

The Language We Use in Healthcare

With Claudia Cometa

Episode 113

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Claudia (00:00):

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Speaker (00:25):

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.

Jim (01:05):

Hi, this is Jim Cagliostro and you're listening to the Healthcare Leadership Experience. Today's guest is Claudia Cometa, founder at Peace Advocacy Group, author and pharmacist. And today I'm excited to discuss the language we use in healthcare. I'm really looking forward to this conversation. Even I was thinking, Claudia, the last time we spoke. I wish I had just pressed record then because I thought there was so much that... You were really giving some quality stuff, but I'm looking forward to this. Welcome to the show. Thank you for being our guest today.

Claudia (01:34):

Amazing. Thank you so much. I'm so glad to be here. And yeah, we did have a great conversation. We'll try to duplicate it today.

Jim (01:40):

Yes, absolutely. I always like to give our guests an opportunity just to introduce themselves, to talk a little bit about your background, your education, your experience, really what brought you to where you are today and why you're so passionate about it?

Claudia (01:54):

Yeah, happy to go through that. So I went to pharmacy school, very analytical, checkbox, logical decision when I was in college. I was good at chemistry, good at the sciences. Actually, it was a chemistry professor who suggested, "Maybe consider pharmacy school." And I'm like, "Okay." I didn't have a lot of fire, passion, "This is really what I want to do." I did want to help people, so I was leaning towards the healthcare field, and so a professor suggested it. I applied to pharmacy school, went to pharmacy school. And so I did that and worked in pharmacy for many years and graduated in '03, worked in pharmacy for over a decade and a half. Really didn't have any experience with the medical system as a patient of any significance, at least. So bumps, bruises, we all have some interaction with the medical system, but nothing to any significance.

Jim (02:44):

Sure.

Claudia (02:44):

So I basically was on one side of the healthcare equation for many, many years. And then my father was diagnosed with cancer in 2016, and I quickly was in crisis resolution mode. I was on the other side of the equation, jumped headfirst into that side as it just made sense. I was the only one in my family who was medically trained. And so I saw the other side of the system for the first time of any significance and was mortified like, "How is this the patient experience? How did I, number one, not know this was the patient experience and how am I just now coming to grips with what is happening on the other side of where I'm working?" And it was very discouraging. Obviously helping my father, you want the best care for your loved ones. And so to not be able to get that, to be dismissed, I ended up firing several hospital systems. It was a really, really negative experience.

(03:43):

And that was with my oversight. That was with my deep understanding of the medical system, how to navigate it. I was in the weeds of everything. I knew every medication he was on, I knew when he was getting it. I knew all his labs oftentimes before his hospital team even came in to tell us. And even despite all of that, it was just a really terrible experience. And so I vowed at that point that I have to do for others what I did for him. There's just no other way around it. It was no longer an analytical or logical decision. I didn't ask anybody, "Should I do this?" It was a, "I have to do this. It's already a predetermined thing for me." It was a feeling that I've never felt before. It was a heart-centered decision-making I had never done before, but it was so solidly true that it was like, "Okay, I just have to do the next thing to make this happen."

(04:36):

So I'm not an entrepreneur by childhood. I didn't grow up having the lemonade stand or selling candy at school. I wasn't that person. Some people have really cool stories. I don't have any cool stories like that. I didn't do any of

that. And so the challenge of course was, "How do I build a business? I don't know what I'm doing. I don't know how to make a website." So really, the challenge was the logistics around the business. It was not how to do the work because I was very confident in the work. So I just used that confidence in the work to propel me forward.

And so in 2017, I started Peace Advocacy Group, and that's what I've been doing since 2017, which is locking arms with individuals who are in a situation of a lack of clarity, feeling dismissed by the medical team, feeling like they're not getting answers and they don't know where to go. It would basically be my dad if he didn't have me. And so that's who I'm helping, and that's what we've been doing since 2017.

Jim (05:29):

I love how you share that story and the foundation that you have as a pharmacist, your knowledge of the medical field and the healthcare industry, but then that passion. As you describe it, I hear someone who's saying it would've been wrong for you to not pursue this path. You just felt so strongly about that because you saw a brokenness in the system or a need that you know you weren't the only one going through that. And I love what you're doing with Peace Advocacy Group, and nothing's going to stop you. I can tell just by the way you're describing it.

