Susmita Pati – Alan Alda Center for Communicating Science

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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter a show where we speak to the top thought leaders in health policy, health innovation in technology and the great minds who are shaping the health care of the future. This week Mark and Margaret speak with Dr. Susmita Pati, Division Chief of Primary Care Pediatrics at Stony Brook Children's Hospital and Chief Medical Program Advisor for The Alan Alda Center for Communicating Science at Stony Brook. She talks about their successful workshops using actors training and seasoned journalists to teach scientists and medical professionals how to better communicate their scientific knowledge.

Lori Robertson also checks in, the Managing Editor of FactCheck.org she looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well-being in everyday lives. If you have comments please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter or on iTunes, SoundCloud or ask Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Dr. Susmita Pati, Division Chief of Primary Care Pediatrics at Stony Brook and Medical Program Advisor for The Alan Alda Center on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Susmita Pati, Division Chief of Primary Care Pediatrics at the Stony Brook Children's Hospital at Stony Brook University. She also serves as Chief Medical Program Advisor for The Alan Alda Center for Communicating Science at Stony Brook University. Prior to that, Dr. Pati was on the faculty at the University of Pennsylvania and the Children's Hospital of Philadelphia where she co-founded PolicyLab, a Child Health Services Research Center. She's a recipient of the Health Care Delivery Award for her keeping families healthy, community health worker intervention. Dr. Pati earned her bachelor's in biochemical science from Harvard University, her MD from the University of Connecticut, and a master's of public health from Columbia University. Dr. Pati, welcome to Conversations on Health Care.

Dr. Susmita Pati: Thank you so much for having me.

Mark Masselli: Well, you know, this is sort of an interesting time in health care where in this era of evidence based scientific knowledge and we see it under attack in so many different sectors, whether it's the growing resistance that we've seen on vaccinations or the denial of evidence of climate change. Strangely to the rescue comes the legendary American actor, Alan Alda, who's known for his role in the hit TV series, M*A*S*H. He's also hosted a science show on PBS and it was interesting, and Margaret, we've heard him talk about this.

Margaret Flinter: Absolutely.

Mark Masselli: Yeah. He interviewed many scientists from the show and he discovered that they could really use some coaching, to better share their knowledge with the public. He founded the Alan Alda Center for Communicating Science at Stony Brook where you serve as Chief Medical Program Advisor. I'm wondering if you could share with our listeners about the genesis of the program and how it utilizes seasoned journalist and help scientist improve their communicating skills?

Dr. Susmita Pati: It really came out of Alan's experience in both those arenas in acting and also in hosting the show, which was called a Scientific American Frontiers on PBS. He really found that in working with folks who were working on really complicated scientific issues that having conversations with them where he was using improvisational exercises to help them get more clear and vivid in their communication, it worked, and so that was the genesis of the center. He found that it improved not just verbal communication, also nonverbal communication. Now we've trained, you know, I think it's up to 14,000 folks in this method.

The way that it works is we use improvisational facilitators, many folks who have a theater background to provide the training. Then the seasoned journalists that are involved, scientists, medical professionals on the team, they really help developed the way that these offerings are put together and then also on the evaluation side to see, is what we're doing is working? It's very much a team approach and we're really proud of what we have to offer.

Margaret Flinter: Well, Dr. Pati that is so interesting. I was thinking as you were speaking, we think a lot about translational science. We're really talking about getting people to understand here. The consequences of not communicating effectively are pretty extreme and the ability to communicate effectively has been focused on in the education and training of scientists and clinicians in a clinical sense perhaps, but not in this larger scale. Tell me a little bit about what you've seen in terms of transformation as the scientists learn to communicate more effectively maybe share a story.

Dr. Susmita Pati: I'm happy to share some stories. I've been with the center now since January of 2018. We started actually prior to that having trainings at Stony Brook Medicine with a group of healthcare professionals. It was nurses, attending physicians, trainees, dietary aids, respiratory therapists, and they were led by, again an improv facilitator from the center and a health care professional often myself. We ran through these trainings over the course of about a year with about 170 folks. Afterwards, we heard from the nursing leadership about how folks on the floors in the hospital when they made sort of mistake in

communication, maybe they were a little too abrupt, they would do a thing that we talk about which we call tada. Tada is sort of a thing that you see clowns do or when they -- after they, if they make a mistake, then they do a tada. It's a way to quickly acknowledge that you made a mistake and move on. The nurses and the staff were tadaing with each other when they made those mistakes. It really has led to a positive change in the culture in the way we communicate. It certainly has helped build the team communication as well. That's just one story from Stony Brook Medicine about some of what we've done.

