

John Marchica:

Welcome to Health Care Rounds. I'm your host, John Marchica, CEO of Darwin Research Group and faculty associate at the Arizona State University College of Health Solutions. Here we explore the vast and rapidly evolving healthcare ecosystem with leaders across the spectrum of healthcare delivery. Our goal is to promote ideas that advance the quadruple aim, including improving the patient experience, improving the health of populations, lowering the cost of care, and attaining joy in work. Please send your questions, comments, or ideas for Health Care Rounds to podcast@darwinresearch.com. And if you like what you hear, please don't forget to rate and review us wherever you get your podcasts. Let's get started.

Kim Ascitutto:

Today, we welcome Dr. Anthony Orsini, a practicing physician, author, and frequent speaker on the topic of compassionate communication in medicine. He is a level-two medical director at one of the largest neonatal intensive care units in the world. He also serves as chief of patient experience and palliative care liaison for his neonatal practice and is a frequent keynote speaker at various medical and business events, including an upcoming TEDx presentation entitled *Improving Healthcare Starts with a Single Conversation*.

In 2011, he founded *The Orsini Way*, a company that provides communication training in healthcare and business professionals. Dr. Orsini received his BS in biochemistry and molecular biology at Rutgers University and his DO in medicine at Philadelphia College of Osteopathic Medicine. He has authored several papers on the topics of communication in medicine, enhancing the patient experience, and delivering tragic news. His recently published book titled *It's All in the Delivery: Improving Healthcare Starting with a Single Conversation* is now available on Amazon. His weekly podcast, *Difficult Conversations: Lessons I Learned as an ICU Physician*, hit the top 100 podcasts on Apple in 2020.

John Marchica:

Dr. Orsini, so just to orient our audience, we're going to be talking a lot about physician communications today, but tell people a little bit about your background, where you're coming from.

Dr. Anthony Orsini:

Well, I'm a board-certified neonatologist. I've been practicing neonatology for over 25 years. And in addition to having a passion for premature babies and sick infants, my other passion is communication in medicine. And I first got interested in how doctors communicate bad and tragic news when I was a fellow, and I spent 10 years of researching the proper way of giving bad news to patients and families, and then trying to figure out the best way of teaching that.

So I started out in 2010 with a program called *Breaking Bad News*, and I've taught on a one-on-one basis almost 10,000 doctors, physicians, first responders, and then thousands of others in workshops and keynote speaking. And now I do training in not only breaking bad news, but how to navigate difficult dialogues, such as conflict resolution, revealing medical errors, and patient experience. A big part of what I do right now is helping doctors and hospitals improve their HCAHPS scores through communication. And then even more recently, I've been training a lot of business leaders and HR professionals in the business world on how to have those very difficult conversations. So in addition to medicine, that is my... That's my real passion.

John Marchica:

When you talked about when you're in residency, was there a seminal moment? Is there anything that you can share with us, when you really realized that things were bad and this is something that needed to be addressed?

Dr. Anthony Orsini:

Yeah. I talk about it in my book and when I speak. When I was a neonatal fellow, I was right in the middle of my fellowship training, and I was very fortunate to work at a hospital, in Thomas Jefferson. I did my residency there and my fellowship. And every one of the neonatologists that I worked with were brilliant, compassionate, nice people. I mean, many of them had their own textbooks. And one of them that was really a very compassionate person that I really looked up to, I was on call with him one night, and in the middle of the night, I had to run as the fellow to go pick up a baby who was over the bridge in New Jersey. That baby was critically ill and needed to go on ECMO, heart-lung bypass. And that baby coded on the way back, and we spent a lot of time attempting resuscitation, the senior physician and myself. But unfortunately, the baby passed.

And the father had followed the ambulance with his car. So as soon as we pronounced, the charge nurse informed us that the father was waiting for us in the waiting room, and so I thought... It's always kind of scared me to tell somebody that their baby died, and that how do you do that? That's something that all doctors struggle with still to this day. And I thought at the time, I said, "Well, I mean, I'm on with this most kind physician I've ever met. This is the perfect time for me to learn." So I asked him if I could observe. And then to make a long story short, he walked into the waiting room, found the father pacing back and forth, and just blurted out, for reasons I still don't understand, just blurted out, "Your baby died." And the father just freaked out and put a hole in the wall, and he knocked down the table lamp.

And at the time I thought, "I can't believe he just did that." And then later on, we took the father to see his baby, and the senior physician became, showed his true compassion later on. And then when I walked down into the hallway when we left the father alone with his child, my senior neonatologist just grabbed me by the lapel of my white jacket, and he pulled me really close into his face, and he had tears in his eyes. And he said to me, "Did you see what I just did?" And I shook my head, and he said, "Don't ever do that."

John Marchica:

Wow!