(05:59):

So I've been thrilled to be connected with you on LinkedIn and just seeing the things that you're posting, and it's been a challenge to me. It's been an encouragement to me, but one of the reasons I wanted to hear your perspective on this specific topic on the language we use is because you shared what I thought was an incredibly insightful post on LinkedIn that highlighted the language we use around illness. You shared that, "Even with good intentions, even with good intentions, the words we use are often not the most helpful." Do you mind explaining that, breaking that down for our audience today?

Claudia (06:32):

Yeah. Well, if I go back to when I was helping my dad, I hadn't really come to this realization yet. And so I was the daughter who was posting on social media, "We're going to fight this, cancer chose the wrong girl." I just fell into the trap of what sounded like what I'm supposed to say. Like, "Yeah, I'm going to win this battle." And it wasn't until years later, well beyond when he passed away that I really started to question, some of this being part of my spiritual growth too and personal development, but how are those words really helping us? If we are really talking about whether it's cancer or another illness as if we're going into battle, and ultimately, we're going into battle with our own body. So if we are going into battle, there has to be a winner and a loser. It's no different from any war that we're used to in history class or any wars that happen right now. There's going to be somebody who's going to come out victorious and somebody who's going to be a loser.

(07:31):

And so is that the approach we have to take? Is it just that that's what we have heard, that's what's been modeled for us, that's what society has taught us? And so it feels good. It feels like, "Yeah, we're going to fight this." And so we have this internal, "Yeah, maybe this will fire me up if I feel like I'm going to go into battle and I'm going to put on my boxing gloves and I'm going to win this thing." Is there a better approach? Can we start to shift that into, instead of being at war or an adversary to our bodies or our bodies being the enemy, can we actually come back to it being an ally? So is it possible that the symptoms that we're experiencing, whether it's cancer or literally anything else, anything else that is a symptom we are experiencing, can that be seen as a message from our body? Because our body obviously isn't able to speak a language.

(08:23):

It's like our animals, right? We're not speaking to them in the language that we know, but those of us who are fans of animals, we do believe that our animals are communicating with us in their own way. And similarly, is it possible that our body is communicating with us and in the only way it knows how? So if we do have a symptom, a collection of symptoms, is it possible that that begins as a little bit of a whisper? So maybe it's a little tinge

of something that we're maybe ignoring and our body doesn't know how else to let us know that this isn't working than to get louder. And by louder, the symptoms are amplifying. And eventually maybe it gets to, instead of a whisper, it's a brick to the head, and we want to fight that because we don't want that. But maybe we had opportunities to listen before and now we're like, "Okay, we have no choice but to face this. We have no choice but to listen because now it's affecting our daily life and whatever."

(09:17):

And can we get to a point of being an ally with our body like, "Okay, I hear you body. What is it that you need?" There are great guided meditations that I've led and that others have led that really help you tune into, "Is there a message here? There's something that I need. Maybe I need more rest. Maybe I'm actually so stressed out in my job that what I need is a shift in career. Maybe I need X, Y, Z. I need to shift my diet. Maybe I've really gone off the wagon and the processed foods I've been eating are not serving me." But we can't hear that until we quiet the external noise. And we certainly aren't going to be able to hear it if we're in battle.

Jim (09:56):

Right.

Claudia (09:57):

Battle is loud, battle is aggressive, so we can't hear it. And so can we shift from enemy to ally? That's one of the biggest shifts. And for those who follow Princess Kate and her recent announcement of cancer, it was like a little bit over a two-minute video, but if you really dissect it and listen to it in its entirety, she never once said, "I'm going to win this fight. We're going to win." There was no war languaging. She also never interestingly said, "I have cancer," which a lot of people are like, "There's no way. She of course, said that." But I went back and listened because I was curious, what language is she using? And she didn't. She said the physicians found cancer, but it was never like... So there wasn't this ownership, this possession of the identification of cancer. And that's not in denial. That's not meant to say, "Oh, she's in denial," or, "If I don't say I have cancer, I'm in denial." But there's an

element there of realizing, number one, that diagnoses can be wrong. They're wrong often.

