

Fixing Healthcare Podcast Transcript

Interview with Rod Rohrich

- Jeremy Corr: Hello, and welcome to our Fixing Healthcare podcast show, Breaking Healthcare's Rules. I am one of your hosts, Jeremy Corr, also host the popular New Books in Medicine podcast and CEO at Executive Podcast Solutions. With me, is Dr. Robert Pearl. For 18 years, Robert was the CEO of the Permanente Group, the nation's largest physician group. He's currently a Forbes contributor, a professor at both the Stanford University School of Medicine and Business, and author of the bestselling books, *Mistreated: Why We Think We're Getting Good Healthcare* and *Why We're Usually Wrong*, and *Uncaring: How the Culture of Medicine Kills Doctors and Patients*. All profits go to Doctors Without Borders. If you want more information on a broad range of healthcare topics, you can visit his website, RobertPearlMD.com.
- Jeremy Corr: Our guest today is Dr. Rod Rohrich. He's a plastic surgeon, former editor of the *Journal of Plastic and Reconstructive Surgery*, and former president of the American Society of Plastic Surgery. In these roles, he has been one of medicine's leading voices for the power of social media to educate patients and advance medical care.
- Robert Pearl: Good morning, Rod, welcome to season seven of Fixing Healthcare.
- Rod Rohrich: Well, thank you so much, Robbie, I'm honored to be with you.
- Robert Pearl: This season we are focused on rule breakers. It begins with the assumption that the problems in American healthcare are becoming more problematic at a rate that makes addressing them impossible through nudges and small tests of change. Solving them will require breaking the rules of healthcare, and by that we don't mean the legal or regulatory ones, but the unwritten rules. And you have been a rule breaker your entire career, so I'd like to ask you about the various roles you have played and the rules you have broken. To advance surgery, physicians need to follow some rules, Rod?
- Rod Rohrich: Yes.
- Robert Pearl: ... But break others. You've authored something like 50 chapters, several books. How do you decide, when it comes to surgery, which rules should be preserved and which ones require breaking?
- Rod Rohrich: I think when I decide to do something different, when I decide to do something that I think is better, I'll have thought about it. Especially when it comes to patient care, I'll have thought about it, I'll have researched the literature, and I've talked to all the other experts, and I'll say, "Listen, this is not working." When something is not working well, there's got to be other alternatives that

work well. Whether it's in rhinoplasty or in breast reconstructive surgery, you have to always continually ask, 'Is this really the best way to do it?'

Rod Rohrich: Because in medicine, as you know, Robbie, there's so many times we do things that have absolutely no rationale but we're told that that's how we've always done it. And I was at one of those famous hospitals in Boston where we were told that all the time, and we did it without question. I think we need to now question that and say, "Is that really the best way to do it, or is there a better way? Is there a simpler way? Is there a best medicine way?" I just think that we need to... If it's breaking the rules, so be it, but I think it's really doing it to get us out of our cages that we're in that really impede best care.

Robert Pearl: Is there a forum that you see best able to have this conversation and make these decisions?

Rod Rohrich: I think part of it's the written word, but I really think it's the power of social media and things like what you're doing here. People want to learn and listen to people that are influencers, the people they trust, and the people that care. Because you can hear and feel passion and compassion, and you can't hear it in the written word often, so I think today we're fortunate to do it through some medium, obviously, on the internet, social media, and others. We can transform medicine. It's not going to be tomorrow, but I see that coming. I mean, we've seen it in other areas, not only in healthcare, but in how we live and what we do. I just think that we need to be more socially responsible in medicine, and we need to be more responsible for our own health.

Robert Pearl: In the past, even the idea of promoting your excellence and showing the clinical outcomes you have achieved were looked down on by national specialty organizations. You've been a powerful advocate of doctors using social media as a channel for patient education. Why? What have you learned? And what is the future?

