



Invest in Results
Episode 5
Lisa Fitzpatrick

Four Steps to Creating True Impact

Series Intro

This is the Invest in Results podcast. Mission-driven organizations dedicate their time, talent, and resources to improving lives and communities. Yet they are hindered by a system that too often measures process instead of progress and pays for outputs instead of outcomes. By sharing knowledge, investing in projects, and building networks, we can invest in results.

Episode Intro

In this episode, **Lisa Fitzpatrick, former Senior Medical Director for DC Department of Healthcare Finance**, gives the four steps to creating true impact: engage communities, tailor services, incentivize partners, and shift culture. Lisa is the founder and CEO of Grapevine Health, which creates engaging and entertaining health content for underserved and under-resourced communities. This segment comes from an Invest in Results event recorded at the Center for Strategic and International Studies in Washington, DC on September 12, 2017.

Story

I prepared remarks for this. I was also up at 1:00 AM – I was changing my remarks because when I read the book, I realized that I'd be preaching to the choir. Because most of the things I read in the book are things that you've experienced, I've experienced, and I didn't want to come here and tell you things you already know. Because I don't like that, and I'm sure you don't like that either. There's an African proverb, "If you want to go fast, go alone. If you want to go far, go together." So, I've decided to tell you a little bit about what I believe is possible, if we go together. But first I want to tell you just a bit about my journey. It actually starts over here. You can't see the dates, but this is 1992. So, I am probably older than I look to some of you. And I've been around the block. I've worked, as Ian said, across the health sector. If there's been a job in the health sector, I probably have done it.

[audience laughs]

But the reason I'm switching jobs so frequently and so often is because I'm chasing impact. It has been a bit of a frustrating journey. So I'd like to spend the rest of my time talking about what I think some of the possibilities are. What if we could do these things? That's it.

[audience laughs]



Engage community, tailor services, incentivize partners, and shift culture.

That's all. What do I mean by this? **Engaging community**. Someone's already said communication is an undervalued resource and I think that is true no matter what we're talking about. It's certainly true in health. The average person in the community has no idea what we're spending our healthcare dollars on or many of the programs we are implementing. They have no idea.

I'll tell you a story about this story that happened just last week. I was running because my doctor told me I have pre-diabetes. I was devastated. So I decided I'm going to run a 5K and maybe I'll run a 10K. So, I had to start training, obviously, because I don't run.

[audience laughs]

So, I'm walking to my friend's house after the run and a woman walks up to me – I don't know this woman – and she says, "Didn't I see you running up on 8th street? Why are you running so far? What's going on?" And I said, well, I'm training. My doctor told me I have pre-diabetes and I don't want to be diabetic, so I have to lose weight and I have to exercise. And she looked at me. She said, "Pre-diabetes. Now, my doctor told me I had that. Now, what is that?" Now, the problem there is her doctor, because he's checked her for pre-diabetes, he's checked the box. So, we would say he's doing what he's supposed to do. And further, she thought he was a good doctor. And I said, "Well, why do you think he's a good doctor?" "Well, two of my friends said he saved their lives." But still she didn't know what pre-diabetes was, or how to prevent diabetes. So, we spent the next 10 minutes or so talking about diabetes and how you prevent diabetes. She wasn't engaged, but I think she's like the average joe. So, how do we improve the engagement of people in community in our sectors?

Second, tailoring services. I think this is really important. It's important to me as a healthcare provider. What if we could tailor health care like Amazon tailors your shopping bag? Wouldn't that be great? It'd be incredible. I had a patient who didn't want to come into the clinic. So every person on my team tried to call him to get him to come in. And they said, "Dr. Fitzpatrick, we really need to get him in. He's really sick, but he's afraid to come." So I actually left the office. I called him and I went to wherever he was. He was on the street somewhere. And we had a conversation right there on the street. I don't have the luxury of time to do that for every single person, but for him it made a difference. So what if our healthcare, and our healthcare system, and our funding was flexible enough to enable that type of care?

Incentives. We can incentivize our partners, and you can think about what those incentives might be for your sector, but as an example, I'll talk about doctors, because that's the group I'm most intimately familiar with. Doctors care about CME or Continuing Medical Education because we can't renew our licensures if we don't have it. We care about mitigating liability, our vulnerabilities to malpractice. And we care about reimbursement. So if these are our incentives, why doesn't a primary care doctor make as much as a surgeon? Or why doesn't a psychiatrist or an addiction specialist make as much as a gastroenterologist? The incentives are out of whack. I'm hoping some of you in this room – and it sounds like some of you are – in a position to initiate these conversations that we can start to improve our incentive structure.



Finally, I just want to talk a little bit about culture, because all the things I've talked about are linked to the culture of our healthcare system and all those things need to change. But I want to talk a little bit about three components. And as an example I will talk about the budget for the National Institutes of Health. Anybody know what the budget is for the National Institutes of Health? \$32 billion. That's annual. It's been increasing, but right now it's about \$32 billion. Related to my remarks about communication and educating the community, most people in the public have no idea what NIH does. This is a culture we've created. I'm a fan of science. I've been a researcher. I value data, but at the same time NIH is funded by – and I'm using them only as an example – NIH is funded by taxpayers. The currency in academia is manuscripts, publications. Some of you already know this.

What if every time an NIH-funded grantee published a manuscript in a scientific journal or a peer-reviewed journal, they were required to also publish something for the community describing their research or their science or how it impacts the community? I tweeted Francis Collins about this – he didn't write me back.

[audience laughs]

But maybe if you think it's important, you can help me as well.

The second thing is we need to train our workforce. The students who are being trained right now, they're not all being trained to deliver the type of care I'm talking about or to think in the ways I'm talking about. And then finally, I think **we have to ask consumers.** We have to talk to them about what we're doing, ask for their advice if we're planning to implement a new program. Is this what people want? Is this what people need?

So, there's another saying, "If you've traveled down a wrong road, turn back."

[audience laughs]

We are speeding down this road in our silos – and the silos are frustrating, but they're also comfortable. So, are you ready? Are you ready to change? If you're a decision maker, how important is it to be first or to get the credit? Or if you're a funder, are you ready to take a bigger risk with even less evidence or less data? When I was a girl, my mother would often have me sweep and I hate to sweep. So, I would do a lackluster job sweeping and she would say, "Lisa, don't half do it. If you're gonna do it, do it right." In other words, she was saying do it full out. I think we've been half doing health care and health services up to now. So, if you're ready, let's go together and do it full out.

Thank you.

Outro

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