(11:04):

So number one is, okay, maybe a second opinion wouldn't be cancer. I don't know. But then there's the second part of this deep-seated illness identity of if I move through my life with the statement, "I have cancer," running through my mind at all times, then I am acting like what I think a cancer patient is. And so it becomes a deep-seated shift in our identity. And I saw it with my dad. I wasn't able to process it till later.

Jim (11:34):

Okay.

Claudia (11:35):

But it's like, "Okay, well, now I'm that person." And this is actually mind over medicine, it's actually a thing. It's actually a book. It's a fantastic book. It's a well-researched concept. In fact, there's studies showing that women with breast cancer, if they are told they're getting chemotherapy, even if they're not, so they're told they're getting chemotherapy, they actually get placebo, they lose their hair because they're so convinced of the identity that comes with chemotherapy like, "Okay, when I get chemo, I lose my hair." So there was no pharmacologic or physiologic reason for them to lose their hair, other than the deep-seated identity that that gave them.

(12:17):

So I really do think that our language around illness and how we process the identity around our illness is so important. It doesn't mean it's easy because you're swimming upstream. The easy societal swim on the lazy river is just do what everybody else is doing. Right? And so how do we start to shift this paradigm? And it's hard when nobody else around you is. And so it takes each of us to start making that shift. So that might've been a long-winded answer.

Jim (12:46):

I love it. The word that keeps popping in my mind as you're describing that is perspective. And you can have two individuals with same diagnosis, similar prognosis, a lot of things similar, but the perspective is what really differentiates them, and the language you use absolutely helps to shape that perspective. And we can get into that more, but I want to maybe dig in a little bit deeper in this whole idea of this... I think the words you used last time we spoke was antagonistic relationship, where we see the sickness as the enemy. And I love sports analogies, and so I do, I think my mind automatically goes through, "Oh, here's the problem. Here's the opponent and we got to go after it, and I have to conquer it."

(13:29):

So you've probably answered this part already, but I wanted to ask why do we automatically go to that type of setting in our mind or that type of language? But I think maybe the question I want to get at is in your experience working with people, I'm sure you've seen people have a real difficulty shifting that mindset or shifting that language. How do you help people make that change over from, "Hey, cancer is the enemy, or the sickness is the enemy," to, "Okay, now we're going to just be listening and we're working together on this, it's an ally?" How do you help people with that transition?

Claudia (14:04):

Yeah, it's a challenge. When I do my radical remission coaching, the people who typically come to me for that have already looked into some of the research by Dr. Kelly Turner, and so this is not as foreign to them. I can't say that I have too many clients. It's almost like the sheer nature of them looking to work with me, they already have an element of wanting to shift their perspective.

Jim (14:31):

Okay.

Claudia (14:32):

And so I have not necessarily been in a situation where somebody is trying to make the case that the societal way is the better way, but if you think-

Jim (14:43):

That would be me. Claudia, that would be me.

Claudia (14:44):

That's you.

Jim (14:45):

You have real trouble with me, I'd be like, "Come on."

Claudia (14:46):

That's it. You're my first client. We're going to do a role play here. No, but I think there's an element of that in all of us. Even the people who work with me, even the people who really dive deep into radical remission, there has to be, because we have grown up in... It's almost like you're not going to unlearn English if this was your native language. Right? Our native language is what we have been taught and what we have been taught is to fight. And you're using the sports example, which is perfect because there is an element in our society of competition, and there are some settings where competition makes complete sense and sports is one of them. That makes sense. I don't really believe in participation trophies. When you are playing a sport, it's competition. It just is what it is, but that has permeated... The concept of competition has permeated our society so far beyond sports and so far beyond the arenas where it needs to be, and sickness isn't immune from that.