Rod Rohrich: When I came across social media, at that time it was Twitter which was the main conduit. It basically was a great loud speaker for real plastic surgeons to have a voice. And we didn't have that voice before online, and so I thought, "Wow, let's see if we can have a voice and show who and what we are as real plastic surgeons." And now, of course, as you know, it is the main way we communicate with each other and our patients.

Rod Rohrich: Basically, social media has transformed plastic surgery, and I think, overall, in a very positive way, but it's just the beginning. I think we need to do more to get the word out there about who and what we are, and also to get best care, safe care. I mean, much like what you're doing in telling the consumer about what the problems are in medicine. We now have a direct voice; we never had that before, and I think that's been a game changer.

Robert Pearl: Where do the lines between education and self-promotion cross?

Rod Rohrich: Well, I think, first of all, you should always be yourself and you should use social media to empower your audience and not to impress them. You should use it to educate them and not to overwhelm them. And I think people appreciate that. Because if you approach social media by educating them about their own health, how they can be better, how can they do things better, how they can find plastic surgery or doctors better, that's a good thing. So I think it may sound like a fine line, but, honestly, today, Robbie, as you know, there is no primary care doctors anymore, because now they go on to Google 24/7. That's their doctor, who's wrong 70% of the time, it's not even a doctor. So hopefully through social media, people like us can actually, as real doctors, tell people about and educate them and direct them to where they should go. So I think it's through educating the consumer that's really paramount.

Robert Pearl: How much resistance did you get at the start of your social media push, and how much are you getting today from the more established, I'll say, the older, more traditional surgeons.

Rod Rohrich: Well, initially, there was significant pushback, even from our organized groups and societies, because I think they didn't like anything new. And Robbie, you and I remember when websites were new and we were told that we shouldn't use websites, we couldn't show patient photos. Of course, now, you couldn't exist without that, without a website, it's going to be your landing page.

Rod Rohrich: And social media now has transcended that because that is your loud speaker to tell the public about who and what we are, educate them, and then guide them. And so there was a lot of pushback initially, but now, obviously, everybody wants to be on board. And now that everybody is on board, or almost everybody.. I mean, people that are the Millennials and the Gen Zs, this is how they communicate with each other and with us. But I will tell you that the baby boomers still, even though they don't say they do, over 90% of them use social media or some conduit to make decisions in their daily lives. So I think it's now a majority of people, and that's a good thing, but the problem is, it's sorting it out.

Robert Pearl: So Rod, as you said, you were the editor of the leading journal in plastic surgery and you broke a lot of rules there. And again, when I use "breaking the rules", I think of that as very positive; it's actually what business leaders would call transformational change. I mean, you introduced videos into a part of a print journal and you introduced the concept that you would rate the excellence of the research presented in various articles for how evidence based it was. These are radical concepts, unfounded a decade ago in any journal. What was it like to make these changes in the most prestigious of plastic surgical journals?

Rod Rohrich: Well, Robbie, it was a challenge initially. Especially, we had this print journal and, unfortunately, as you know, a lot of people don't read that much, they don't read anymore, so we had to bring it alive. We had to bring it alive by videos, by interactive discussions with experts, bring them to the journal, so

that people could not only read it, but they could hear it and they could see. They could see the technique, they could see the expert talk about it.

Rod Rohrich: And yes, then we had to say, we're going to validate it. We're going to validate whether what you're doing is appropriate. So we developed the evidence based medicine conduit and logo, which had incredible pushback, especially from our aesthetic surgery colleagues, which eventually, obviously, was also went by the wayside because we all know that best medicine is good medicine, it's good for everybody. So it was something that was an "aha" moment for all of us. And after the journal did that, every journal in plastic surgery in the world adopted the evidence based medicine logo of some sort, and that's a good thing.

Jeremy Corr: Rod, you've had a very prestigious career. Do you have a single moment in your mind that is either your proudest moment or an "aha" moment that kind of made you decide to go against the grain?

