

**Report From the Frontline By Tracy Gaudet
End Well Symposium, December 7, 2017**

Start of Transcript

I wanted to start by asking a question that has percolated throughout the morning already. But I wanted to ask each of us to take a moment and reflect upon the fact that first of all: do we know someone -- that might be ourselves or a family member or our patient -- who has been diagnosed with something life threatening, like cancer who came to see that as a blessing? We heard people today say that, so if you can think of someone that would really characterize that nuance as a blessing in their life, just let me see a show of hands.

Almost everyone, right? And my reflection as a physician working a lot with that kind of population. When I thought about seeing that over and over again and people then thought "Why? What's that about?" It really is about what we've been talking about but in those moments [00:01:00] of crisis, people take a second to realign their life! To be in alignment with what really, really, really matters to them. Right?

We've heard this all morning. It's about being awake, being conscious, and living every moment fully whether that's, you know, a week or a decade or several decades. And that's the gift that come at those moments so our obsession is how do we actually design to do that earlier? And we've heard a lot in conversation about that this morning. The question that I really have is: can we blow up the way healthcare is designed? And believe it or not, the VA is committed to doing this and actually design it to do that!

So let me share something with you. This is a slide... not my slide, I mean it's my slide but it's not created by me! I was in a meeting -- that Department of Defense and VA meeting, if you can imagine that! -- and they were talking about how do you transform large systems, how do you drive transformation? [00:02:00] And the people that were doing the consulting were showing the slide and said "Here's the problem with most large systems: When they tried to change, they start from the bottom right of that slide. They start by identifying circumstances that they wanna change and then try to drive large-system change by going up that side of the slide. And it doesn't turn out well."

And their point was if you're gonna drive large-system change in organization, you have to start with the aspiration of that organization. What does that organization wanna be? And then let it drive behavior which will then impact circumstances.

So I was in the room listening to this and got very excited. And I got excited because that's what we do in healthcare! Our whole healthcare system is designed to start with the problem, right? The circumstance we don't like. If you come and see somebody that's trained in the medical model, I'm gonna write down your chief complaint. That's how I start, I make a problem list [00:03:00] -- and I have a plan for your problem. The whole thing is problem based, find it, fix it. And I thought this is the transformation we need in healthcare. Best slide I've ever seen for that. We need to stop starting from what's wrong and begin to totally change the conversation and say "What do you want your life for?" Whether you have a moment or decade. What do you

want your life to live for? What really matters? And if we started from that place, imagine what could happen!

So because I'm so shy and reserved, I've jumped up and said "Ooh, ooh! I have to say something!" And as I shared that reflection about the slide and that meeting.

Then a couple months later -- I think it was about two or three months later -- I was in another meeting and a woman came up to me who has since given me permission to share her story, and she said "I always wanted to introduce myself. I was in that DoD/VA meeting with you and you talked about that slide, that changed my life."

And I was like, "Really?" and I was like, "Wow. Tell me more."

And she said, "Well I have a chronic condition and I have to see my physician [00:04:00] every three weeks." She said "You know, I don't enjoy it. It's a pain but I'm very compliant." You could just tell when you talk to her, she's very type A and very overachiever in her career, etc." She said, "So I go when I do it because I'm supposed to." She said, "But I laughed at meeting and I started thinking 'I've never asked myself that question.' I mean we don't usually ask ourselves that question until the end of life, as we've been talking about." So, she said "I started reflecting on what do I want my health for? Why do I wanna live?" And she said, "You know what, I decided..." just to give you a sense of her personality, she said "...In three years, I'm gonna turn fifty. And I've decided I wanna climb Mt. Kilimanjaro."

I was like, whoa... [laughing]... I said, "Really?"

She said "Yes! So the next time I went to see my doctor, I go in and he says 'Okay. Let's talk about your labs. That's what we do. We talk about your labs.'" And she said, "No!"

[Speaker Laughing] She said "No! I don't wanna talk about my labs. [00:05:00] He said "Excuse me? That's what we do. We talk about your labs...we treat you meds, you come back..." and she said "No. I wanna talk about how you can help get me to the top of Mt. Kilimanjaro!"

And this guy was like, you know, whoa, but kudos to him, like after a few moments, he kind of recalibrates and he gets her thing and she said "Guess what? Now I cannot wait to go to my doctor's appointments!" She said, "Guess what, for years!"

And she's like this [Grunting] very high strung, she said "For years! He's been telling me that stress is plays a role in my condition! [Speaker Laughing] And for years he's been telling me I should incorporate stress reduction or meditation and for years I've been telling him 'No way! I do. That's what I am. I do!'" She said "guess what I do now? I meditate an hour every day."

Not so her disease would be better. So that she can live the way that she's now identified. She can get to the aspiration. So a couple of... two [00:06:00] or three years later, I was in a restaurant and she was there and she came running over to me: "I did it! I did it! I went to the top of Mt. Kilimanjaro!"

And I just love that story because it illustrates, how can we do this together in a systematic way? Right? And I know we've talked about it at Toco one day but I wanted his many quotes that I loved... Oops wrong side of the slide. Hold on.