Dr. Anthony Orsini:

And then he walked out down the hallway and he was... He went on the fire escape for probably about 20 minutes just crying. And that was my really profound moment that changed me. I think I opened the book with that story because, at that moment, I thought, "If this kind, compassionate, intelligent, and smart doctor, who I really looked up to, struggled with this kind of difficult communication, then really what chance do I have?"

So that was the moment that I said, "This is what I'm going to do," and it took 10 years. And when I say research, I don't mean research looking up literature, because there was none, and there still is very little. I spent a lot of time looking at the literature, but also interviewing as many patients and families who lost loved ones as possible with open-ended questions. What do you remember? What don't you remember? What did you like? What didn't you like about the doctor who told you this? And there was a clear pattern, and that's really how I started. And now I'm a big fan of the way people

communicate both in their professional and their personal lives. So this is the kind of stuff that it just... Just one day it happened, and here I am 25, 30 years later still teaching it.

John Marchica:

So what happened with that doctor? Is it just nerves? Was it... And I've been thinking about this since we had our conversation a couple of weeks ago. Is it that doctors, well, they're human, but that they feel a need to distance themselves in the moment kind of as a protective strategy? I'm getting a little psych here, but you know what I'm saying? Like, that that's the way that they can cope. And then in that moment, that doctor, who you respected and looked up to and is brilliant and compassionate and all of that, just kind of lost it? I'm just wondering, at a deeper level, what's going on here?

Dr. Anthony Orsini:

So it wasn't, as I realized, it wasn't an isolated situation because I've seen this hundreds and hundreds of times and continue to see this. But it's from two reasons. One is that if I asked someone out on the street to go inside and go into the OR and do an appendectomy who's never been trained, that person's going to be extremely nervous. So one is lack of training. Although the ACGMEs are now requiring some teaching with difficult communication in medical school, it is really nothing more than one little OSCE and maybe a lecture. So you're asking a human being, who's most of us are compassionate, especially in medicine, to go ahead and have that conversation with another mother or father, but never train them. So it's a natural human response to be nervous and also think of it as a task that you just want to get over with, and so you tend to rush it.

And then two is there's a lot of misinformation. You touched upon this just a few minutes ago. All the years I've been teaching, the things that come out of doctors' mouths about what they had learned about giving bad news or having a difficult conversation, whether it's medical errors or not, just astounded me. Doctors have been told, as you said, "Make sure you don't have any emotion when you tell them." One, I've heard this multiple times, "Oh, my senior physician told me giving bad news is like ripping a Band-Aid off. Just get it over with and get out."

And then there's a common misconception in medicine that if you protect yourself from emotion, you will actually protect yourself from burnout and compassion fatigue. And now there's more and more data coming out that's saying it's actually the opposite, is that protecting yourself from emotion is actually increasing your chances of burnout.

So you take somebody who's not trained, ask them to do something that they're not comfortable with, and then give them a bunch of misinformation. You're going to get exactly what you're getting, and that's a nervous doctor who really doesn't know. The years that I've been teaching doctors, and we do one-on-one teaching with improvisational role-playing and actors and videotape, I have never seen such gratitude when I... And these are residents, but they're also senior doctors, people who have been practicing 20 years. After they review their videotape and learn the skills, the emails I get and the gratitude at the moment that I get, saying, "Thank you so much. This has been the greatest hour of learning of my entire career." So it's really very satisfying.

John Marchica:

Why is it that medical schools don't tackle this head on, or in residency programs or fellowships where, neonatology, oncology, places where you're more likely to be giving bad news? Why is that?

Dr. Anthony Orsini:

Well, I think the first question is when's the best time to learn it? I think that in medical school you should be exposed to it. There's some medical schools that give lectures with some outdated acronyms, such as SPIKES, et cetera, that really no longer apply. I think that there is a misconception that communication in medicine is a soft skill. It's nice to have, but you don't need to have it. If you look at from the patient-experience side, patients who feel that they have a relationship with their doctor and that learn how to connect through good communication not only have better follow-up, better compliance with their medications, but have better outcomes. So there's a misconception that it's a soft skill and it's kind of nice to have, but we really need to learn physiology, anatomy, and they don't spend that much time on it.

And then I think it's really important that medical schools... And we do teach at a couple of medical schools. Our program method is taught at a few medical schools. It's really important that they get exposed to it. But I don't know. When I was in medical school, I was just really into the human body, and this is exciting, and I can't wait to be a doctor. And then... Danielle Ofri writes about it in one of her books, about you get into residency, and all of a sudden, you're, "Oh my God, this is real. Now I'm telling someone they have cancer." And I don't think it's till that moment that you realize this is something I really need to know. So in an ideal world, I think that this is a skill that should be introduced in medical school and then really, really taught during your residency program early on, like first year.