Rod Rohrich: I've had several "aha" moments. I think one of the "aha" moments was when I took over as editor of the Journal of Plastic and Reconstructive Surgery. My "aha" moment was to total and radically change everything about the journal from how you publish it to how you deliver it, to how you peer review it. And I threw out everything except the baby. And it was an "aha" moment.

Rod Rohrich: It was a little scary, but I knew in the end that we had to change. Technology had to change so that we could deliver a better product. So that was an "aha" moment, which paid off for all of us in plastic surgery, but it was a risk moment because I had several, not threats, but major leaders say, "You're going to destroy the journal because you have changed it so much it's now no longer going to be the premier journal." And as you know, the corollary, the opposite happened. It now went to much higher levels. We tripled the impact factor and so many other things. So that was an "aha" moment.

Rod Rohrich: But a personal "aha" moment was the birth of my kids. When I realized that we're here for one reason, and that's to propagate and actually to help our kids become good and outstanding adults, all this other stuff we do isn't so important. All those awards and things on your wall, who cares about that? What really cares is what's left when you're no longer here. Life is not a dress rehearsal, as I mentioned, and I think the people we train, our kids and others that live on beyond us, that's our true legacy. And that was an "aha" moment for me.

Robert Pearl: You mentioned the aesthetic surgery. As listeners may not know, plastic surgery began very much as a union of reconstructive and aesthetic surgeons, then there was some degree of splitting apart. My view is there's a bit of a more recent coming together. What is your sense of the different rules in the aesthetic world and in the reconstructive world?

Rod Rohrich: Well, there was a great chiasm between aesthetic surgery and reconstructive surgery for many, many years, and I think that's come together in plastic surgery; but then there was even a deeper chiasm between our specialty and our sister specialties, from dermatology to facial plastic surgery and otolaryngology, but I think that also has had a coming together. And I really think that social media has played a big part in that, and the ability for leaders to say, "Hey, we want to teach people to do the right thing and to provide best care." I personally do not care what your background is, I just care about how good you are and how good you can become to do and give great patient outcomes and do patient safety. And I think that hopefully is becoming the byline.

Rod Rohrich: And now I go to meetings in all different venues, from oculoplastic surgery to, I do a lot of facial plastic surgery and rhinoplasty meetings that are with my colleagues at ENT. Because guess what? If you do that, Robbie, everybody benefits and we do better things. So I've learned so many things from my colleagues in facial plastic surgery and in dermatology. And I can tell you, it benefits all specialties; and most importantly, it benefits our patients. So I think social media has done a lot for that. But also it's been the leaders that have actually done that, because in the past, they actually are the ones that separated us. It's time to take that house and put it together.

Robert Pearl: In our last Fixing Healthcare podcast, Lindsey Fitzharris was the guest, and she talked about her new book on Sir Harold Gillies. And in it, she describes how he created, as you're just talking about right now, teams of doctors from different specialties to work together, and he was willing, unlike others, to teach anyone who wanted to learn his techniques. You've run the Dallas Rhinoplasty course, which for over a decade has been the number one course in the United States on rhinoplastic surgery, and you have consistently invited physicians to be on the faculty, to be in attendance for different specialties.

Rod Rohrich: Yep.

Robert Pearl: When you first started to do this, when you first broke the rule about increasing collaboration as opposed to what was existing before, which was, as you say, this "segmentation with tall walls", how was that received? How did people see that? Did they see you as being a traitor to the specialty, or did they see you as being a pioneer moving in the right direction?

Rod Rohrich: Well, I think it depends who you talk to, but I think the house was divided about 15, 20 years ago. But we all know our good friend, the late Dr. Jack Gunter, who started Dallas Rhino, and he was both ENT and plastic surgery. And he really, I think, really helped to transcend all that because he was such a star plastic surgeon and otolaryngologist and facial plastic surgeon. I learned from him. I was blinded by who and what their background is or are; it's who and what you can become, and I think that's been the best thing. So I like that, and there has been some major leaders, Robbie, in the past that did the same thing, Reed

Dingman, Dr. Dingman at the University of Michigan, and then Dr. Converse at NYU, they had the same thoughts. They trained both plastic surgeons, facial plastic surgeons, otolaryngologists. And honestly, that has changed the specialty.

