

Transforming Healthcare Thought Leadership

With Lisa Larter

Episode 96

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Lisa Larter (00:00):

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Today's patient is far more discerning than they've ever been. And therefore, if you want to build a practice where you have patients who seek you out and keep coming to visit you over and over again, you have to take your own personal brand, your own reputation into your own hands, and make sure that you're putting things out there so that people can find you, they can learn about you, they can know who you are.

Introduction (00:48):

Welcome to the Healthcare Leadership Experience Podcast, hosted by Lisa Miller and Jim Cagliostro.

Lisa is the founder of VIE Healthcare Consulting and now Managing Director at SpendMend. Lisa and her team has generated over \$1 billion in financial improvements for VIE's clients since 1999.

Since 2007, Jim has been a registered nurse working in critical care, perioperative services and outpatient settings at nationally recognized medical facilities across three states.

You'll hear conversations on relevant and trending topics in healthcare and much more. Now, here's your hosts, Lisa and Jim.

Lisa Miller (01:27):

Hello and welcome to The Healthcare Leadership Experience. I'm Lisa Miller, your host, and today we have a very, very special guest, Lisa Larter. Welcome, Lisa.

Lisa Larter (01:40):

Hi, Lisa Miller. Thanks for having me back on the show. It's been a while. It's good to be here.

Lisa Miller (01:45):

It has been a while, and I want to say that you were my second guest just nearly about three years ago, second guest three years ago, which was great. I encourage everyone to listen to that episode number two. And then we had about 15 episodes where you were producing and we were talking about great topics, which we had a bunch of really great topics, so I definitely missed those times, and hopefully we can kind of do some more of that. But welcome back.

Lisa Larter (02:16):

Thank you.

Lisa Miller (02:17):

So today is a subject that's near and dear to my heart. I believe it is to yours too. It's about thought leadership, and particularly healthcare thought leadership or thought leadership for hospitals, and hospital leaders, and physicians, and clinicians, and how an organization might think about how they create a team of hospital thought leaders. And we are probably going to really dig into physicians, but there could be some really interesting people in

the executive suite that want to increase their thought leadership. And we're going to talk about what that means, maybe how they can do it, what they should think about. So that's the topic, and I'm going to jump right in and ask you, Lisa, what does that mean to you? What does hospital or healthcare thought leadership mean to you?

Lisa Larter (03:06):

Well, I think we all look to healthcare professionals to have expertise on topics that we don't really know a lot about. So we're looking to hospitals and healthcare professionals to give us guidance, often on things that are really scary in our lives.

(03:25):

So when a hospital commits to thought leadership, not only is it a great tool for people to find when they're searching for information, but it's also a great tool to use as part of their patient care strategy.

(03:39):

So if I'm someone who is recently diagnosed with let's say cancer, or diabetes, or a heart condition, it doesn't matter what it is, if a hospital has done a great job at creating thought leadership, they should have an area that they can direct me to that educates me on what to expect, that reassures me, that informs me, that really answers my most common questions and prepares me for the journey that I'm about to go on.

(04:09):

Too often, I think people go to a doctor and they get some type of a diagnosis, and then they go home and they try to figure things out on their own. And I think that hospitals that are really, really committed to thought leadership are doing it so that one, people can find the information. But two, they can prescribe the information as part of their patient care strategy.

Lisa Miller (04:31):

Yeah, I love that. And I wasn't expecting all of that on your reply. And it's part

of, like you said, patient care. It's part of the experience. And I can't tell you how many times, particularly upon discharge, you get all the discharge records, and they're handed them and then it's like, "What do I do?" And there's obviously follow-up calls. There could be meds or durable medical equipment, all these things that have to get coordinated.

(05:03):

But to your point, wouldn't it be just remarkable that if a patient was going in for let's say cancer treatment or any other kind of treatment, and there's a portal or there's a specific packet not just generated from a hospital's EMR system, but it's very customized and created by the thought leaders in your hospital? So that would be those specific physicians or care clinicians in your hospital like, "Wait a minute, this is what industry says. We agree, but these are our own takeaways that we've seen on the front lines."

