

Agency for Change Podcast: Ryan Donohue, Strategic Advisor, NRC Health and author of *Patient No Longer*

Ryan Donohue:

Life is hard, so don't be your own worst critic. Root for yourself.

Announcer:

Welcome to Agency for Change, a podcast from KidGlov that brings you the stories of changemakers who are actively working to improve our communities. In every episode, we'll meet with people who are making a lasting impact in the places we call home.

Lyn Wineman:

We have all had healthcare experiences, both good and bad, times when we feel like we're just another number in a crowded hospital or doctor's office, and times when you can tell they really see you, hear you, and want to know what's going on with you. But that last bit, seeing you and hearing you, that's the part that NRC Health is focused on. For over 40 years, they've been helping healthcare organizations uncover information that helps them understand what matters most to each and every person they serve. Hi everyone. This is Lyn Wineman, president and chief strategist of KidGlov. And welcome to another episode of the podcast that puts a megaphone in front of those who are doing good. Today, we're talking with Ryan Donohue, strategic advisor at NRC Health and co-author of the book, *Patient No Longer*, that explores the evolving telehealth delivery model and how healthcare leaders can build systems focused on consumer centric care. Ryan, welcome to the podcast.

Ryan Donohue:

Thank you for having me. I'm really looking forward to this, Lynn.

Lyn Wineman:

I am too, Ryan. We've had some fun just talking in the lead up to this, and I can't wait to ask you these questions. And I'm going to start with, if a stranger were to ask you where you work and what your company does, how would you explain that?

Ryan Donohue:

If they just approached me and asked that, I'd probably take a step back first. But no, I think what I would say is that I work for a company that is trying to make healthcare better. And the way that I help with that is I get to think up new ideas, new ways to get feedback from people who receive healthcare, and I get to share it with those who provide that healthcare in the attempt to get better based on what the patient wants. That is what I would tell that stranger.

Lyn Wineman:

That's a really great answer for a stranger that happens to come up to you on the street. And I think it's interesting, because we've all been talking in the last couple of years about the healthcare system, and healthcare workers, and so much going on in the industry. And I'd even like to go back in time a little bit, because I want to understand how the NRC Health of today has evolved over the years. And how would you say the goals have changed over the years?

Ryan Donohue:

Well, there's been a lot of evolution. I've seen almost half of the company turn 40 recently. And that was a lot of fun, but it's evolved in a lot of ways. It didn't used to be healthcare-specific. In fact, food service was another big vertical, and one of our largest clients was Pizza Hut.

Lyn Wineman:

Wow.

Ryan Donohue:

Yeah, working with Pizza Hut and Taco Bell, and also hospitals. So that was an interesting mix. And the credit goes to our CEO and founder, who is still here, still running the company, Mike Hays. He decided in the '90s, healthcare is too important. We need to focus solely on it. It needs to be improved and it really, really needs help. And so he purchased The Picker Institute, which was really the founding movement of patient-centered care. And with that movement, we became who we are today. That was 20 years ago. But we've really committed ourselves to saying, "We think we're so smart, but the patient is the best source of information. They're the ones experiencing it. So let's see things through their eyes and let's make sure that we're approaching healthcare improvement through the vantage point of those who receive it."

Lyn Wineman:

I didn't realize that part of the story, but I have to imagine that that focus has really made you stronger as an organization. And I know you are seen across the country, and even beyond, as experts in that field. And I can't quite fathom how the whole Pizza Hut research would, would mix into that. But all right. As a marketer, I'm always really interested in brands and how brands evolve. And I know you were at NRC in, I think it was 2016, when the rebrand from National Research Corporation changed to NRC Health. Could you talk about what spurred that rebrand? I imagine it's what we just talked about and what have the impacts been?

Ryan Donohue:

It was such a fascinating exercise. And I will say, for me personally, it was just a once in a lifetime opportunity, because we had been advising healthcare clients on how to improve their brand. We'd been providing data on surveys and patient and consumer perspective. We also asked people who are aren't recent patients, "Hey, what do you think of this place? What do you think of that hospital, that health system, that doctor's office?" So a lot of really interesting brand research that of course is happening a lot outside of healthcare. And we've been one of the pioneers and one of the big pushers of it in healthcare. And then we had this wild idea to say, "You know what? We haven't tested our own brand in a while."