Mark Masselli: Well, I was just trying to think about my own kids. I've got four of them and they are very much into instant communications. I think they're expecting their health care providers to respond like their dad does or their mom does in terms of being there right at the moment. I'm wondering if you could walk us through issues that today's providers are going to face with a whole new generation of people who are expecting to be able to access healthcare information in a totally different way. I'm wondering how all the method helps providers address this sea change.

Dr. Susmita Pati: Yeah, I'm happy to talk about that. I think our approach at the center has really to be thinking about what do folks really want and need from their healthcare team? It really boils down to a lot of what folks want as a parent, but what folks want from leaders in general, and that's trust, compassion, stability. All of those things are things that people are looking for from their health care, quality care, doing the right thing and the right treatment. But to do those other things, that's what really matters to folks when it comes to health care to feel that they're being listened to. Our training is really focused on that because we're aiming to train the team to communicate better so that they can offer all of that. That is really analogous to what's happened in other industries. I don't know if you're familiar with the story of the janitor who was questioned at NASA and they asked the janitor, what do you do here? The janitor said, I put people on the moon. In health care we want folks to be able to answer that no matter what role they play on the team, that when they're asked what do they do? They take care of patients.

Margaret Flinter: Dr. Pati I know in addition to your incredible work in communications, you're also a thought leader in care transformation and particularly improving health outcomes for pediatric patients and their families. Congratulations for this you earned the Academic Pediatric Association’s Healthcare Delivery Award --

Dr. Susmita Pati: Thank you.

Margaret Flinter: -- for a program that you developed called keeping families healthy. This is a program that provides a community health worker to families who are at risk. You're thinking was that this allows you to make a

much more accurate risk assessment of the social determinants, which ultimately lead to poor outcomes by establishing the clinical presence or a clinical connection in the patients' homes. If you could talk with us a little bit about that program and have you documented better outcomes?

Dr. Susmita Pati: You're absolutely right. That was the original thinking around the program, how do we really understand what challenges folks face. They go to the doctor, they get recommendations, they can't always follow through. This is a good neighbor who we trained, the community health worker, to go into the home and really talk with the family, understand their needs, their challenges while also knowing what the doctor has in mind for the clinical care plan and really help the family become self-efficient in following those recommendations.

Since 2011, we've done more than 10,000 visits with more than 1400 families and we found that folks who participate in the program, there's a 50% reduction in so called preventable emergency room visits and a 16 to 20% increase in up-to-date vaccine status, so it works. On the participant side, 99% of folks who participate in the program felt that it helped them, and then on the provider side, they are seeing improvements in the way that families are able to now follow the recommendations, everything from taking their asthma medications to just being able get to appointments on time.

Mark Masselli: We're speaking today with Dr. Susmita Pati a Division Chief of Primary Care Pediatrics at the Stony Brook Children's Hospital at Stony Brook University. She also serves as Chief Medical Program Adviser for the Alan Alda Center for Communicating Science. I really like the sort of model of keeping families healthy. I know at our own, Health Primary Care Organization, a team based care is really the direction to go. I loved your story about the NASA Janitor, I think everybody on the team needs to know the goal that they're headed. It's such an exciting program. What are key elements for those practitioners and primary care team members who are listening in today that are our key takeaways?

Dr. Susmita Pati: I mean, home visiting has been around for a lot of years. I think what's made our program particularly successful, first of all, we start with the clinicians being the ones to make the referrals. It's the doctor in the office seeing the patient, and they're like these patients seems like they might have trouble following up or doing what we've asked them to do, and they get a sense. We asked them to go with their gut, make a referral to us. Then the community health worker goes in and does a deeper dive and come up with ways to help the family follow those recommendations. This is a strategy that can work not just for children of course for other populations, adult population, certainly

elder populations.