(05:41):

Now that's very different from buying information, that's stock information and handing out. This is a core competency internally that a hospital's creating of their own thought leadership, what to expect.

Lisa Larter (05:55):

And it could be more than just their thought leadership. It could also be patient case studies or success stories. I think sometimes, when you go to the hospital and you get a diagnosis, we're not all jumping up and down happy we got a diagnosis. There's fear associated with, what does that mean?

(06:13):

And so I think about a hospital, and I am going to use Mount Sinai as an example. It just is a hospital name that came to mind for me. What if I went to mountsinai.com/type2diabetes, or forward slash breast cancer, or forward slash kidney stones? Whatever the specific diagnosis was, all I had to do is hit forward slash and the name of that diagnosis. And there's a page there that's full of links and resources and FAQs and success stories and typical treatments, and all the thought leadership is indexed there to make it really easy for people to dive in and learn in a controlled manner where experts are

giving them information, actual healthcare practitioners versus Joe Blow.

Lisa Miller (06:59):

And the ones that will be most likely caring for them. Now, I can envision some of the listeners going, "Wait a minute. We do those physician videos," where they kind of talk about the physician videos like, "I'm Lisa Miller, I'm an orthopedic doctor. And I love orthopedics. My specialty is hand and wrist, and here are the three things you should think about if you have an injury." And those things have its place. This is entirely different.

Lisa Larter (07:24):

Those things belong on about the doctor page. Those are rapport building, credibility boosting authority pieces that help you feel more confident in your doctor.

Lisa Miller (07:34):

Yes.

Lisa Larter (07:35):

Thought leadership is representative of your healthcare system or your hospital and the people that are part of it.

Lisa Miller (07:42):

Yes. So exactly, those marketing videos are helpful. I like to see the doctor that I'm going to. My son fell. As you know, he had to get a cast yesterday and we got referred to a doctor, but the doctor was on vacation, so we had to use someone else in the group.

(08:01):

The first thing I went, and I know we're going to talk about this in a minute, but I went to the site because I wanted to see the doctor's face or I wanted to see if there was a video, just to get a feel for him. So I think those mostly are very important versus a doctor saying, "Let's talk about diabetes. This is the standard protocol for diabetes and these matters." But here are the things

that work for my patients over the last 10 years in the community of X, because communities are different, and they matter. These are the strategies I like.

(08:33):

I like stop eating at 8:00, but maybe the nuance is but drink water at 10:00. Or I tell my patients this, or whatever the thought leadership may be. But it's got to be, all these physicians do have their own strategies. They have their own way of providing care. So why are not we not expressing that in, like you said, Mount Sinai/diabetes? This is what our doctors think. So I love your definition. I love your strategy, because that's very unique, and you don't outsource your thought leadership to canned information. This is custom-

Lisa Larter (09:16):

Leverage it.

Lisa Miller (09:17):

Yeah.

Lisa Larter (09:18):

Leverage the thought leadership of your team. If you're proud of your doctors and clinicians, and you believe they do good work, then bring that to the forefront. It's a powerful way for you to improve your patient experience, to build confidence, to make your practitioners all feel like their thought leadership matters. And I'm going to guess from a retention perspective, it would make people want to stay, because it would make them feel like their protocols, their opinion, their work, matters.

Lisa Miller (09:52):

100%. That's why a lot of doctors like to publish. And so we're getting a little more deeper in this first question, but I will tell you that you made a good point. They want to feel like their work matters. I mean, you've got a lot of even nurses that publish, right? Or as they're going through the dissertation, how can you take some of those published materials, and not just put the

report in your thought leadership, like excerpts? Dr. Lisa Larter wrote about this in a recent medical journal, but here are the three takeaways, and you kind of bring it down to just regular conversation. This is what she thinks about knee replacement. She thinks that prehabbing is really important, and she just did a study on prehabbing. And so yeah, you're like, "Wow, Lisa just had this journal in the American Orthopedic Journal of Physicians, and it's about prehabbing and look at the outcomes."