We had developed a new solution that I had a chance to help with called brand art. So the idea was taking you from general awareness all the way into loyalty, and there's consumer decision models like that all over the place. But this one was tailored for healthcare. And we said, "Wait a second. We're advising our clients on this and they're loving it, but let's try it on ourselves. Let's look in the mirror." And so we applied some of that research and we said, "There's a little bit of confusion that we still do all those other industries, because we're National Research Corporation. There's nothing healthcare specific about it. What do we need to do to ensure people understand our differentiator?"

So we pulled people into groups and we did quantitative, we did qualitative, the whole mix. It was just like an out of body experience. The results told us, "You need to draw a bright line to the healthcare specific focus of your work." And thus, National Research Corporation became NRC Health.

Lyn Wineman:

I love it. So would you say, Ryan, that you took a bit of your own medicine?

Ryan Donohue:

We took a bit of our own medicine and it's tough.

Ryan Donohue:

It's tough. We'd advise clients, and you've done this a lot too, where they just don't want to change something. Even though the research is there, and the perception's there, and the employees know it, and they say, "No, I really want to hold onto this." It's like your brand is your child. And we'd always taken this third-party approach to that. Well, this was first party. And this was us saying, "There's things about our brand that we love, but we need to lose them in order to advance." And healthcare is changing too. My goodness, the change we've seen in healthcare in just the last decade. And so we said, "We've got to be able to be at the front of the change, not getting pulled along." And so that was part of the difficult decision to change the name.

Lyn Wineman:

That's great. I bet too that that helps you. That perspective helps you as you advise your clients. I know KidGlov rebranded almost a decade ago. And that process, that was the first time I had been on the other side of the table as well. And it made me much more empathetic to CMOs and C-suites who are going through a rebrand process, because it can be intimidating to think about, "We are going to make a change that literally touches everything we do." But I mean, one of the best things we ever did.

Ryan Donohue:

It's like part of you is wrapped up in that. I think if you've been there for a number of years, and for you in your case as the owner, your identity is a part of that company. You've invested yourself. And so for me too, it did introduce a large bit of empathy as I was going out and working on additional rebrands. And of course, there's no shortage of those in healthcare. So I continue to refer and some of the pieces that came out of the quantitative and even some of the quotes out of the qualitative from that work.

Lyn Wineman:

That's great. That is also a benefit. From talking with your customers, a lot of times you hear really great information that reinforces the good that you're doing. And sometimes, you hear stuff that clearly indicates you need to make a change. And I'd love to even take this to digging into the concept of patient surveys for a moment. So your website, in preparing for this, talks about how you help organizations understand what matters most to each person they serve. And that's a lot. I mean, hospitals serve a lot of people, a lot of diverse people. And as country is becoming more diverse in many ways, culturally and racially, as well as gender and sexual orientation, how are your surveys helping hospitals identify with these diverse populations?

Ryan Donohue:

That is a great question. And in terms of perspectives, the interesting thing about healthcare in the '80s and '90s is there were no perspectives. You weren't required to gather information from any of your patients from a healthcare point of view. It wasn't until CAHPS, which was the same year I was starting NRC Health in 2006. It was the Consumer Assessment of Hospital Providers and Systems. It was government mandated to say, "You've got to measure the perspective of a certain amount of your patients." It was a minimum, if you will. Now, we'd been doing those surveys ahead of time. In fact, some of our work and the work we'd done with Picker actually influenced the CAHPS survey. And we said, "That doesn't go far enough because people were doing the bare minimum." And then they were feeling like they were forced to, and they were mandated.

So that was only 15 years ago. And we're still coming out of that, trying to understand, how do we reach the perspective of all of our patients? In underserved populations, they're also sometimes under surveyed. And a lot of those folks don't always have access to technology. One of the things that we've been doing as a company, as early as 2004, is switching some of our surveys to online, making them easy for people to take, getting them out there so that there's multi modes. So if you want to fill out a paper survey, if you want an online survey, if you want to come in and fill out a paper card, you can do those sort of things. People have to in ensure that their entire modality of what they're offering, their methodology of their research is welcoming to everyone.