Then I think for folks who are on a lot of medications our community health workers are not clinically trained. That's where you would think about maybe adding a nurse on top, someone that could talk with the family on the phone. Then I think the other piece that we've put into place that really helps it be successful is after the community health workers make a visit. There's a visit summary that goes back to the referring clinicians, so they know what's going on, just like you'd get a consult back from the specialist. That allows the team to figure out, oh let's tweak it a little bit. The community health worker can work on that. Then when everyone feels like the family's ready to fly solo, then we're done, and so I think those are some of the key pieces.

Margaret Flinter: I want to pull it back to what goes on within the practices. You've been engaged in education and in research at Penn and now it's Stony Brook and have a bird's eye view I think on the training of our health care workforce today and also our next generation that's coming up. What are you seeing that's different about the way we both train the next generation within the practices to a model of what we call high performing team based care? How do we actually train them to that and to inter-professional care? So easy to say, harder to do, and are you engaged in any research efforts to really show measurable changes in, perhaps what we call the quadruple aim around quality and cost, and the satisfaction of everybody on their team?

Dr. Susmita Pati: This is certainly we're not the only ones working on in this area. The National Academy of Medicine really recognizes some of the challenges we have in healthcare, lots of burnout. It’s a real crisis for the workforce and by building teamwork we rekindle that joy in work. Most people go into health care because they want to help people. Training folks to work together in teams to communicate well, it really rekindled that joy. A lot of the medical schools, nursing schools are all looking to train students together. The training offered at the center absolutely do that as well like the story I shared about what we've done at Stony Brook Medicine. Then of course we're evaluating it and I'm sure some of the listeners may have read the literature about how Patient-Centered Medical Home recognition, how does that impact patient care. It positively impacts and we certainly are engaged in some of that research as well to look at team science and how --what makes a high functioning team and then what's the downstream positive effect patient care. We're absolutely actively engaged in that work.

Mark Masselli: Dr. Pati I wonder if you have any advice for their presidential candidates on how to effectively communicate on health policy. Now I see everyday somebody’s jumping in the -- Governor Hickenlooper announced one of many politicians who are jumping in. But we’ve got

very contentious and divisive issues around health policy about how we communicate about that to the populations. For those of us who are engaged in it, we're excited about it, but it's kind of a dry topic and it's kind of complicated. I'm wondering how do we shift the conversation about health policy discussion into a positive direction.

Dr. Susmita Pati: Yeah. I think most folks care about this, it affects their ability to get health care when they need it. I think people are naturally interested in it. I think the challenge that we have in the discussions at the moment are generally the public and people behave as if health care's are right, it's funded as a privilege. I think that's the real question, you know what health care services should everyone have? I think most folks would agree if you're in a car accident, you want -- you don't want to have to prove that you have the ability to pay for the surgery that you might need before you can get it, so that's one question.

What about folks who get cancer? What about folks who are trying to get pregnant and then would like to take advantage of the In vitro fertilization techniques that we have, and then what are the downstream effects of that? In vitro fertilization results more likely in premature babies, children who may have other problems. Who's paying for all of that? What about end of life care? These are really challenging questions, they're not ones that have just a scientific or evidence based answer. They are ones that really speak to what are the values that our country wants to put forward? Where did we want to spend our money? What kinds of services in health care are we going to say everyone has the right to have?

Margaret Flinter: We've been speaking today with Dr. Susmita Pati, Division Chief of Primary Care Pediatrics at the Stony Brook Children's Hospital and she's also the Chief Medical Program Adviser for the Alan Alda Center for Communicating Science at Stony Brook University. You can learn more about their work by going to aldacommunicationtraining.com or at stonybrookchildrens.org and follow their work on Twitter @Alda Center. Dr. Pati thank you so much for the work you do in advancing pediatric care and family care and advancing the science of communicating science and for joining us on Conversations on Health Care today.

Dr. Susmita Pati: Thank you so much for having me.

Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a nonpartisan nonprofit consumer advocate for voters that aim to reduce the level of deception in US Politics. Lori what have you got for us this week.