Lisa Larter (10:53):

Well, I mean, imagine you go to the hospital, and you go to the about section and you get to click on your doctor's bio, and your doctor's bio is done in a really thoughtful manner. And there are links there that show the places where your doctor has been published, and there are links to the thought leadership that has been shared on the website. There's information about their specialties, there's information about their education. There's links to the reviews that they've had. There's patient case studies. There's so much that you can do to build up your authority online.

(11:26):

And what I'm seeing is there are doctors that are taking it to the next level. Actually, they're still working in healthcare systems and hospitals, but they're creating their own personal brands and their own websites to showcase their thought leadership. And I believe they're doing that because the hospital isn't giving them the platform to do it.

Lisa Miller (11:44):

Yeah. I want to get there in a minute, because that is the gold standard. There's something you talk about a lot, and I love it. And you often say, we all have the same doctor. All of us have the same doctor. It's Dr. Google.

Lisa Larter (12:01):

It's true.

Lisa Miller (12:01):

Can you talk about that?

Lisa Larter (12:03):

Yeah. I mean, the first line of defense for all of us is Google. And before we've even seen a doctor, we're asking Dr. Google to tell us what's going on. And so if you understand anything about SEO, you understand that when somebody types a query into Google, you need to match the query in order to show up on the first, second, third page of Google. And if you're not creating thought leadership, then there's no way for your expertise, your thought leadership as a doctor to show up there.

(12:38):

What might be happening is a mommy blogger who is passionate about a particular ailment because she had it or her mom had it, has been blogging about this thing. And she shows up there, because she's written more about it than an actual expert who is highly skilled and trained on the same topic.

(12:56):

And so what happens is we go down these rabbit holes of reading information, and we don't know what is misinformation and what is legitimate information. You can look for something that... For example, my mom has type 2 diabetes, and I always tell my mom, "Type 2 diabetes is not hereditary mom. It's caused by food, diet. It's not hereditary." But if you Google is type 2 diabetes hereditary, you could actually find some articles out there that say it's hereditary.

(13:27):

And so you can find whatever it is you're looking for, but that doesn't mean what you're reading is scientifically backed and/or was put together by a professional that really knows what they're talking about. And so I think Dr. Google is a scary thing, but it's the default.

(13:45):

Today's healthcare systems and hospitals, especially in rural communities, are

slower than ever to service patients in need. And so when you're sitting at home and you're not feeling well, and you have to wait weeks or months to get in to see a specialist, what do you do? You talk to Dr. Google, and you talk to Dr. Google a lot. So if you're not showing up in the Dr. Google arena, you're missing an opportunity to reassure the patient who might be waiting to come and see you.

Lisa Miller (14:14):

Absolutely. I love your comment about a mommy blogger. Now, listen, there's some phenomenal people blogging, so not dissing bloggers, but I think the key component could be is that person blogging could have it their own bent point of view. Maybe they don't want to go to see doctors. So now they're like, "You don't need to go see a doctor, just do this holistically." And I'm all for holistic too. But the point is that I love this. If you're not going to show up intentionally, you're going to show up by default. And I think that's the key concept here.

(14:48):

So maybe we could talk a little bit about what you mentioned earlier, but you're going to be very prescriptive in three to five things everyone can do. And I know this is one of them, but I love the idea. Lisa Larter doctor or whatever, having their own personal brand or having their own website. I think every single physician should have their own personal brand and for that matter, probably even some executives. So can you talk about why personal branding for clinicians, physicians, and leaders are a good idea?

Lisa Larter (15:24):

Well, I think we have to step back and look at what happened in the world over the last few years. And when Covid hit, a bunch of doctors — national, local, rural — were thrown into the spotlight, because people were looking for information. They wanted to understand what was happening in the world. And that is not something that we've seen as much of before in our lifetime.

(15:50):

And so I think what happened during that time is there was a bit of a shift, where we now look to doctors, clinicians to be their own subject matter experts. And we look at their personal brands as a consumer.

(16:07):

And so a doctor may work for a healthcare system or a hospital, the same one for their entire life, or they may change, but what doesn't change is their body of work and their knowledge.

(16:19):

And so I look at doctors and clinicians like experts of their own standing. And if they don't put their own platform out there, and show you who they are, and what they're about, and what their areas of expertise are, then it makes it hard for you to choose them.