And the other piece too, that we spend a lot of time and energy on, is looking at census data. So what representation do you have in an area? Making sure if you're low on representation for a certain race, or for a certain geographical location, or a certain age, could be many different demographic factors, that you're making sure you're filling that bucket. We spend a lot of time with our panel providers and our clients saying, "That bucket is too low. You need to fill that bucket." So that you can come back and say, "This represents all of our patients. Now, we can look at this data and say, 'If we want to improve, here's how we'll do it.'"

Every hospital and health system has a mission to evolve. So we always say, "Your mission's right, but what about your methods? And are you collecting data that's representative of all your patients' voices? And if you are, now, you have the opportunity to improve the experience for all patients." But it is not easy work to do.

Lyn Wineman:

Yeah, I imagine. Because I even feel sometimes, you and I both have a marketing background. In marketing school, I feel like we were taught to lean into a very popular primary target audience, and you go with it. Because you learn how to really cost effectively reach that one primary target. Now, with focus on inclusion, and diversity, and access, and equity, that has really changed. And I think for some of us who've been in the business for a while, we've had to change our mindset to really make sure we're reaching out and having very representative targets. So I think that's great. So talking about how you've collected the data, I'd love to hear more about how you use the data. I mean, how do you really take what you find to uncover pieces of information that help healthcare organizations and then eventually help their patients?

Ryan Donohue:

Yeah. So it's an interesting process and I love what you said about the marketing aspect of it, because there's that patient acquisition, which used to be that funnel. And healthcare is a fantastic example of how it is not just about the people in front of you. It is also about all of the people that are would-be patients. They're not in a gown, but at some point, they're going to need your services. And in healthcare, eventually, everyone's going to need you. And so I do think there's been a lot of great work, and I think NRC Health has led some of it in getting people to widen their view of that funnel of who we serve. It is not just patients.

One of my favorite topics that over the years has turned into white papers and now a book, is consumerism and this idea that it's not just the patient perspective, it's what people think about before, during and after. So what we've really done with our data, and I'll tell you, everyone can ask patients questions. It's totally commoditized. It becomes, who can do it the cheapest? So you can check the box. So you can hit that minimum mandate we talked about.

Lyn Wineman:

"We met that requirement. It's done."

Ryan Donohue:

"Yeah, we can move on now. And now we can focus on making money." And what we've proven is that if you want to improve that experience, you have to look at the entire journey. So for us, it's about applying a wider lens. And then in looking at that, everyone has data. We always say, "the mountain of data," or "We have a gold mine of data." We always say, "it doesn't matter how much data you have. Do you have the right data? Do you have the type of data that you can make decisions on?"

So quick example would be just, if someone comes in with a certain expectation for how their care will go, which almost 100% of people do, did you meet that expectation? That alone can tell you if that was a satisfied patient that will then trust you over time, that will become loyal. All those things that you want down the line can be determined through expectation meets experience. If you don't ask people what their expectations are, which a lot of health systems and hospitals don't do, then you're relying on luck. You're relying on them taking over and telling you. And that gets you to the beleaguered patient, who is trying to manage all of this care, and is disjointed, and da, da, da. And that leads to dissatisfaction. That leads to less loyalty.

So that's an example where we say, "Let's look across the data sources, where we have the opportunity to look across the care journey based on the data tools we have." And we could say, "Pre, during, post, here's a thread, that's cutting through all of it. And here's where you can start to influence it."

Lyn Wineman:

And you know what? That's not an easy thing to do. Because unlike buying a pizza, which we talked about in the beginning, it's a pretty easy process. You see a commercial, you get hungry, you dial the number. "Am I going to go in? Is it going to be delivered? Am I going to order wings or just the pizza?" That's a pretty easy chain. Healthcare's a little bit more convoluted. I mean, you've got the referring physicians in the middle, you've got insurance coverage or non-insurance coverage. I mean, payers in the middle of it. All of those things make the process, I think, so complicated.

