

Jeremy Corr: Now let's turn to some listener feedback. We asked you for your ideas on how to fix American healthcare, and we've heard hundreds of responses on robertpearlmd.com. Today we'll hear from listeners who focused on health insurance coverage and how changes could improve healthcare in this nation.

Jeremy Corr: Melissa Goss urged our nation to provide universal healthcare paid for by a way of 'sin tax' on cigarettes, soda, and fast food. Debbie recommended that we get rid of fee-for-service reimbursements, pay for better food and housing, and put doctors in charge of promoting health, access, and lowering costs.

Jeremy Corr: Carol suggested universal coverage and government-negotiated prices. She also believes Americans ought to learn the French, German, and Swiss healthcare systems, which each have a greater focus on preventative care. Preston said, "The two largest missteps in American healthcare are treating disease rather than preventing it and the lack of access. Fix these two with universal access to both health and sick care and focus on prevention." Robbie, what do you think of our listeners' feedback?

Robert Pearl: We are fortunate to have so many knowledgeable listeners. As you know, with the hundreds of ideas submitted, there was broad agreement on most of these ideas. Like Melissa and Carol, I believe we need to ensure that everyone has access to healthcare. Taxing products like sugared sodas and cigarettes has been proven to reduce consumption and improve health. We can learn much from other countries on the best ways not only to provide coverage but also deliver superior quality outcomes.

Robert Pearl: To that end, I concur with Debbie and Preston that we need to promote health, focus on the social determinants of disease, and emphasize prevention. Like Debbie and dozens of listeners, I recommend a crucial first step is to eliminate the fee-for-service system and replace it with one that rewards superior quality outcomes, not simply doing more.

Jeremy Corr: Thanks to Melissa, Carol, Debbie, and Preston, and everyone who has participated so far in the survey to fix American healthcare. You can find all of the featured comments on our Fixing Healthcare website. We also invite you to leave your own thoughts and recommendations at robertpearlmd.com. We'll continue to share ideas from our listeners in the future.

Robert Pearl: Please subscribe to Fixing Healthcare on iTunes or other podcast software. If you like the show, please rate us five stars and leave a review. Follow us on LinkedIn and Twitter, @FixingHCPodcast. For additional information on a variety of healthcare topics, please visit the website robertpearlmd.com. We hope you enjoy this podcast, so tell your friends and colleagues about it. Together we can make American healthcare the best in the world once again.

Jeremy Corr: Thank you for listening to Fixing Healthcare with Dr. Robert Pearl and Jeremy Corr. Have a great day.