(16:36):

So I'm going to use myself as an example. I need to go see an ENT. I have a problem with one of my ears, and my hairdresser actually recommended me to someone. And so before going to see this person, what do you think I do? I'm researching the person, right? I want to know who are they? I want to know do they have a website? What can I learn about them? Do they have reviews? I'm looking at all of this stuff.

(16:59):

And so if you want to control the impression that people have of you, you need to make it easy for them to find the information and find the story that you want them to know. And I think too many people are behaving like they used to behave before the internet, and they're assuming that the patients are just going to come.

(17:25):

Today's patient is far more discerning than they've ever been. And therefore, if you want to build a practice where you have patients who seek you out and keep coming to visit you over and over again, you have to take your own personal brand, your own reputation into your own hands, and make sure that you're putting things out there so that people can find you, they can

learn about you, they can know who you are.

(17:48):

And so I think there's a bunch of ways that you can do that. Some clinicians and physicians are going to be really comfortable public speaking. They're going to get on TV, they're going to show up on Twitter spaces and have debates about this, that, and the other thing. But other doctors, maybe they're going to be better at just recording short videos, or maybe recording podcasts, or maybe writing content.

(18:12):

But put things out there that allow people to get an understanding of who you are, what your personality is like, and what your beliefs are, when it comes to the areas of care that you specialize in.

Lisa Miller (18:25):

Yeah, so that is just great, great, great information or great thinking, Lisa. Thank you. There's a lot of content there. So my dermatologist, I've been to a couple times now, he's so fascinating because he does have his own website, but he's an interesting guy, right?

(18:43):

He's got a point of view. His point of view is that the skincare industry is really, and how should I say it? It's almost self-perpetuating the problems it has. So meaning that we have so much skin products, we're trying to clink, all doing so much stuff that it actually is making problems grow. You need more, need more.

(19:04):

And he's not down on skincare, he's down on the amount of it. And he's got more of a minimalistic approach, but he's got a point of view. He has a book. I forget what the book's called. I have it around here somewhere. It's just something about the skincare industry. I forget how he named it. It was a really compelling title, and he's got a book, and then he puts his thinking,

and he is on a big book.

(19:28):

And then he also created a very minimalistic cream. He's got one right now. Obviously he's getting into the business too. He is not completely a hater of the whole skin industry, but his is one very minimalistic, and it aligns with his point of view. It aligns with his book. So he's starting to develop his thought leadership. And he is a younger doctor and he's fantastic.

(19:52):

And on his website and in his office, I get to see his personality. So he's an artist. He does some really cool artwork. And so I've seen in his office, and I've gone to his website and he's got also, he could buy art other places from him. And now you get to see this full view of a human being.

(20:12):

Now, not everybody may want to take that approach. I mean, he's an interesting guy. He's a skilled dermatologist. He's got a point of view, a book, he's got one product, and he's an artist. But I have to tell you, I love seeing him. He's just so engaging and interesting, and I think that's a key component or maybe the highest levels, maybe somebody if they wanted to could achieve it, is really showing who you are as a person. Five people we know, like, and trust. We've heard that a million times. But I've referred his book, I've referred his skin product, I've referred his artwork. But I'm connected to him on a deeper level, Lisa, because he's a thought leader.

Lisa Larter (20:58):

Yeah, he's a thought leader. He's doing creative and innovative things, and he's putting himself out there. He's different. "Different is better than better," as Sally Hogshead says. And so if you're just doing the same old and you're not thinking differently about your thought leadership in the healthcare industry, you are going to fall behind.

(21:17):

I like to use this metaphor just, kind of a visual for people. Every time you

publish something online, it doesn't matter what it is. Think of it as you're putting a piece of paper on a pile. And every single time you add something to the internet, you're adding another piece of paper to that pile. Your personal brand stands on top of that pile. So the bigger the pile you have, the more visible and easily sought out you become. The person who's got 1,000 pages in the pile, it's a lot easier to find them than the person that's got two.