Ryan Donohue:

There was an analogy years ago. It was actually a YouTube short where a guy is, *If Healthcare Ran Travel*, and it was all the disjointment that would happen. You had to contact a completely different company for your bags than yourself, and for your beverage on the plane. Everything's disjointed. And I will tell you, it's really interesting to see other industries adopt these research methods. A few times ago, we ordered a pizza and the guy said, "Please give me a ten." He was coaching to the survey.

Lyn Wineman:

Yes, they do coach to the survey all the time. When you call an online customer service support system, "Could you fill this out? It would really help me. Is there anything I can do to exceed your expectations?" Yes.

Ryan Donohue:

And your point, Lyn, is really important. Because a buying a pizza, ordering it for the family tonight to check off dinner, that's a transaction. The issue in healthcare is that we can look at it transactionally, and we get clients who say, "Please look at this set of transactions." But what we will tell them right off the bat is, "This is more than transactions. This is your wellbeing. This is your livelihood, your ability to continue to enjoy life." Healthcare has high stakes. And so we always tell people, "You've got to break past the transactional element to this and say, 'Where is there a human element to it? Where are we trying to understand how human beings are experiencing this?'" We're treating a disease, yes, but we're treating a person too. And we know now through research, we can more effectively treat the person if we don't just treat them as a disease. And we move beyond that viewpoint.

Lyn Wineman:

Wow. Yeah. It doesn't sound very fun to be treated as a disease, to be really honest with you. So Ryan, technology obviously changing very rapidly in all areas, but healthcare in particular, how is NRC Health working to stay ahead of this evolution?

Ryan Donohue:

It is not easy to do. I think one of the things that we spent a lot of time trying to rally, and then we spent a lot of time innovating past it was going back to the CAHPS survey. So CAHPS survey is still paper. You know what I'm talking about? No technology, you still get paper surveys. It's definitely mandated. It's weeks after your experience. You're filling out the bubble like you do for the census every 10 years. Well, we tried to change some of those things. We pushed technology that we'd done on the consumer side with online. And instead, we started developing shorter surveys. So similar to other industries, if you can gather enough patient information, sending someone a short survey, a physician visit, for example, you go in for your wellness, check your yearly deal, getting a survey link as you're walking to the car so you can fill it out. A lot of our real time surveys are very short form, are 10 questions are less.

The other thing that we've really embraced, even though there's always a little bit of a scary element to it, is artificial intelligence. So we used to always say, "Limit the open ends. It creates all these rows on a spreadsheet, and this raw analysis, and it creates tons of manpower needed." And it's a mess. And now we say, "No, comments are great, because we could use machine learning. We can go through those comments and we can pull out a cluster analysis that you wouldn't get from a normal question with radio buttons or from a bar chart". So the machine learning piece is very interesting. It's helping us find insights that aren't in the regular quantitative.

But ultimately, the challenge in healthcare is getting to people quicker, asking them a few questions so it's not daunting. They're already going through something. So getting the simplest experience they can have, so that you can turn around and, one, have service recovery, because it hasn't been weeks. You can make this right or attempt to. At least say, "I'm sorry," which is half the battle. And two, you can get that information into managers, directors, executives, and say, "We need to be making this change much quicker than in a quarterly review with the board." So it's the speed of it and getting it from the patient and getting it to leadership to say, "These are the things that need to improve."

Lyn Wineman:

Yeah. Ryan, hearing you say that, it makes me think the next time I go to the hospital, I want a smiley face questionnaire. You know how they say, "Point to the one for your pain level?" I want the same thing for my experience. "Just point to the one and tell me more." So there you go. There's a big idea. Big idea for you.

Ryan Donohue:

There you go. Some innovation. I like it.

Lyn Wineman:

All right. So Ryan, you've mentioned you joined the company in 2006. You came in as marketing director. I love talking to marketing people. And now, you've been there 15 years, obviously started as a child. You've been director of program development. Now, you are a strategic advisor. Can you just talk to me more about your path through your career, and are you today where you thought you might be 15 years ago?

Ryan Donohue:

Oh, goodness. Well, first of all, you remind me, I need to update my LinkedIn. I need to get on that after this. But it's interesting, I never thought I'd come to healthcare. In fact, I'd studied marketing and branding. I was really very interested in brand strategy in college, and I'd done some fantastic short-term stints and some internships with Sports Illustrated, Cartoon Network, and the larger Turner media conglomerate. And I was like, "Wow."

