

Primary Care Cures

Episode #8 – Robin Farmanfarmaian Part 1

Ron: You know, most problems in healthcare are fixed already. Primary care is already cured on the fringes. Reversing burnout, physician shortages, bad business models, forced buyouts, factory medicine, high deductible insurance that squeezes the docs and is totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of costs and the deceleration of reimbursements. I want you to meet those on this show that are making a difference, with host, Ron Barshop, CEO of Beacon Clinics, that's me.

Ron: So the Hippocratic Oath deserves an update after 16 centuries. May I be so bold to suggest that? First, do no harm should really start with the profession itself, which is in dire straits. The only statistic that I need to read is that 70% of the doctors do not want their kids to pursue medicine. Do I need to say more? When I was a kid, primary care was such a great model. It had a wide scope of practice that was allowed generous pay, level playing field with hospital pricing, no corporate medicine really to speak of, house calls weren't uncommon.

Ron: Dr. Howard [Britton 00:01:20] brought a leather medical satchel to my bedside when I had chicken pox, and a candy cane. It was in those days of Dr. Marcus Welby, when burnout wasn't a thing. Nobody feared physician shortages, suicide rates two times our veteran's rate, insurance was affordable with tiny co-pays or deductibles, and those weren't even a word back then. In fact, you got lots of time with your PCP. Factory medicine was also not a thing. Direct primary care is a throwback to those happy days. That, and ancillaries are a simple shift in a bad business model today, which transforms bottom lines and outcomes for primary care, and healthcare in general. So are there other ways to stand out today by, say, assuming a mantle of a thought leader in primary care. It's easier than you think. In fact, there is a formula.

Ron: Our next guest, Robin Farmanfarmaian, is the exact person to teach you how. She's a natural teacher, you'll find out in a second. She's a true global thought leader of the highest order in healthcare, and she's a very clear, concise speaker, and happens to be a very nice person. I heard her first at Genius Network, and every talk since then, people tell me she's easily the standout in the speaking crowd, the best. So, Robin, welcome to the show.

Robin: I am so excited to be here. Thank you for having me.

Ron: Listen, we mostly have primary care physicians, hospitalists listening to this show, and we're really excited to have you because, not only can you give us an insight on what the future of healthcare is gonna look like, which will be on a later episode. But, you also are going to teach a doctor, primary care physician, how to stand out and become a thought leader, with a formula. Right? That's one of your purposes on Earth.

Robin: Exactly. And I really like to focus on the physicians and healthcare professionals, building them into thought leaders, because I think it's so incredibly important.

Ron: So you're one of those, easily, you spoke in 12 different countries, you spoke in pretty much every main platform these physicians have heard of, plus more. You're doing some really interesting things with the future of medicine that we'll talk about in a later episode. But, what problem are you trying to solve with creating more thought leaders in physician groups?

Robin: Well, it's really about getting the patients and other healthcare professionals educated, because it feels like education almost is just on medicine and not on the technology when you're talking to patients or other doctors. I think it's really important for doctors to get up onstage, or to write articles, or to get videos out there, that can really express their opinions on something specific. I'm not talking about general, "Get your flu shot," or in general, "this is what cardiovascular disease looks like." I'm talking about having an actual opinion that is going to change people's minds or behaviors.

Ron: My son is going to be a full fledged gastro in a couple more years, he's at a Harvard hospital as a resident now. He will be very excited to hear this interview because he trademarked and owns the website, The Gut Doctor, and the gut really is becoming a much more important part of our health. Where I'm understanding it might even be the brain of our bodies. He is very smart, I think, and advanced, to start blogging about this, to linking to interesting articles for his future patients. So he's ahead of the power curve on becoming a thought leader. What doctors would you consider the most important thought leaders today, that are actually in the treehouse, that have accomplished what you're talking about?

Robin: Oh, so there are quite a few people, like Dr. Ronnie Geiger, he's a physician, and he's also in the world of start-ups. There are, of course, Dr. Scott Gottlieb, that look how much he was able to reach people. That was amazing. Before he just stepped down from the FDA, he was able to reach patients and physicians alike, with groundbreaking ideas, and getting his news out there from the FDA. I mean, that's what I'm talking about. He was changing people's minds on Twitter.

Ron: So, Robin, is there going to be a thought leader in, let's say, pediatrics, a thought leader in podiatry? Let's just go down the alphabet. Can we have multiple thought leaders in a community, a vertical and a specialist?

Robin: There are no limits. I talk about this whether you're inside of a company, a hospital, or a specialty, like primary care or surgery of some kind. There is room for as many people who want to be thought leaders, to be thought leaders. There is no limitations on content consumption in the world of patients and other doctors. We spend our lives now, reading about news, going to conferences, watching YouTube videos. These are our leisure activities. There's plenty of time and articles to go around.

Ron: The mess that's out there called podcasting/blogging, there's just so much bad information out there, and there's so much of it. How do you separate yourself as a thought leader, the weak from the [inaudible 00:06:33], to make sure that people are reading and you're attracting a writing quality? How do you stand out?