Lisa Miller (21:51):

It's like John Maxwell says, you got to get out of that people pile. So one of the ways to get a people pile is to raise yourself above the pile.

Lisa Larter (21:59):

Exactly, exactly. Create your own pile.

Lisa Miller (22:01):

Yep, that's right.

Lisa Larter (22:03):

Absolutely. And I think that's what's missing for a lot of the healthcare professionals is they haven't actually taken a step back to look at how the world has changed and to really ask themselves, "How can I control the narrative around my personal brand and my work, to be of service and value to my patients?"

Lisa Miller (22:21):

Right. And the other point I wanted to mention, what you spoke about earlier is the old days where you just put a shingle outside and you were like Dr. Miller, pulmonologist, and everyone came to you. Those days are way, way long gone. So we do have to do things differently.

(22:38):

And I know everyone's making an adjustment. I feel like they don't know how to, where they're trying to do some things with those marketing videos versus this deep, intentional thought leadership view.

(22:51):

And sometimes it's rough to get started. I know for me, when I started the podcast three years ago, that first episode I did with Alan Weiss was a little bumpy and I was nervous, and I actually have spoken to him about it. But since then, I keep it on there intentionally, because I think we all have a starting point, and we can tell people, "Go back to my episode one." It was a little bumpy, but I started, and I kept on going. And three years later, whatever that is, podcasts, writing, website, it's the start that matters. And then as you look back, you're going to have this library or this muscle.

(23:31):

And I think more the physicians don't probably go down this road more or less because I think they're... And I don't want to say fearful. They do have a brand to a certain degree in terms of being a doctor. They don't want to misstep, or maybe they need a teacher or a mentor. I mean, obviously you're the best coach or mentor anybody could have in thought leadership space, and you've been mine for years. But it's hard to get started in that, right, Lisa?

Lisa Larter (23:58):

It's hard to get started. And you know why it's scary for so many of them? It's because they're concerned with what their peers are going to think instead of what their patients are going to think. They want it to be all academic, and scientifically backed, and perfect, and that's not what the patient is looking for.

(24:14):

And so when you are building this body of work, you're not building it for peer review journals, you're building it for patients. So you want to talk in layman's terms, you want to talk in language that makes it easy for your patients to understand who you are and what you do.

(24:30):

That's not to say that you can't write academic pieces that are a bit more

scientific and fancier in nature. But I think you have to think about who the audience is that you are creating this thought leadership for. And you're not necessarily creating it for your peers. You're creating it for your patients.

Lisa Miller (24:51):

I love that. Oh my goodness, you got to brand that. It's so true, right? I think they are creating... They're thinking peers, but it's patience.

(25:00):

I'll go back to my son yesterday. They did a really nice job. Everyone was professional. They weren't the warmest, but they were professional. But now you have me thinking about if I was working there and I had a nine-year-old first-time cast, they were like, "Okay, you got to keep your arm up, move your fingers, and you got to cover it." And they're like, "There's this Seal-Rite thing." And I'm looking at Amazon, I'm like, "I don't see it." They're like, "Well, everybody finds it on Amazon." I'm like, "I'm pretty good at Amazon." So now I'm thinking, wouldn't it be cool to have a four- or five-page comic book for the kids?

(25:35):

Because obviously, they get sweaty or itchy, but one of the things they said was, "Don't put anything down there. Anything that gets down, it's going to get stuck." It'd be kind of cute to have something fun or narrative for the kids to look at, because that's their audience. But parents, it's like, "Okay, here's where it is on Amazon. Here's what you need to do. Here's the right way to seal it." Now we could all be like, "Okay, it's obvious," or we could Google, but now we've done what we've just said before, you don't want to do, you don't want to outsource. Now you're going to Google.

(26:06):

And now they're down a rabbit hole. Maybe someone's going to teach them a way. You don't want them to cover up the cast. They could control that narrative. Obviously if anything happens, I got to come back and change the cast again. They don't want that either. So you just had me thinking so differently about what you said. They had two audiences yesterday. They had

my son as an audience. They had me as an audience.

Lisa Larter (26:30):

That's right. And they also have a different revenue stream opportunity, because they could have their own Amazon shop. And within that Amazon shop. They could have all the things that you need when you break a bone.