(15:50):

We feel like we're always fighting something, we're always competing with something. So if we're in business, we're competing with the business owner who does the same thing we do. And even in social dynamics and high school, it's like we're always competing. We want attention. We want social media. And so it's almost like in every aspect of our lives, there's this trying to

win something, win attention. And it's rare that we just are okay in what's happening and able to quiet ourselves down and evaluate what's happening and learn from it. It's like we just want to keep getting louder, like, "Now we're going to be the louder one. So my body's getting loud, I can be louder." And it is not to anybody's fault. I fell into this trap with my dad.

(16:38):

So I think that when we start to shift in... Perspective is the perfect word, is when we start to shift our perspective that what if your body really is doing everything it can possibly do to share a message with you that could change this? That it's basically saying, "Look..." The body has an innate amazing resiliency and ability to heal, but it can't do that. It's like I can't keep a plant alive for my life. The plants that I have in my... Well, none now because I just feel bad that they all die.

Jim (17:09):

Nice.

Claudia (17:09):

But they can't live if we don't provide them what they need. And unfortunately, I'm really bad at that, so I'm just going to own that. But our bodies also cannot undergo the healing processes that it so divinely knows how to do if we don't give it what it needs. And so can we just get to a point where it's like, "Okay, I hear you body. What is it that is lacking here?" Maybe it's something tangible like a shift in food, movement. Maybe it's something intangible like stress. Maybe it's connecting to your intuition, maybe it's loneliness. Maybe you've been isolated. We saw this obviously a lot in COVID.

(17:47):

So maybe what the message is, I think a lot of people are like, well, maybe resistant to changes, like dietary changes or whatever. But although that is one of the healing factors in radical remission, it's not all of them. Actually, seven out of the 10 healing factors are the intangible. So maybe the messages that your body's giving you is actually nothing to do with the tangibles, like you need a supplement or whatever. Maybe it really is

something to do with spiritual connection, in-person connection. What is missing in your life that your body actually needs because of the release of the right hormones and substances in your body that come from those interactions, the oxytocin that we get, all of these positive hormones that also help our immune system function better? What if that's what the message really is? But there's no way for us to hear any of that if it's just noise.

Jim (18:40):

Sure. Well, that's great. Everything you're covering there is we need to listen. In life, I need to be a better listener, but listening to our bodies, I think that's something that we're just not in the practice of doing. We need to really learn to do that. If you're just tuning in, you're listening to the Healthcare Leadership Experience, and I'm your host, Jim Cagliostro. This show is sponsored by VIE Healthcare Consulting, a SpendMend company, which provides leading-edge financial and operational consulting for hospitals, healthcare institutions, and other providers of patient care.

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(19:26):

Claudia, I want to pick up on the plant analogy that you were using, or at least the example you used and talk specifically about environment. We think of a plant. I'm equally as guilty, probably worse. I'll argue that I'm worse in terms of killing any type of plant that we try to grow. My wife is actually having a successful stretch right now, but the environment that we create and provide good soil, the sunlight, the temperature, the water, whatever it is, it's so important for the life and for that plant to thrive. Thinking about the human body, not just physically, but the human experience, the environment that we create is so important for healing, the language that we use as we were just talking about, that helps to promote a certain type of environment.

(20:07):

At least for a patient, it can be a scary thing. The hospital can be a chaotic place. A lot of times, more questions than answers. What can we do? And we can talk about language, but if there's anything else that you want to throw in there, great. What can we do in terms of diffusing the tension, maybe bringing down the chaos, bringing some sense to this healthcare environment that really is a stressful place to be for patients. And maybe it's not the hospital, but just the experience that the individual is going through, language or whatever else we can do to help that environment. What are your thoughts? Anything that you'd like to tell our audience?

Claudia (20:41):

Yeah, in fact, I actually just came from a talk this morning and what I was telling people is there are so many other areas of our lives that we act differently than we act in healthcare, and it's very interesting. So even just preparation. We prepare for lawyer's appointments, we prepare for our first day of school, we prepare for our interview, and we prepare well and well in advance. And it's not even a question, it's an assumption. If you haven't prepared, you should have. And there's an underlying understanding of that.

(21:16):

For some reason in the healthcare system, historically and generationally, it's been very much the opposite. "There's nothing to prepare. This person in the white coat knows more than me. They're the authority. I just go in, I'm told what to do, and then I go do the thing." And that level of passivity and not being engaged in your healthcare can lead to a very stressful, a very frustrating environment-

Jim (21:40):

Yes.