Rod Rohrich: If Dallas Rhinoplasty had not come into its own, I don't think plastic surgery would have a major role in rhinoplasty to date. So we have to thank Jack Gunter, who was both a plastic surgeon and otolaryngologist, and I will tell you, it's been phenomenal to do that. And we see that now in dermatology, too, with fillers and neuromodulators. I just think that the times are gone for thinking apart, we have to think together. Because in the end, it's not about us, it's about our patients. And I know you harp on that all the time about patient care and patient safety. The patient doesn't care what your specialty is nor do they care where you trained as long as you give best care, and that's what it's all about.

Robert Pearl: So Rod, you've published close to 1,000 articles in the literature, a feat that I don't think anyone has matched that I know in academia. You served as a chairman of plastic surgery at the University of Texas Southwestern, and then you started your own plastic surgery institute. You've sort of been there in all the different parts of medicine. How do the unwritten rules of working in a university differ from working in private practice?

Rod Rohrich: Well, I think it liberates you. In fact, one of my colleagues was asking me about that. I think you learn the rigidity of academic medicine and the pros and cons, which are fantastic. When I helped build our incredible plastic security department at UT, it actually taught me the discipline of staying focused because there's so many different ways where you can go by the wayside, especially in universities. Because there's a lot of barriers to progression and advancement in academics, because there's so much bureaucracy, politics, and red tape that are a burden.

Rod Rohrich: And really, when I totally left about seven years ago, it unshackled me to do great things that I've been wanting to do. I now have my independent research coordinator group. I do five FDA trials simultaneously that I could never do at UT because the burden of the IRB system. I now have expanded and doing so many more noninvasive techniques and technology. We're doing basic research and clinical research on things that we'll probably see clinically in the next five to seven years that we couldn't do in an academic institution because of the barriers to, really, progress. And so, I think the private sector has been an epiphany for me to say, "Wow, I learned all these things in academics, but now I can apply them in the real world without all the impediments." So it's been a total breath of fresh air. And above all, I love what I do, just like you do, and it has taken me to a whole other level of saying, "Wow, I want to do this."

Robert Pearl: You served both as the president of the American Society of Plastic Surgeons and on its board, I'm interested in your thoughts on... Again, these are the unwritten rules, not the official policies, not the things imposed upon medicine

by insurers and hospital CEOs, but the things that are under the control of doctors, things that are under the control of physician societies. Are there things that you think that we do, maybe out of habit, maybe out of tradition, that need to be broken in order to improve the care experience for both patients and doctors?

Rod Rohrich: Yeah. I think we need to break down and make medicine simpler, and we need to make organizations simpler, because patients just don't get good care when things are too complicated. I just think that even the most brilliant patient, the smartest patient still today can't figure out how to get best care. So I really think the burden is on people like us to say, "Hey, we want to take something that's complicated and make it simple and make it better." And I think what you've done, and the books you've written, and what you're doing now, Robbie, is really doing that. And I just think that we have an incredible mission in front of us because we have great technology, but we don't know how to apply it well to get best care, at least in the United States at times. So I think sometimes organizations impede progress at times.

Robert Pearl: You've been the chair of the National Plastic Surgery Residency Review Committee, and many of the rules and norms in resident selection, training, and evaluation are left over from the 20th century. Are there some rules that you believe need to be broken if we're going to train the next generation of doctors capable of solving the challenges of tomorrow?

Rod Rohrich: We did that. When I was the chair of the Residency Review Committee, my colleagues and I did that. We transformed, we totally changed how we train plastic surgeons. No longer do we train them and chain them to general surgery or one specialty, we train them from the bottom up; from year one, trained by plastic surgeons, with plastic surgeons, to become plastic surgeons. We don't farm out training, we don't farm out education anymore. So we totally threw away the whole system and made a six-year conduit, much like what you did at Stanford and also what was done at the University of Michigan and other places. But we transformed that, and that's been a noble experiment that seems to be working. And I can't overemphasize how that also keeps us nimble.