Lisa Miller (26:41):

Yeah, that's a good point.

Lisa Larter (26:43):

They could have a referral link to their Amazon shop, and they're making a bit of money. Make it easy for people.

Lisa Miller (26:49):

Yeah, that's a really great point.

Lisa Larter (26:51):

What would you trust, just generic, or would you trust the Amazon shop that is again, Mount Sinai's Amazon shop or doctor-

Lisa Miller (27:01):

Yeah, Dr. Approved. Not only would've been easier, I would've felt better. I ended up buying four different... I was like, I couldn't find the one she said, so I bought four different brands, styles just because I didn't want to mess up, and I still don't know if I got the right one. I won't get it today.

(27:17):

But yeah, great point. Money, yes, it could be a nice way to maybe defer some kind of cost that a hospital has. It's a good point. Also, how cool. Blank orthopedic, go to our site, and those are all the products that we recommend. That's so smart, Lisa.

Lisa Larter (27:38):

And again, if you had thought leadership on a page for broken arm, you could go to that page, and on that page there could be a link that says, "Shop the category." And on that page or in that store, you would have all the things that you need for a broken arm. It's not rocket science, but it's just a thoughtful patient experience.

Lisa Miller (28:00):

And I will say one more thing, and I had it here on my desk. So on the ER visit to get the exam, the X-ray, the one hospital, the ER is a standing ER. And they gave me in an envelope all the patient information for my son on the data and the disc. But outside of it was a ton of information.

(28:23):

You're making me even think that what they did on their envelope, which was branded standing ER, what to look for in a stroke, and it was all these things outside of obviously what we went yesterday for was a broken bone. It was all these other things, what to look like for a heart attack. And all throughout the... Done very graphically, beautifully well-thought-out. And again, that's an example of thought leadership too from a hospital's perspective. I don't think that's marketing.

(28:51):

But I do want to jump to a couple other topics, and that's reviews, referrals, and I want to talk about responses, but I'm going to let you kind of tackle this whole nature around reviews and referrals, as it relates to thought leadership.

Lisa Larter (29:09):

Well, I think the third R that I would bring into the mix is your reputation, and your reputation is really the driver of whether people want... I mean, why do some doctors have month-long, multi-month long wait lists for people to get in to see them, and other doctors you can get in tomorrow? It's because some doctors have such stellar reputations for doing what they do, that people will wait forever to see them. And

(29:34):

so how do you build a stellar reputation? First of all, you need to do good work. Second of all, you create a body of work. Third, you want to ensure that when people are referring you, that you have the recommendations that support the work that you do.

(29:54):

Now, recommendations get a little bit tricky in healthcare, because if I understand correctly, because of HIPAA, doctors aren't really supposed to ask patients to write recommendations, but they do. They write recommendations for doctors on Google, they write them on Zocdoc. You can find them all over the place.

(30:12):

So doctors need to think creatively around how to get their patients into the mindset of writing these reviews. So maybe it's by sharing reviews with patients when they come to the office. Maybe it's by having a little widget on the website that says, "Please read our patient reviews." Maybe it's by highlighting some of the patient reviews that have been put out there, so that they're actually creating a bit more buzz around the reviews, which makes it more top of mind for someone to write a review.

(30:44):

And then I think the next thing that is really important, again, adhering to patient confidentiality, but responding to the reviews. So if somebody writes a nice review, get in there and respond, and thank them for the review. And if somebody writes not-so-nice a review, get in there and acknowledge that you would like to have a conversation with them. If it's positive, get in there and have the dialogue. Thank them, acknowledge it. Go all out. If it's not, try to take them offline. Try to get them to call the office, try to get them to call you. Try to leave a comment that says, "This is not the experience that we want you to have. Could you please call our office so that we can try to fix this for you?" You want to do whatever you can to protect your reputation.

(31:28):

We all know there are people out there that are going to write really, really bad reviews. It's going to happen. And sometimes, you're deserving of the review, and a lot of times you're not deserving of the review. And so the best that you can do when you don't have a good review is at least acknowledge it and offer to have a conversation with the person.