Claudia (21:40):

Because you are actively taking an inactive role. So you're like, "Yeah, I'll get into this car and I'll just sit in the backseat and I'll just go wherever you're taking me. And hopefully the destination is where I wanted to go, but I really never said where I wanted to go. So how would you even know where to take

me? I'm assuming that you know where to go, and now I'm mad because I ended up in New York and I wanted to be in California." That's not how this works. So I talk to people, use the times that you have in these physicians' appointments wisely and with intention on your part.

(22:14):

So you are allowed to have health goals. You are allowed to have intentions for appointments. You're allowed to voice those intentions for appointments. You're allowed to prepare, and you should prepare for appointments. If I have an intention at this appointment that I want to get this specific thing answered, let me backtrack and see what information might be helpful for that physician to help me clarify that and help me get to where I want to go. And so I'm going to start taking notes, taking journals. Maybe I just started a medication. Let me take notes on how I'm feeling after the medication. Maybe I have trackers of my blood pressure. Let me keep all that information instead of sitting in the doctor's office and the waiting room, scrolling my phone or looking through magazines. What else do I want to get from this appointment? And let me get in the right mindset of being an activated patient.

(23:02):

So a lot of the environment and healthcare that is already chaotic and stressful, we don't necessarily have a lot of control over. So what we can do is what is in our control, and that is the things I've just laid out and many more. And the verbiage that we use and our choice of physician, right? There are some really great matches, physician to patient.

Jim (23:26):

Yes.

Claudia (23:26):

Maybe a patient really prioritizes board certification, knowledge, years of experience, and so that's who they're seeking. But if you are seeking somebody who has a really kind bedside manner, who will come and roll the chair up to you and maybe even put a hand on your shoulder, and that's the

kind of person that you want to have as your physician, then you have the right to find that person. They exist. You just have to find the right fit.

(23:53):

And so rather than taking the passive approach, which is, "I'll go to whoever physician my primary referred me to, and I'll just go and see what they say," it's just a recipe for frustration. And so what can you do within your control, language being one thing, and these things being another, that that can help your healthcare environment and your healthcare journey be way more peaceful?

Jim (24:17):

I love it, Claudia. And the word here that's coming to my mind is patient engagement. We often talk about that, and studies have consistently shown the more engaged that patients are in their care, the interactions, the communication with their providers, there's better results, there's better outcomes. And I love how you're showing that contrast between... There's two different approaches we can take. It could just be very passive and I'm just going to show up on time for my appointment and doctor or whoever the provider is, tell me what to do. Or they're prepared. And yes, it takes a little bit more work, but how much more productive is that appointment when there's a back and forth? When, "Hey, I do have some questions. I want to make sure I understand this?"

(24:56):

My follow-up question to that would be, as providers, we're often told, even for discharge education, we want to make sure that it's at a certain reading level, very simplified. We want to make sure people are coming from different backgrounds. From a provider's perspective, what can we do in terms of making sure we're more effective communicators, but also from the patient perspective, is there some education that we need to be doing to say, "Hey, I want to make sure I'm better informed?" What advice would you give, whether to patients or providers in terms of meeting at that point where we can have more effective communication and therefore better engagement?

Claudia (25:32):

Yeah, there really is this gray... And I talk about it a lot. There is this gray area where it's like the patients come up to a certain point and don't feel like they can get past it. The physicians come up to a... And then there's just this in-between and what is happening in-between and how can we bring those two together? My presence and my work happens in the gray space, but not everybody obviously is working with an advocate. And so they don't have the person to bring those two sides together.

Jim (25:54):

Awesome.

Claudia (25:55):

I think from a patient standpoint, asking questions along the way, and if we're talking about hospital discharge, this is a huge thing because the amount of people who don't have any idea what is happening during a hospital stay, no idea what medications are being given, no idea what their vitals have looked like, haven't seen their labs. So when the physician comes in and says, "Labs look good," okay, sounds good. I don't necessarily know what any of that means, and I don't know if that's even actually true. So taking a way more proactive approach, especially during a hospital stay. If a nurse is handing you a cup of pills, ask what those are.