Rod Rohrich: And we need to reevaluate it. That was over a decade ago, and we now reevaluate that system because it constantly changes. The worst thing you can do is solve a problem and then say, "Oh, we solved it." You have to say, "We've solved this part of the problem, let's see how it works," because it's not a solution, it's always an evolution. That's really important, because times change, people change, and the processes change. So I think we need to keep working on it, but that was a huge change for us in plastic surgery.

Robert Pearl: As a proponent of social media's power and importance in the future, how many residencies do you think, in the United States, provide excellence in education for the residents about how to use this for the greatest good?

- Rod Rohrich: Very, very, very few. I think probably less than a handful. I mean, I have been a big proponent of training our fellows and residents how to ethically use social media to educate their patients and each other. And we do our white boards daily with the residents to teach others. And I think you can do that, and I think residencies have been afraid to do it because it's new, but it's such a great conduit for learning.
- Rod Rohrich: Now, with COVID, I think they were forced to do it because they had to propagate and they had to tell everybody about how great their residency was since nobody could go to their program, and so they had to. And guess where they went? They went to social media. So I think that was a good thing out of COVID, because now they're on social media and because that's where the medical students are. They're Gen Z, they're Millennials., they want to learn from social media. They want to learn from Instagram, and now it's TikTok, on how good these programs are. So I think it's an essential part of program training, just like it is teaching them the business of medicine, of which both of these have incredible deficiencies in plastic surgery. We train them to be plastic surgeons, but we don't train them for the real world, which is very unfortunate.
- Robert Pearl: I believe that at least one of your children is on a path to becoming a physician. What advice would you offer at the start of medical school about being a rule follower versus a rule breaker?
- Rod Rohrich: I'm going to get in trouble with her, but I would say, you have to start with your own comfort zone of what you think is good for yourself and what's good for others, and then go from that. I think that today, the Gen Zs and the Millennials, they aren't rule followers, Robbie, they actually like to break the rules. That's their norm, which is a good thing, I like that. They challenge us, they want to know what we don't know, and I really like that. They challenge us every day to say, "Hey, I learn differently. You need to teach me in a different way," and I think that's good. So I would say, do it your own way, obviously. And medicine is a very conservative specialty, so we have to tread lightly depending on where you are, but you have to follow your own path.
- Robert Pearl: In the past, the idea of having work-life balance would not even have been considered in resident training, and now it is a necessity and a desire of many of the individuals entering the field. Do you see that as being possible given the pressures being brought to bear on medicine today?
- Rod Rohrich: I do. I see it in our residents, I see it in our fellows. I think they have far better work balance than what we did and what I did, and I think that's a good thing, I really do. I must say, when I look back, and I'm sure you had the same feelings, we sometimes sacrificed our families for medicine, for what we wanted to do, what we aspired to do. And today, I think millennials are smart, they say, "Hey, this is what I want to do, but I also want to take care of me. I want to take care of my family," and I think that's a good thing. So I think they have a better perspective of it, at least certainly than I did, and I respect that.

Robert Pearl: Rule breakers frequently are attacked by rule followers. For the listeners who are, hopefully after this podcast, more motivated to make the changes, what advice do you have for them about the attacks that are likely to come, and how do you recommend that they handle it?

Rod Rohrich: I would say, be honest with yourself, be firm. If you believe in something, stand firm; and do your own path, have the integrity to stand up for what you believe in. And then, actions speak louder than words, and you have to dream it before you do it. So you have to dream it, you have to aspire to do it, and then guess what? You have to inspire others to do it. And then the most important thing is you have to perspire, you have to work hard to get it done, and that has not changed. 85% of life is showing up, but having to work hard to accomplish your goals. So I think you can do it, but do it in your own way, and do it honestly and with great integrity.