(31:47):

But if you show up regularly and you respond to reviews, and people see you showing up regularly and responding to reviews, it creates more of a sense of trust and credibility that you really are who people say you are, because you just keep showing up. You show up in the review space, you show up in your thought leadership, you show up online on your website, you show up on social media. It makes you a real person, and that makes you way more attractive, just like your dermatologist resonates with you because they're being human in addition to being good at what they do.

Lisa Miller (32:26):

Right. And I think, Lisa, that's fantastic. I think how we respond to the reviews in public and in private is so key. And you make a good point. Sometimes, the whole story is not shared with somebody who's frustrated. I mean, people are just going to say things out of frustration, and unfortunately, they don't understand maybe the gravity of what that means. And sometimes it's warranted. But I think in either case, responding, getting the conversation offline, just show that you're connected to your patients and the community.

(33:02):

And my guess is that if you are showing up and responding, and then if somebody does have a frustrating moment and they see that, would they maybe have a second thought to do that? Or maybe they call, or I don't know. But I think certainly, it does show a different perspective of that office.

33:20):

I will tell you that many times, the reviews are opportunity for the offices,

doctors, hospitals to learn from. And I just wonder, how much learning are we taking away from it? I just know it generally speaking, in life, we do not like feedback that's not positive. Constructive criticism, whatever you may call it, human nature, most people don't like it.

(33:45):

But I just think if really we took all those reviews, and we learned from it, and we really got as close to the front lines as possible to make those adjustments or changes, I just think it adds to... This is a subtopic of thought leadership. It adds to learning, right? Thought leadership isn't just about telling people what you know, it's continuous learning. This is what I've learned over the years. And you're sharing that, right? It's not a moment-

Lisa Larter (34:16):

You're listening.

Lisa Miller (34:17):

So I think this thought leadership could also be such a wonderful avenue then to enhance it. Use it. You could use it in how they're writing. "You know what? We've learned over the last several months that our patients want this." And now you've created a body of work based on what you've learned from your patients.

Lisa Larter (34:36):

Right. But you can also manage expectations from the things that patients find not so positive. So sometimes, a patient's experience is not going to be positive because that's the protocol. There are some treatments, there are some X-rays, there are some things that you have to do when you're sick that are nasty, they're not nice, they're not fun. And if somebody is writing about that because they had a terrible experience, but it didn't matter what they did, that experience wasn't going to be positive, then you have an opportunity to get in front of that and manage expectations upfront, because now you know what some of the trigger points are. And you can actually say to somebody, "This is going to suck. This is going to be uncomfortable. This is going to be painful. You are not going to like us when

this is done. Here are some techniques or tactics or things that you can do to make this easier."

(35:29):

And I think sometimes, we're afraid to tell the truth. We're afraid to tell somebody this is not going to be a pleasant experience. And then because they didn't know it wasn't going to be a pleasant experience, you end up on the other side of it writing a review, and you're upset about the unpleasant experience, where if somebody had told you upfront, "I hate to tell you, but a colonoscopy isn't fun," if somebody actually let upfront what to expect, then maybe you wouldn't be so upset with the procedure or upset with what you experienced.

Lisa Miller (36:00):

Yeah, I love that. And again, this is an aspect of thought leadership, because you are sharing the care process. You're curating, you're customizing it. This is yours. You're not downloading it from an association.

(36:14):

I had a friend of mine; her husband was being discharged. He had a diabetic issue. And so my friend was asking, "Okay, can you give me some advice?" Because diet is key, right? As you said earlier with your mom. And she's like, "Just go to the American Diabetic Association. Go to their website, and they'll have it all for you." That was the clinician's response instead of, unbelievable.

Lisa Larter (36:39):

But that's a 1990 response. That's a 1990 response. That's not a 2024 response. 2024 response is, "Yeah, we can help you with diet. Go here. We've got a list of things that work well for people."

Lisa Miller (36:52):

Or, "I was just going to bring you the book we give to everybody that comes in."

Lisa Larter (36:56):

Exactly.