Lyn Wineman:

Those are great internships, by the way.

Ryan Donohue:

Well, and it was viewers and readers and it was really fascinating. And in that time, everywhere from like 2003 to 2006, I saw incredible change. That's back when media publishing was changing. You had The Office on TV as a paper company. You're like, "A paper company?" And you're working for a newspaper in a magazine. And so it was really interesting to see that change. And I had come back to Lincoln with my girlfriend at the time who became my wife, and she had a job lined up and I did not. And I went to my favorite college-

Lyn Wineman:

Always a scary place to be, right?

Ryan Donohue:

Yes. Yes. I went to my favorite college professor, Phyllis Larson, at University of Nebraska and I said-

Lyn Wineman:

Oh, I love Phyllis. She's an icon.

Ryan Donohue:

She's the best. She is an icon. And I said, "Where should I go next?" And she said, "You know who really needs help in the field of marketing and branding is healthcare." I thought, "Healthcare? I don't know anything about healthcare." She said, "That's even better." And so that's what got me started. So I never thought I would be in the healthcare industry. And starting off, I was a marketer creating marketing campaigns. I was actually working on a product that was sold to hospital marketers. It was called Market Guide. A lot of market in there. And I was doing very, at the time, traditional marketing things. We weren't really getting into Facebook yet. It was still for students, but we were building campaigns, and direct mail and personalization. And we were doing all the four Ps. And we were doing those things.

And then all of a sudden, I thought, "There's not a lot of brand strategy to what healthcare is doing. Can we change that?" And I helped create this prototype survey questionnaire that became a product. And I really didn't totally know what I was doing, which is the fun part. And they said, "We need someone to do more than just market this. We need someone to go out and talk about this, and meet with clients, and get in board rooms, and maybe even ballrooms." We had just acquired a company at The Governance Institute that held big conferences all year long. And so I got up on stage and I started talking about this product that was near and dear to me, and said, "Healthcare needs to change." And around that time was the consumers in movement. So there was a lot of timeliness to that. I did not see myself 15 years later being as entrenched as I am in the industry of healthcare, to say the least.

Lyn Wineman:

Yeah. But I can tell you're having fun. I can see the passion behind what you're doing, because I think as a marketer, it makes our jobs better when the end result of your campaigns, your brands, your strategies is actually helping people. And I think that's fantastic. And Ryan, that leads me to your book. Something I've always wanted to do is write a book. So you are inspiring me, but the book is called *Patient No Longer*. You co-authored the book, you published it in 2020. Can you tell me more about it and what really did you hope people would take away from the book?

[Find Ryan's book here:

<https://www.amazon.com/Patient-Longer-Healthcare-Experience-Management/dp/1640551808>]

Ryan Donohue:

Well, the first thing I would recommend is, and you've probably got five books in your head, Lyn, so you should absolutely put one out there. I would not do it during a global pandemic.

Lyn Wineman:

Okay. Good advice.

Ryan Donohue:

That's the only suggestion I would make.

Lyn Wineman:

And hopefully we're starting to move our way out of that. But yeah.

Ryan Donohue:

It's interesting, because I thought I'd be out on a road show, and I'd be signing copies, and talking to people and doing all those author type things. Because I'd never written a book before. I never really thought I would. And no, it was a fascinating experience. It was a six-year journey. We did a lot of research. We actually revisited a huge amount of work in the early '80s, the first patient-centered care surveys that were ever conducted by The Picker Group. And we were revisiting research that was 25 years old. Some of this research hadn't been touched in a long time. And we were saying, "What of this applies to now? And what's changed in 25 years?" Technology being a great example. And it was just a really fascinating research project. And we reach a point where we said, "Hold on, we got to stop researching. And we got to start writing."