Robert Pearl: Last question. If major change is going to happen in healthcare to improve the patient's care experience, do you believe that it'll come from inside medicine? Or do you think it's going to be driven by individuals outside of clinical practice, whether they are the Amazons of the world, or whether they are the purchasers, or some other force that represents the patient as the consumer, rather than the physician as the provider?

Rod Rohrich: I 100% think it's going to come up from outside, because medicine on the inside, we are too myopic and focused. It's going to have to come from the outside to influence us on the inside, and then there'll be those select few that will have the "aha" moment, like you've had, Robbie, and said, "Aha, that's what we need to do," and then we have to convince our peers that's the right thing to do. But that external component is rising now in the world of medicine and I can feel and it's palpating. And in medicine we need to stand with the patient and we've failed to do so. The business of medicine has been overwhelming, and the bureaucrats have ruled us, and it's time to take it back.

Jeremy Corr: Do you have any advice for people who are like, "Hey, I kind of want to be a little bit more out there. I want to stand up more and go against the grain. I want to be a rule breaker. I want to be a little bit more vocal on social media, but I'm scared of that," where would you recommend they not only get started, but what encouragement would you offer them?

Rod Rohrich: Well, I would start slowly, gradually, like when we started talking about for the journal and we talked about evidence based medicine. We threw it out there and then we just let people respond, and then we threw it out again and let people respond. So if you have a controversial topic that you want to discuss, whatever it is, if it's a political topic, you throw it out and you recoil. And then you present both sides so people understand that you're trying to be fair and balanced. I think the key is to not just dive head first into the deep end, but be fair, be balanced, do some pros and cons of both, and then gradually you'll hone in on, really, what matters.

- Robert Pearl: Actually, let me ask one additional question, if I could?
- Rod Rohrich: Sure.
- Robert Pearl: Which is, are there any rules that you considered breaking that in retrospect you wish you had not?
- Rod Rohrich: No. I think to the corollary of that, there are many rules that I wish I had broken that I didn't, and that I haven't yet, because of my background in medicine, Robbie. Like in medicine, medicine and life, this is not addressed rehearsal. So if you think about doing something, then do it. And if you fail, that's the conduit to success eventually. So there are some things that I wish I had done differently that I didn't do because I was constrained by my whole concept of being a doctor.
- Rod Rohrich: I don't necessarily feel that way anymore because, as a mature physician now, I know that I stand firm on my beliefs, that best care is care that you can provide to everybody, not just a specialty, which is a radical thought years ago. But I really think the same thing's going to happen to us as physicians. We need to train our extenders to be true extenders of us so we can do other things that actually will elevate patient care.
- Jeremy Corr: Robbie, what do you think about what Dr. Rohrich said?
- Robert Pearl: Rod is one of the most innovative and creative physicians I know. He's not afraid to break the rules that are outdated and problematic, but he adheres tightly to the ones that protect patients. He's led the way in educating hundreds of thousands of people through social media, reaching across specialty walls to promote learning, moving information from the printed page to video, and designing physician education to maximize expertise.
- Robert Pearl: We invited him to the podcast to highlight that even in healthcare, a profession with tremendous inertia, change is possible, and he exceeded my expectations. I loved his insight at the regrets he has over what he hesitated to do, not the actions he took, are the biggest things he would like to redo. We can all benefit from this maxim.
- Jeremy Corr: We hope you enjoyed this podcast and will tell your friends and colleagues about it. Please follow Fixing Healthcare on Apple Podcast, Spotify, or your favorite podcast platform. If you like the show, please rate it five stars and leave a review. Visit our website at FixingHealthcarePodcast.com. Follow us on LinkedIn, Facebook, and Twitter at [FixingHCPodcast](https://twitter.com/FixingHCPodcast). Thank you for listening to Fixing Healthcare, Breaking the Rules with Dr. Robert Pearl and Jeremy Corr, have a great day.