Robin: Absolutely. Well, that's why I created the system, and it is a step by step process. You can do it by the book, the workbook, or the online program, it's all the same system. That will take you through a series of exercises that will help you differentiate yourself, because as a physician, you probably did not take marketing and branding 101. I'm guess you did not, you were taking much more important classes like biotechnology, right? Or just your anatomy, and medicine, and that kind of thing. So in the world of marketing and branding, this is just called your hook, your sales hook, or your differentiating factor. In my book, I call that your fundamental truth. What do you believe that the vast majority of people out there either have never heard of, or don't believe themselves?

Ron: So my son, the gut doc, we'll call him, when he reads articles he gets indignant. When he sees bad care he gets indignant. I think the start of thought leadership has to start with some type of ... it's like a great comedian, they had a bad childhood. I think the thought leadership starts with you're indignant, or upset, or something's not right out there and you wanna see it fixed, or clarified. Is that part of it?

Robin: Yep. Exactly. That is what I call start with why, and that is adopted from Simon [inaudible 00:07:57], if you have seen him before. He was actually speaking at MGMA, that's one of the conferences, the Management Group Association conference I spoke at last year. He talks about the golden circle, start with why. People do not buy what you do, they buy why you do it. So when you combine your why, why you do something. I saw this happen, or I got disenchanted, or my relative got sick, or whatever it is. You tie your why into your fundamental truth, which is that differentiating factor. This is why I believe X, and right there, that can set your almost your entire platform, just answering those two questions.

Ron: So we know that maybe 1 out of 10 people listening might buy the workbook or get online and take your course and do the exercises. Why should they believe that's some sort of a guaranteed path towards thought leadership?

Robin: Well, first of all, they can get my workbook for free, and I teach them why I give it away for free in the book, actually. But, the workbook will take you through just the questions. It is all of the action items that you find at the end of the chapters, and it's just right there on my website, RobinFF.com, and if you answer those, that really is your full platform, because I take you through exercises of, not only your why and your fundamental truth. But, then coming up with your business model and your revenue streams, because being a thought leader obviously does not pay the bills. What's paying your bills is by being a physician, or by practicing medicine and/or consulting for companies, or start-ups, or giant tech companies. Because you can do that on the side, by the way, of practicing medicine. All of these companies need doctors, and they're gonna find the ones who are thought leaders.

Ron: Yes, you'll have no trouble with job security if you wanna work for the man and you're a doctor, and you're a thought leader.

Robin: You can just consult for them, or get advisory board stock from some early stage start-ups. I mean, this could be a nice little lucrative side for you. But, you need to understand your business model and your revenue streams, because those are your customers, and those are your avatars. Why are you doing what you're doing, who is your audience? And I take you through a basic marketing type exercise, which is identifying your avatars.

First of all, it goes down to what are their age range, what are their education level or their social economic status, or their gender, or are they patients, are they sick, are they inside of your hospital? So you have to really understand who you're trying to reach, because that is going to determine how you're going to write the articles, or videos, or what conferences you speak at. That will also determine, essentially, the language you use.

Ron: Now, you mentioned speaking next to death, I think public speaking, most people would actually prefer to be in the coffin than speaking at their funeral.

Robin: Yes, most people are more scared.

Ron: Yeah, the word business is gonna terrify most doctors, but let's talk about public speaking. Do you have someone you can refer people to if they wanna get past that ridiculous, but serious, fear?

Robin: I would have to tell you right away, that 100% of us gets stage fright. I have seen full-on sociopaths get onstage, or right beforehand, they have basically a nervous breakdown because they have that much stage fright. This is not unique to you, everybody has it. So I do go through a series of like 15 or 16 different things you can do to conquer stage fright. But, I would tell you the single biggest thing to conquer stage fright is practice. For my very first talk that I did on a patient as CEO, I did a 25 minute talk, and I practiced it 40 times before I got on stage. Four zero. Not only that, but I went out with clear content that I had script writers helping with, I had high end designers. I had a speaker coach who recorded me and showed me how I moved, and how I phrased things, and how she thought that the audience would react to that. So I mean, I did a lot of training before I got out on stage and did my very first talk. By the time I got on stage, I was shaking, of course. Everybody shakes on their first talk. But, my brain went into autopilot, and I could put on a 25 minute performance without thinking about it.

Ron: Most people see these TED talks and they go, "Wow, what a poised speaker. I never knew scientists could be that calm. I didn't know artists could be that relaxed." And they've done it 40 times with a trainer, and that's how they get it done so simply. And they work their way up the ladder to get to be that good. I wanna tell you, if you're giving a 25 minute talk, I know you, you pare it down to 25 minutes. You probably started with a much longer talk. But, I've heard you speak before, it's meat and potatoes. It's not a lot of fluff when you're speaking.