Jim (26:33):

Yes.

Claudia (26:33):

And if you don't recognize the name, what is it for? What is this medication for? Why am I taking it? And then, okay, then the next day you recognize it. You don't have to keep asking. It's not being an annoyance or a burden, but if you see a medication for the first time, ask, "What is it for?" Well, number one, it's possible it's an error. But even if it's not an error, it's possible it's something you don't want to take. You don't understand why you're taking it. Maybe you want clarification before you take it. If they're hanging an IV bag, look at the name on the IV bag and ask the nurse, "What is this for?"

Jim (27:05):

Yep.

Claudia (27:06):

"Is it an antibiotic? Is it fluids? Is it something completely new, I didn't even know was getting started?" And then if you continue to ask questions throughout your hospital stay, and you can take notes, so you don't have to ask the questions again, but you take notes. By the time you get to discharge, this new list of medications should not be completely foreign. It's just too difficult to process the entirety of the hospital stay at the discharge point. So of course, things are getting missed. Of course, there's errors in transition of care, but if you're staying on top of things along the way, when I'm working with clients, the minute I get involved, "Let's get a printout of the list of your medications." And to them, it's like this wild thing to ask like, "Am I allowed to ask that?" Of course, you're allowed to ask your medications."

Jim (27:49):

Yes.

Claudia (27:50):

So yes, the nurse might look at you strange for a second because most people aren't asking that, but they have the ability to print it. And then we can look at it together and I can explain to you what he or she is on, and we can talk through it. But if you don't know, when you get to discharge, you have no idea, "Were these given to me during the hospital stay? Is this something I'm continuing? Did I stop something that I was...?" You have no idea. And it would help the physician and nurse at the end because you have a better understanding of what's going on. They don't feel like they have to now give you a synopsis of the last week or two of a hospital stay, and they don't have time. They don't have time.

(28:25):

I think it's just a matter of shifting the paradigm of the relationship. You don't have to feel like you're a burden. You are allowed to ask questions. You should ask questions. If you just think about the fact that you are in a hospital bed, swallowing pills you don't know what they are, you're getting IVs in your arms,

you don't know what it is. It doesn't feel good. That can't possibly feel good to not know those things. And even though it can be over... Medical terminology and medication names can feel overwhelming, your nurse can explain to you what it's for, even if the medication name feels overwhelming. You can write it in your notepad at your bedside like, "Okay, they're giving me this. This is what it's for." You couldn't even reconcile that at the end. "Well, I've been taking notes throughout the whole stay, so how come I'm not on Vancomycin anymore? Did we finish that?"

(29:21):

And so it gives you the ability to be, like you said, engaged in the conversation. Nobody wants to just sit there like a pin cushion and receive what they receive and not have any idea what's happening. Nobody feels good that way. So we can shift that, and I think the medical community would embrace that because it only helps everyone if everyone's more engaged and involved and knowledgeable.

Jim (29:42):

Yes.

Claudia (29:43):

So in any case, I don't know if that's where you were going, but that's where I ended up going.

Jim (29:48):

Yeah, I love that. I know I shared with you previously, my own mother, who's wonderful, and it's maybe a generational difference, but she's like the ideal patient in terms of on a busy shift, "Okay, whatever you need to do, just come in and do it." She doesn't ask questions. I said, "No, mom, I want you to know what you're getting. I want you to understand," and I love the advice you're saying in terms of just taking notes and having this daily, "I want to be informed." Don't be afraid to ask questions, rather than at the end of a four- or five-day hospital stay, "Here's your discharge instructions," and you're trying to drink from a fire hydrant, versus, "No, I've been educating myself this entire time. I've been asking the right questions. Even if I don't have a

complete understanding of it, I have a better understanding leaving this place or how to continue my care at home or wherever I'm going." So I love what you shared, and I know you have so much more.

(30:40):

Unfortunately we don't have too much time, but I like to leave our guests at the end with an opportunity just to share any leadership lesson and any advice that you'd like to give, something that you've learned along the way or something that you feel has carried you through to this point in your career that you can leave our audience with here at the end of our talk?