And I think every author who loves data and wants to prove their point with evidence, which is a good place to start, they reach a point where you have to stop researching and you have to start writing. And the writing of the book was just a fascinating and almost cathartic experience to put this into words. It was a fantastic opportunity. I co-authored it with Dr. Steve Klasko of Jefferson Health, who's just a visionary guy. He's actually retiring and going to a Silicon Valley startup to try to improve healthcare. And so that partnership was part of the... I mean, they probably wouldn't have let me write the book alone. So I always say I needed Steve.

And I learned a ton from him, but being able to push the book out there and getting people coming back saying, "Hey, I read this. It's really interesting. On page 73, you mentioned X." I mean, that process has been fantastic to see it go out. I have not had any of my children leave for college yet, but I feel like some of the ideas, it's like they finally left and went out onto their own and you can just watch it from afar.

Lyn Wineman:

I love that. You know what? I am going to say, all of my kids have left for college. They've all graduated. It's very satisfying to see them go out on their own. So the same thing goes for data and ideas. Very satisfying. And I've got to imagine, for every person you hear from, there are dozens if not hundreds of others who are reading the material and finding benefit in it. So I just think that's fabulous. And so also then Ryan, you have a podcast and I love listening to your podcast, especially the episodes that talk about healthcare branding. But can you talk about how the podcast complements the book, and are some of the themes you've explored on the podcast lately?

Ryan Donohue:

It's funny you say "complement" because we'd never done a podcast. And so we were launching a podcast, also during a pandemic. And we were sitting there a few of us trying to think through what do we call this thing? And we said, "Why don't we call it *Patient No Longer*?" Which is the name of the book. That was an easy one. And then building through the story you want to tell, the guests that you want to have on. It's a lot of work. So kudos to you. You put these out more frequently than we do. But the podcast has been fantastic. Because what I've found is people really do let down a little bit and talk

about who they are and their work. And we make sure to keep it personal as well, just like you and I have done today, because I think that imbues something special on the work that's being done.

A lot of times in meetings, it's very business-y. And when you're reading a piece, sometimes it's very business-y. And you get to a podcast and there's some humanity that can shine through. So we're having a blast with it. It's been an opportunity to reconnect with some people that I haven't spoken with in a while or seen in a while. And then it's an opportunity to meet new people and put it all through the same prism of, how does this improve healthcare for future patients?

Lyn Wineman:

Yeah, Ryan, that's one of my favorite parts about podcasting, is we're still in a time where we're not out meeting new people, talking to new people. And so the podcast for me, the Agency for Change has been a great vehicle to do that, to get to meet and talk to interesting people like you and to hear your story, and then you pick up other podcasts like your podcast, and you start to listen, and it's almost like the hosts become your friends. And it's like, "What is this world coming to? I don't know." But when I retire from advertising, I think I just want to be a podcast host. That is my plan anyway. So we'll see how that goes.

Ryan Donohue:

Well, you'd be great at it. I think it'd be a fantastic post-retirement choice. And I think it is. I put on podcasts sometimes if I'm working from home, like so many are. And I'm feeling a little lonely, I'll put on a podcast and it's like, "Wow." It's like I'm in a conversation with someone.

Lyn Wineman:

Exactly, exactly. So here's my favorite question on this podcast. I ask it of all of our guests, because I am inspired by motivational quotes. I get to talk to such interesting people. So I want some original words of wisdom from Ryan Donahue to share with our listeners.

Ryan Donohue:

Yeah. My idea that I don't hear often, but I think about often, that's why I think it's worth sharing maybe, is that life is hard. So don't be your own worst critic. Root for yourself. I would say it's too often we get wrapped up in our own world, especially in the last two years. And we're really self-critical. And even when people try to improve themselves, it's like a battle with yourself. "I've got to do all these things." And I just think root for yourself. Life is hard not to.

Lyn Wineman:

I love that.

Ryan Donohue:

I think that's it. That, I think, is my sense. Root for yourself. Life is too hard not to, because you've got to be your own best fan. Life's hard. That's what I would say.

Lyn Wineman:

I love that. That is such great advice. Great advice, Ryan. Thank you for that. So for our listeners who'd like to learn more about your work, about NRC Health, about the book, about the podcast, where can they find more information on these things?

Ryan Donohue:

Well, the wonderful advent of the internet, so what we-

Lyn Wineman:

Love the internet.