John Marchica:

Well, and I'd even throw in health policy. I'd throw in understanding concepts in population health and understanding billing and coding. I mean, there's a whole host of things. In Chicago in the business school, we had a program called LEAD, and it was a year-long program that was outside of our classes. And we did everything... You might remember a book called *What They Didn't Teach You* in Harvard Business School or something along those lines. And it was all the things that you're not going to learn in an accounting class or a marketing class or a finance class, but that to be successful in business... Presentation skills, we were recorded and coached. All of these different elements of entrepreneurship. And it was really great how it rounded out the program.

And I could envision something like that in medical school where... I mean, soft skills is like... It's kind of a pejorative word, where these are things that are essential to being a successful physician that you need to know, but aren't going to come in an anatomy or physiology class. I don't know. Maybe there are medical schools that are out there that are going down that path, but I certainly found it helpful.

Dr. Anthony Orsini:

Yeah. I think that there is a trend towards that, and we are happy to be a part of that in some of the medical schools. I think that with professional burnout being so high among doctors and suicide now being high and we're in a real healthcare crisis, a lot of the... When you talk to doctors who felt professional burnout, a lot of them, they don't cite really the medicine or seeing the patients. They love that. That's why they did it. What they're really causing... This is caused by all that extra stuff that you just spoke about, the stuff that you... The billing and the compliance and the multiple classes that you have to take. And then if you're doing a profession, a specialty that you need to give these difficult conversations and you don't know how to do it, then that adds even more stress to that.

So, if you look at malpractice, for instance, the single best predictor of whether you're going to get sued or not is your communication skills, period. And that's been proven over and over again. There was a great study by, I think it was Wendy Levinson and Nalini Ambady, that looked at videotaped surgeons who had been sued and surgeons who had not been sued. And they videotaped them in just

routine interactions with patients and then showed them to a group of people who picked out the ones that were sued almost every time, just by their communication skills.

So these are skills that could help you, I agree, that could really help you navigate and enjoy being a doctor more. And as I say, with the breaking-bad-news thing, once you get good at it, you'd be surprised. All of a sudden, it goes from being a task to being a skill, like something that you're proud of. Like, this is a moment here that I could help this family. And once you start thinking of something as a skill rather than a task, already it's not on you, and it's causing less stress and less tension and decreased burnout. So these are really important things.

John Marchica:

I could see this being also important for primary care, a family doc. Maybe they don't run into the bad-news situations as often, but certainly their communication skills are very important. My primary care physician is excellent in that regard. But I'm wondering if you get pushback sometimes or resistance from docs that say, "Hey, I've got 50 patients a day that I've got to see. I don't have time for this stuff."

Dr. Anthony Orsini:

It's interesting, when I give my workshops... And these are three-hour workshops on improving patient experience through communication, and we've done some major units in hospitals. These are three-hour workshops, and it's all about communication skills. And you see some... I'm a big body-language guy, and you see some doctors that are sitting there because they were forced to be there. They don't really want to be there. "I don't have time for this. This is another something else." And then I open up by telling them, "Listen, I'm one of you. And I work at literally the world's largest neonatal intensive care unit in the entire world, with an average census of something like 120, 125, 130 babies. And I incorporate these techniques, and so do my partners, and I go home regular time."

And once I say that to them, then all of a sudden, they sit up a little straighter. "Okay, he's one of us, so he knows what it's like to have to see all these patients." And I think that's where some of the other programs break down. A lot of the more, the mega companies that are teaching communication, they're being taught by, no personal offense, but it's somebody who's got a master's in education and somebody who is a nurse. And you know as well as I do, I can say it, I'm a physician. Physicians are tough sometimes. If you're not one of us, you're going to say, "What does that master's in education know what it's like to have 20 people waiting for me in the waiting room?" So I get at least a partial pass because I'm one of them. And they're like, "Okay, let me listen to this guy."

John Marchica:

Yeah. As one who interviews physician executives for a living, I feel that pain. It takes a while in an interview typically to earn some trust, just because I'm not another doctor. And there's certain questions that I ask that I know on the other end, they're thinking, "Well, if you were a physician, if you could walk in my shoes, then you'd know the answer to that question."

One of the things that you've alluded to... This is one of my last questions. How does what you teach intersect with the triple aim, where you can go into a health system or a large physician practice and make the argument for it's going to improve outcomes. This is going to lower costs. You mentioned lowered risk with respect to lawsuits and things like that. How do you talk about what you do in the context of the triple aim?

Dr. Anthony Orsini:

So the data is pretty clear at this point, when you're looking at patient experience and HCAHPS scores, that these are directly related to the rates of malpractice. And patient-experience scores, or HCAHPS, directly relates to the bottom line. So when I speak to hospitals about the communication programs, I tell them, "This is going to be good for you because I have the data that show that my program," which is called It's All in the Delivery, which is a very unique program for HCAHPS because we don't concentrate on studying for the test. I don't look at the Press-Ganays and say, "Okay, this is what you need to improve." Most hospitals have very good patient-experience departments. So I come in there and say, "I'm taking it from a different angle. I'm going to teach your doctors, your nurses, your therapists, your receptionists how to form a trusting relationship, build rapport in just a few minutes. And we're going to do this by teaching you a lot of cool communication."