Claudia (30:59):

So from a, I guess, professional development standpoint, leadership standpoint, a few things that have been impactful for me is number one, surrounding myself with the right people and with people who inspire and challenge me to go even further and to think even bigger and to hold visions that are well beyond what I could have previously ever held. There's also an element to this of surrender, of a spiritual, "Do what I can do, what I have the ability to control." And then also surrender an element of uncertainty that maybe would've put me into a fearful place. But how can I get into life's flow? I really believe that certain opportunities present themselves for a reason for us and in a very synchronistic manner. But when we are so hard set on, "No, I said Q1, this is happening Q2, this is happening, and this doesn't fall in that, so it's a no to that opportunity." I think we turn away opportunities that actually would have been pretty amazingly aligned and would have taken us in a direction we may not have even thought of for ourselves.

(32:02):

So I think there's elements of that, definitely elements of getting around the right people and just being a lifelong student. I don't think any of us ever just reach a level of knowing enough, and that knowing is twofold. Knowing from a knowledge standpoint, how can I learn from others and glean from the wisdom of others? But then the deeper knowing which we talked about with getting quiet, how can I also... I often take people through an exercise where on paper, we split it in half, knowing on one side, knowing on the other side. One knowing is, "What have I been taught? What did I learn from others? I

would've never known this if somebody didn't tell me." And on the other side is, "What do I know that nobody could tell me otherwise? I just know it from a deep place," kind of like me starting Peace Advocacy Group. Nobody could have told me, "That's a bad idea." I wouldn't even have asked, and I wouldn't have listened. So what do you know from a deep inner knowing and how can we continue to nourish both of those sides of knowing?

Jim (32:58):

Powerful stuff. Well said, Claudia. If you don't mind saying, how can we find out more about Peace Advocacy Group? And also, I know your book, Patient, Empower Thyself is coming out February, is that correct? If you just mention those two things for us?

Claudia (33:11):

Yes, absolutely. So you can find all the things at peaceadvocacygroup.com. My book will launch on World Cancer Day, which is February 4, of 2025. It is now available for pre-order, which is fantastically timed for this episode. I literally just got that link the other day.

Jim (33:26):

Awesome.

Claudia (33:27):

And so it can now be pre-ordered, and I think it's like on Amazon or Barnes & Nobles for like \$16 and something. I don't even know who dictates those prices. It wasn't me, but I'm excited to be able to now get it out into the world. It has been a passion project and one of my biggest lessons of patience ever waiting for this to come out. But yeah, so that will be available. It is available now for pre-order. It will actually ship out starting February 4th, 2025.

Jim (33:52):

I'm going to order my copy today. I promise you.

Claudia (33:54):

Amazing.

Jim (33:55):

I'll do that as soon as we're done here.

Claudia (33:55):

Thank you.

Jim (33:56):

Thank you, Claudia. Thank you for being on the show today. Thank you to our listeners who spent time with us today.

If you have any questions about VIE Healthcare Consulting, a SpendMend company, or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn. And I'll say it again. Claudia has some incredible stuff she's putting out on LinkedIn, so follow her.

We at SpendMend love helping hospital leaders uncover financial leakage and improve the patient experience. And we're hoping that today's episode gave you some new insights to consider and use in your career and in your own healthcare organization. Claudia, once again, thank you for being with us today.

Claudia (34:29):

Amazing. So honored to be here.

Speaker (34:32):

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 CLAUDIA COMETA

Claudia Cometa, PharmD, is a clinical pharmacist turned healthcare consultant, patient advocate, and author. After her father's non-Hodgkin's lymphoma diagnosis in 2016, Claudia founded Peace Advocacy Group in 2017. Her company supports clients through their healthcare journeys, providing personalized advocacy and guidance. Claudia's approach is deeply compassionate, inspired by the quote from Ram Dass, "We are all just walking each other home." Her work has profoundly impacted her clients, offering peace and clarity in navigating complex healthcare systems, ensuring they have a voice in their care, and aligning treatment options with their goals.

LinkedIn: <https://www.linkedin.com/in/claudia-cometa-pharmd/>