Quote: *"We've been wrong about what our job is in medicine. We think our job is to ensure health and survival but really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive. Those reasons matter not just at the end of life or when disability comes, but all along the way."*

So how do we design for this? So what we're doing in the VA despite how broken the bureaucracy is, [00:07:00] it is a system that is committed to the radical redesign of healthcare -- and to really partner with veterans. And so that's the job I have in that system which is kinda crazy but it's very exciting. And we have to find this as whole health. So I love all the conversations about wholeness, that whole health is an approach to healthcare that both empowers and equips. Because we have to do both, right? If we just change the conversation and people get revved up, now they have a sense of meaning, of purpose and aspiration in their life but they don't have the skills to know how to relax or eat differently or move their bodies. That's not gonna work. So we both need the empowerment and the equipping. The skills... to really take charge of their health and well-being, and for what purpose? To live their life to the fullest. Right?

So what does that look like? So this is kind of our framework for what this looks like in the veteran's life and the person's life, the person's at the center. Their mission, their aspiration, their purpose [00:08:00], is at the very center of this model. You see mindful awareness around that because you can't be proactive about your health and well-being if it's not grounded in mindfulness and paying attention. So all of these folks are rounded in a teaching and practice of mindfulness. Then each of these areas of self care we address in their life, in their health together with clinical care.

The question that we had is "Okay, this is lovely... but just shoving it into the existing medical model does not work. It's not designed to do this. So how do you redesign what healthcare is to do this?"

So we really said "You know what, going back to this quote, we've got it wrong with what our job was in medicine" Right now in our medical paradigm and I'm gonna oversimplify it a bit but fundamentally, that bottom right bucket... treat, clinical care, that is essentially the majority of what our health care in America is -- if we're honest about it. Right, it's Disease Management [00:09:00], let's find it, fix it, it's clinical care, it's a clinical care model. And that's what we got wrong. That's important and we need it, but I really think not very long in the future, we're gonna look back and go, what?! Why did we ever think that was gonna work? That's ridiculous!

So what we're modelling and we've been piloting this, designing this for a couple of years and now we are doing a large-system deployment of this, that there are three elements of this future health system. The first is this question and exploration system. You know, what matters, most? How do you partner with someone to discover that in their lives? And we have peers that are doing that. Not clinicians, but peers who are trained as wholehealth partners. Then once folks are empowered and excited and engaged in their life again, whether they have a day or a long

time, then they work in well-being programs for the self care, for the equipping part; learning new ways to relax; learning [00:10:00] new ways to eat, learning new ways to communicate and relate. All those elements of self care, that has to be done in a different set. It's not like how many times does it work if you know, your doctor says "Eat less. Lose weight. Move more." You know. See in three months, let me know how that turns out. [Laughing] Not very well!

So the well-being programs are really critical and then the three piece. And this is happening now. It's really exciting to see. I mean, it is turning people's lives around. And oh by the way, their clinical outcomes are better. Oh by the way, the costs go down. Right? Coz they are engaged in their own life.

This is just to show you that it's happening at different stages across the United States in the VA system and there's so much noise and craziness about all the other stuff that they're kinda, it's good, actually. One of my favorite phrase is "You can't have breakthroughs without having breakdowns." So the VA is in a big breakdown [Chuckles] so we're taking full advantage of that! And transforming healthcare while nobody's [00:11:00] looking...so that's what we're doing.

[Audience Clapping]

So my own reflections, which are very consistent -- I feel very much at home in this group-- that as I was trained as a physician that modern medicine starts with the body rather than the soul, and the mind rather than the heart. And yet we know that the soul and the heart are the doorways to the healing and the health of the body and the mind. So now we're in this easing place in the history of healthcare to design for that and lead the way. And in closing, I'm just gonna show a very short 3-minute video which is gonna get 3 minutes and 21 seconds and the two things I want you two know about this, you may have seen this, it went viral ages ago, but I'm so old I can bring it back. Two things you need to know about this. True story and it's in subtitles so you have to pay attention. So let's if we can tee this up...[00:12:00]

{Based on Video Subtitles in Bold Letters}

(View of Riding Into the Tunnel) **What do people live for?**

(Man looking at a picture of a woman...followed by an old man looking at a picture of when he was still young) **For missing someone?**

(A physician showing an x-ray, man is shown crying) **For Keep Living?**

(Old man showing his hands filled with medicine) **For live longer?**

(Old man shouting at the telephone; then looks at his photo again when he was young and healthy with his motorcycle buddies...he then draws a halo on the picture) **Or for leaving?**

(A group of men dressed in black. One of them slams a photo to the table and yells) **Let's ride motorcycles!**

(The man who yelled turned out to be the one of the old man's closest friends during their motorcycle days. He checks the garage and finds his rusted, old motorcycle filled with dust. The other old men threw away their medicines and crutches and are shown riding in their motorcycles) **These five Taiwanese [00:13:00], average aged 81, one has hearing problem, one has cancer, three have heart disease. Everyone has degenerative arthritis**

(Working out at the gym) **6 months of preparation**

(Eating, riding til daybreak,) **13 days traveling around Taiwan**

(Beautiful scenery) **1139 kilometers.**

(Riding towards the mountains) **From North to South, From night to day, for one simple reason**

(Flashback to when they were all young and running at the beach, riding very fast [00:14:00]. Now they're trying to relive the experience but this time holding the photo of their deceased friend up to honor his memory) **What do people live for?**

Dream. For ordinary people with extraordinary dreams. - TC Bank [00:15:00]

{End of Video Translation}

Announcer: I'm gonna make her come back up and take her applause

[Crowd Applauding]

[Announcer hugs Tracey]

Announcer: Thank you, you're amazing. Thank you so much.

End of Transcript