And so I show them the data, and I say, "Look, this is where your top box increased in the HCAHPS, and these are the programs that we've worked with." And they look at the net margin because that's been well-studied by Press-Ganey. Actually, it was Deloitte who said, "If your top box increases by five," I'm drawing back on the numbers, "10%, your net margin goes up by 1.4%. So all of a sudden, you see the executives doing the math in their head. A net margin of 1.4% is a lot of money to hospitals.

John Marchica:

Sure.

Dr. Anthony Orsini:

So I tell them, "This is going to help your hospital. And I'm not going to step on the feet of the patient-experience director there, because I'm doing something totally different just to help you." And then I explain to them how professional burnout goes down when you learn how to communicate and build relationships, that employee engagement goes up. So you're helping the hospital. You're helping your providers. And then we have all this data that show you that patient-experience scores are related, are proportional to clinical outcomes. And that's why the government is pushing them so much.

So it's a triple win by investing a small amount. I think it was Deloitte or Press-Ganey that said, "For every \$4 that a hospital spends for marketing is equal to only \$1 spent on increasing patient-experience scores." So stop worrying about the bulletin boards, because most people get their referrals from other patients, and they... As you said, you love your doctor. And then I talk to them about malpractice, and so it's just a win-win-win. So we've been pretty busy. I'm really happy.

The new thing now is I'm training business. I mean, you're in business, so you know business leaders. The big thing now is culture change. Why is it that the smartest guy in that department is also the absolute worst leader, and people are leaving, and there's a massive turnover? The answer is very simple, is that nobody taught him how to lead. And the way you lead is to get people to follow you, not... One of my favorite sayings is, "People don't follow because they're forced to. People follow because they want to."

John Marchica:

Of course.

Dr. Anthony Orsini:

So I've been asked to speak to businesses and HR professionals on how to have those conversations and get people excited about working with them again.

John Marchica:

Yeah. Culture is so important. We just went through an exercise as a company and not so much on vision, mission, but what are the elements of our values and our culture that people, not so much aspirationally, but that people can see in each other and how we work together? And it was a really powerful exercise and identified those things really that we all stood for. And you could see leadership, it's one of those things that it's not... I have the title, right? But people should follow my lead because they want to, because they're motivated to, not because I tell them to do something, right? I totally agree with what you said. And there are other leaders within this organization, the same thing holds true. So it's not just the title, right?

The last question I had for you, Dr. Orsini, because we're getting to time, I'm just wondering, how do you balance what you do? How do you balance, on the one hand, growing what looks to be a thriving business and with really no end in sight, there's a lot of growth potential, and your day job? How do you balance the two?

Dr. Anthony Orsini:

Well, they say if you love what you do, you never work a day in your life. So I enjoy being a neonatologist and this communication training. So whenever I have a day off, whenever I have an hour here and there, this is what I'm doing. It's fun to me. Whereas I used to love to play golf, now I love to do more communication training.

We've been able to do some... One of the biggest problems we had was scalability. Everyone wants me to give the lecture, do the workshop. And I only have so many times I can do that. I have a couple other doctors now that I've trained that can do the workshops and the training that have been with me since the beginning. But during COVID, we really had to, and we have, we've pivoted towards learning modules. So we're working with a hospital now that just wanted 200 of their senior doctors in OB to be trained. So now I'm able to, with the people that work for me now on The Orsini Way, I'm able to offer them either in-person stuff, or now they're allowed to do the remote learning.

I used to fly to, say, Phoenix, to do a program with the doctors, and now we can do improvisational role-playing with a doctor through Zoom. And we use professional actors, so these are high-grade actors. So you would have to tell... You'd get a scene, and you'd be in your office, but the professional actor will be at her home. And then afterwards, we could review that videotape with you after you do that. So, we've been able to pivot to be more scalable. And I can't tell you how many doctors have come up to me and said, "If you ever need a new trainer, let me know." So I think that's the future.

John Marchica:

Terrific. Dr. Orsini, this has been great. You do important work. I think people are going to really enjoy hearing what you have to say, so thank you again.

Dr. Anthony Orsini:

Thank you. I really appreciate you having me on.

Kim Ascutto:

From all of us at Darwin Research Group, thanks for listening. Health Care Rounds is produced and engineered by me, Kim Ascutto, theme music by John Marchica. Darwin Research Group provides advanced market intelligence and in-depth customer insights to healthcare executives. Our strategic



focus is on healthcare delivery systems and the global shift towards value-based care. Find us at darwinresearch.com. See you next round.