Lori Robertson: There have been six measles outbreaks so far this year, three in New

York and one each in Texas, Illinois and Washington State. Darla Shine, the wife of Bill Shine, President Trump's Deputy Chief of Staff for Communication, made a series of false and misleading statements about measles and vaccines on Twitter. Shine said to, “Bring back” childhood diseases.” Because, “They keep you healthy and fight cancer.” Childhood diseases of course make people sick, not healthy. They also don't protect against cancer. While survivors gain immunity, the same effect can be achieved far more safely with vaccines.

The Centers for Disease Control and Prevention says that even with the best medical care, one to two of every 1000 measles patients will die and a quarter of patients are hospitalized. Before the measles vaccine was available in the US, an average of 450 people died every year. Shine cited news stories about a clinical trial at the Mayo Clinic to support her claim that measles can fight cancer. But the researchers weren't giving patients the measles to kill cancer cells. They were giving them a weakened version of the measles virus that's similar to the vaccine.

Shine suggested that her children would not have lifelong immunity because they received the vaccine instead of becoming infected with measles as she did. Infection in some cases does result in stronger protection than vaccines provide, but experts say that extra protection doesn't outweigh the dangers of going unvaccinated. Shine also warned pregnant people not to get vaccines because of a lack of safety testing and approval from the Food and Drug Administration. It's true that the FDA hasn't licensed vaccines for use during pregnancy, but there is a large body of evidence to support the use of several vaccines.

Shine falsely said that many of the kids and the ongoing Washington State measles outbreak had been vaccinated and called for the media, “To confirm 75% of those infected with measles in New York were fully vaccinated.” The overwhelming majority of people in both outbreaks were not vaccinated. There are no documented cases of measles passing it from one person to another because of vaccination. We don't typically analyze statements made by the spouses of political figures, but Shine’s claims if taken seriously could be dangerous to public health. That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at www.chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. When Venture Capitalist and Shark Tank Co-Host Mark Cuban decides to sink a couple of hundred thousands of dollars into your business idea, taking a very small percentage of the company in return, you're probably onto something. That's what happened to Olivier Noel, a medical student and young geneticist at the University of Pennsylvania when he appeared on the popular ABC Show. Through his research and studies, Noel learned that no matter how many resources the clinical study has it is still extremely difficult to get a large sample of participants to join in studies. There are many barriers to getting a good cross section of study participants, especially ethnic diversity. He thought, what if you could simplify the process, eliminate the barriers to research participation and build up a rich DNA database for future research all at the same time, and he created DNASimple because he wanted to make it, well, simple.

Olivier Noel: I was actually working out of the Institute of Personalized Medicine in Hershey. One of the key problems that I saw there is that it was in a funding really amazing research projects, but ended up being a little bit of a chasing game. We couldn't build strong enough cords at first to be able to do some of the studies we wanted. Some of the patients we were looking for, it was taking a very long time for them to come. Every day it would be going down and talking to the genetic counselors and ask, did we have patients with this background today? I ended up going to a genetics conference at Penn actually and the keynote speaker there was alluding to a similar problem.

One of the ways they were able to contact patients was through Facebook, and so through Facebook they were able to connect with a number of patients all the way in India and organize the logistics to be able to get the samples. Really that stuck with me and really when the sort of the light bulb went on. I realized that that's something that we could use and leverage. I wanted to sort of leverage the Internet, and particularly leveraged social media to be able to build a national database where somebody did not need to be a patient, be able to participate in this research study.

Margaret Flinter: All of the participants have to do is to take a simple swab of the inside of the mouth, send it in and wait to see if your specific DNA is of interest to researchers. Noel says that the company will make their DNA and disease data available to researchers offering those researchers a much broader spectrum of study participants.

Olivier Noel: One of the things we really wanted to do with DNASimple is to allow for the possibility of longitudinal study so that you could continue keeping contact anonymously, obviously with a particular donor. You

have the ability to collect samples now, collect samples in six months, which is very difficult to do if you are going to be in contact with a patient once

Margaret Flinter: The study participants themselves receive a cash stipend for offering up their DNA to research.

Olivier Noel: We ultimately provide a minimum of $50 every time somebody provides a saliva sample, which they could keep for themselves or donate it to a charity of their choice.

Margaret Flinter: DNASimple, a vetted database linking researchers with a broad array of participants to enhance lab research by eliminating the barriers to finding participants. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.