Lisa Miller (36:59):

What preparation are they having to create these spaces? So Lisa, we're going to wrap up. I've thoroughly enjoyed this podcast, because I've learned a lot. I actually took two pages in notes. So thank you.

Tell our listeners maybe a few, whether it's strategic, or tactical, or ways they can start. Obviously, the best way they could start is by calling you lisalarter.com, because this is what you do. You are a thought leadership whisperer, expert. Thought leaders. Get out their thought leadership. But if you can give some people some things that they could think about or do.

Lisa Larter (37:35):

I think if I could steal from Stephen Covey, begin with the end in mind. Think about who you're trying to be and what you want to be known for from a thought leadership perspective, when you begin with the end in mind and you get clear on how you want your personal brand to be and what you want your thought leadership to look like, you have a starting point. But most healthcare practitioners are not marketing experts, and so I would recommend that you work with somebody like myself who is good at developing a marketing strategy. One of the things that we do with a lot of our clients is we help them to create a strategic marketing roadmap, and we help them to actually get the ideas out of their head and create a plan that is both strategic and tactical so that they know what to do next.

(38:20):

It's never going to happen on its own. And I would say that one of the things that is the most challenging about creating your own thought leadership is you are so close to what you know, that you often don't know what it is that other people don't know. And so you're like a fish in water. You don't actually realize some of the simple things that you know that are highly valuable to other people, because you think everyone already knows it. So I would encourage anyone who is listening who wants to really think about thought leadership, to have some type of an advisor to help them on the journey.

(38:55):

And then if you're listening and you're an executive in healthcare and you're thinking about, "How do I do this for the hospital?" You really need an overarching strategy. And I would start with one department, one aspect, and build it out as a pilot. And then I would look at how you can build that out throughout the whole organization.

Lisa Miller (39:13):

Yeah, I love that. That's great. And I just want to make one additional note on the being so close to things, which I know that's advice that you've given me, and now I think about all the time. But back to the example with my son, they just think everybody knows, "Don't get your cast wet," or they think everyone knows all those aspects. And I really feel that body of work, and it really comes down to helping the patient and their journey, their experience.

(39:45):

So this thought leadership is a lot about connecting to your patients and connecting to where they're at. And it's so key. This isn't a gimmick. This isn't marketing. This is really making this unique, helpful, useful experience, and connection, and really providing this exceptional patient care. It's really important. This isn't something to do because of. It will have meaningful results for patients.

Lisa Larter (40:14):

And that means you have to go back to beginner's mind. This is someone that doesn't know what you know. So if you were teaching the basics that they need to know, what would you teach them?

Lisa Miller (40:24):

100%. Lisa, this has been great. I think this is top 10 podcasts. This is awesome. Thank you so much for coming back and being part of The Healthcare Leadership Experience in so many ways. Starting it, helping me with my thought leadership, helping me produce along the way, and just coming back three years later. So I appreciate all you've done for me and the team here. It's really been a lot of fun.

So thank you and thank you for being here today.

Lisa Larter (40:52):

Thank you, Lisa.

Speaker (40:56):

Thanks for listening to The Healthcare Leadership Experience podcast. We hope you've enjoyed this episode. If you're interested in learning new strategies, best practices, and ideas to utilize in your career and healthcare organization, check out our website at thehealthcareleadershipexperience.com. And oh yeah, don't forget to rate and review us and be sure to join Lisa and Jim next time on The Healthcare Leadership Experience podcast.

Thanks again for listening.





MEET LISA MILLER

"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through frontline insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.



MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.

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MEET LISA LARTER

Lisa Larter is a Business Strategist, Digital Marketing Expert, Author, Speaker and Podcast Host.

Her businesses, Lisa Larter Consulting and its U.S. subsidiary company Go Daxxi, help their clients to formulate marketing strategies that support their business goals and objectives for increasing their visibility, leads and sales customer acquisition. Lisa provides strategy and advisory services as well as a full suite of implementation services that include social media and content management, book marketing campaigns, podcast management, and website design.

Lisa recently released her newest book, Masterful Marketing, co-authored with Alan Weiss to help business owners dominate their markets with a value-based approach.

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