Robin: Yes, exactly. I call that the back of the napkin method. So you need to get your ideas down to the back of a napkin, and details are the killers of good stories. So when I talk about diabetes, or some of the different things going on in the world of diabetes, I give you almost bullet points. I don't give you any of the fluff on anything that doesn't really matter at that point in time. If you're more interested in what these different companies are doing, like Dexcom or something, you can look them up afterward. But, I'm not gonna give you when it was calibrated, it's factory calibrated versus patient calibrated, and the exact cost with insurance. Those details don't matter at the time.

Ron: So I think about when you were probably getting started in this thought leadership space, you maybe didn't have your message quite so clear and concise. How were you able to take this and break it down to a formula? Were you already in what I call the treehouse,

and you looked backwards and said, "Well, here's all those steps on the ladder to get there." Or did you sort of develop this on the way?

Robin: Oh, no, no, no. I set a goal and every single step, every dollar I spent, and every minute of time I spent on this was well mapped out. So I sat down about six years ago and created a five year project plan for myself, around becoming a professional speaker. Clear goal, and then I delivered the path, because that's what's missing in the world of thought leadership is, if you wanna be a doctor, you know exactly what you need to do to become a practicing doctor. You know this from the age of 16, and you start working on it at the age of 16 or 17, and by your mid-20s you are a full on doctor, and you're practicing. Right? There's no path like that for thought leadership. So that's all I did, is I created this project plan that gave you that exact same path that you took through medical school. These are the ways you need to spend money. These are the people you need to bring onboard to education you, because you are not born out of the womb knowing how to speak on stage, or speak in marketing language. These are skills. Everything about being a thought leader is a skill. So I teach you exactly who you need to hire to help you gain those exact skills.

Ron: Excellent. You've had to have met some people that had 8 of the 10 right ingredients to become a thought leader. You really thought, "Man, this person is going to be a rock star in a couple years." And they just were afraid to step into their truth, they were afraid to step into who they were. What do you say to those people?

Robin: I would say, "Wow, if you are a physician, that is one of the hardest things to do. You made it through medical school and residency, everything else is cake. Everything else. So if you wanna do it, you just have to set the intention, and actually do it just like you did it in medical school."

Ron: So what are your biggest challenges in getting this message out and becoming the thought leader to thought leaders, so that physicians can discover your amazing formula?

Robin: Let's see, I think I've got all the ingredients right. It just launched on March 5th and I'm already doing bulk orders. The American Nurses Association just bought 100 books.

Ron: Mm-hmm (affirmative). Fantastic. You're on the right track, aren't you?

Robin: Exactly.

Ron: Yeah. So if you had to give your message to everybody in a sentence, what would that billboard say, or what would that banner flying over the clouds say?

Robin: 90% of people have the ability to be thought leaders, are you going to set that intention to do it for yourself?

Ron: Do you wanna be extraordinary?

Robin: Yep.

Ron: Is there, besides your wonderful book, I've never seen anything quite like your book, but is there any other type of books that influenced you in creating this?

Robin: Oh, yes. Adam Grant. He is fantastic. He wrote a book called Give and Take, and it's about givers and takers, and it's a sociology book. This is not an area I've ever spent a lot of time studying. So he breaks it down to the world of being ... people are givers, takers, or matchers. I really set my formula almost on the top of the fact that you really need to be a giver in order for this to work, because a lot of it is about networking and who you know. It's true with a lot of different industries. If you are helpful and generous with your time and effort for people, it's going to come back to you in many, many ways.

Ron: Give before you take, and give before you ask.

Robin: Yep. And again, I'm speaking to the right audience here, because if you are doctors, I mean, you have dedicated your life to helping people already, so you're pretty much there.

Ron: I'm just gonna ask you one last question, I can't wait to do our next interview. But, this last question is, if you could wave a magic wand that could sort of fix primary care, and by extension healthcare, you see a lot going on out there because of the world that you and I walk in, what would you do to ... is there any simple solution to fix what's going on in primary care today?

Robin: There is no simple solution for anything in our \$3 trillion dollar industry of healthcare. But, what I do like ... what I would like to see is offloading a significant number of tasks that don't have to do directly with interacting with the patient, and getting those off the doctors plates, because I don't believe the doctors should be messing around with the EMRs the way they have to all this time, and working on paperwork and stuff like that. I think there should be someone else on the team that takes care of that, because I want that time with my doctor.

Ron: Anytime I see an article that suggests a solution of having a scribe, just hire a scribe, I look up the scribe fees, in Texas they're about the same price as the profit per hour that a primary care physician makes. So they can take away all their profits and give it to the scribe, or they can just try to keep on being a secretary. Is there any last words that we should ask you about thought leadership that the world should know, and then we will let you go?

Robin: Just that I think go ahead and take those first steps, because what it is, it's a step by step process, and in order to be a thought leader, you need to begin.

Ron: Thank you very much, Robin. We'll look forward to talking to you again very soon.

Robin: Thank you.

Ron: Thank you for listening. You wanna shake things up? There's two things you can do for us. One, go to PrimaryCareCures.com for show notes and links to our guests. Number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your podcasts, and subscribing, and leave us a review. It helps our megaphone more than you know. Until next episode.