Ryan Donohue:

It's great. So we are actually undergoing a website change. Isn't everyone?

Lyn Wineman:

Oh, wow. Yeah.

Ryan Donohue:

But you can definitely go onto NRCHealth.com. And what you'll find there is you're going to see two words pop up a lot. And that's human understanding. When we rebranded, we said, "We don't just want to change our name. We want to reposition ourselves around a powerful idea," which is sometimes, as you know, missing a rebrand. "If we just change our name, everyone will love us." This human understanding concept is this idea that there is a story behind every patient. They're beyond the disease. It's about their perspective, not just ours. Some of the things we've already talked about, but really uncovering, who is the human being behind there?

And that's the piece that continues to be missing in healthcare. It's not personalized. It doesn't treat you as an individual in the ways that it should. It doesn't treat you as the unique person that you are. How do we get closer to that? So I think that people will find some interesting materials there. I'd also recommend the book. Sometimes, it is cheaper on Amazon than some of the other sites. So check it out. You just Google "*Patient No Longer*" and "Donohue," if you want to throw in the name, it'll pull up the right one. And honestly, I do Tweet from time to time. I usually Tweet links to the podcast. So if you want to listen to the podcast.

Lyn Wineman:

Me too. That's pretty much my Twitter history as well, links to the podcast.

Ryan Donohue:

Every two weeks, like clockwork. No. I am on LinkedIn as well. So you can look for me on LinkedIn. There's a lot of Ryan Donohues. But as far as I know, I'm the only one in Lincoln, Nebraska. And we do post more content on LinkedIn now. So we're getting better about that, but-

Lyn Wineman:

That's great.

Ryan Donohue:

... I would always tell people, you can find me online. And if you want to ask me a one-on-one question, I love answering those things. That's great. I would rather answer one-on-one question then hop on my next Zoom. So honestly, ask me. And I'm always into co-creating, co-collaborating on anything on improving healthcare.

Lyn Wineman:

That sounds great. Well, hey, Ryan, we'll put all those links in the show notes that go on the website. But I have to say, I love the whole concept of human understanding, because I think it really gives you a good feel for what's at the core of NRC. So nice work on that. So I've had so much fun talking with you. As we wrap up our time together today, what is the most important thing you would like our listeners to know about the work that you're doing?

Ryan Donohue:

I think a lot of the listeners are, if they've been listening this entire episode, they're probably thinking about their own healthcare experiences, which don't always have the most positive tinge. And a lot of times, we say, "Why can't they do X, Y or Z?" What I will tell you is healthcare is incredibly complicated. That's one thing that I've learned the hard way in experiencing it myself, and with my family, and working through it, and understanding what all of these companies, and hospitals, and doctors are up against in trying to change the system.

So healthcare is difficult, but what I will tell you, paired right up with that is that there is a lot of hope for healthcare changing. There are some exciting new leaders. There are really interesting ideas, and there's honestly pressure from other industries who are coming into healthcare that I do think is going to create a better future for healthcare. So I want people to know that when they make a comment or they try to give feedback, or they want to be heard and they don't feel like they are, they're actually being heard. Their voice is being captured. It's going into what we're trying to do to improve healthcare. It might not feel like it, but we are in fact working towards a better healthcare future. It's not easy, but it is something that is underway. And my hope is eventually, people will experience a better version of healthcare than they do today.

Lyn Wineman:

I love that. That's a great public service announcement. So every time they ask you to fill out a survey, this is your chance to improve the system. So that is-

Ryan Donohue:

That's true.

Lyn Wineman:

... fantastic. Ryan, I have really enjoyed this conversation. I want to encourage everybody to get the book. *Patient No Longer*, or take a listen to the podcast by the same name. And I just want to say, I believe the world needs more people like you. Thank you for joining me today.

Ryan Donohue:

Well, the world needs more people like you as well, Lyn. This was an absolute pleasure in the middle of my day. I would be willing to hang out for hours longer and talk. I don't want to go, but I know we got to keep it pithy. So I really appreciate the opportunity.

Lyn Wineman:

Fantastic. Thanks so much, Ryan.

Ryan Donohue:

You bet.

Announcer:

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