Ellen Kelsay (00:00):

It has been said that the pandemic has afforded all of us as a society to reimagine our future. While we may not appreciate the abrupt manner in which this reflection was forced upon us, we have an opportunity to design an improved and optimal path ahead. What could the future look like and what steps do we need to take now to pave the way forward? My guest today, Dr. Kavita Patel will help us explore these issues in depth. Dr. Patel is currently a nonresident fellow at the Brookings institution. She is the vice president of payer and provider integration at the Johns Hopkins Health System, where she is also a practicing primary care physician. Dr. Patel was previously a director of policy for the White House under President Obama and a senior advisor to the late Senator, Edward Kennedy. Her prior research in health care quality and the community approaches to mental illness have earned national recognition and she has published numerous papers on health care reform and health policy.

Ellen Kelsay (00:59):

She has testified before Congress several times and is a frequent guest expert on NPR, CBS, NBC, and MSNBC, as well as serving on the editorial board of the journal of health affairs. I'm Ellen Kelsey, and this is the Business Group on Health Podcast: conversations with experts on the most relevant health and well-being issues facing employers today. In this episode, I asked Dr. Patel about the current challenges in health and well-being today, what opportunities await and the actions we can all take now to ensure we seize upon this opportunity to truly transform health care. Dr. Patel, welcome. We are so thrilled to have you join us today for this important conversation.

Dr. Kavita Patel (01:42):

Thanks for having me Ellen.

Ellen Kelsay (01:44):

We're delighted to have you. You have been a, a good and steady friend to the business group for a number of years and have partnered with us on some very important issues, certainly from a merit of number of perspectives that you bring to those conversations.

Ellen Kelsay (01:58):

And I wanted to perhaps start there with the number of hats that you wear. You are truly a wonder woman. We all Marvel at your ability to do so much. And how accomplished you are. You, as I mentioned in the brief bio are not only a physician and a practicing one at that, but you also are very heavily involved in policy work. You advised a number of organizations and you are also very prolific in terms of your media commentary that you've been doing. Certainly most recently. I know a number of us have seen you quite frequently on the airwaves as an expert on the pandemic in particular. So from that perspective and the number of hats you wear, you really do have a unique vantage point on the industry and both the challenges that we're all confronted with every day in the industry, but then also perhaps more optimistically the opportunities that await for all of us.

Ellen Kelsay (02:51):

So I'd really like to kind of use that framework and the different perspectives that you bring to this conversation, because I think they're all important. And, um, you know, I know that we at the business group and in all of our conversations with you and the various meetings you've attended have really enjoyed the variety of perspectives that you bring to each and every one of those conversations. So want to start perhaps with, um, what we'll call maybe some cracks in the current delivery system or the

challenges that perhaps we're all too familiar with about the current model, and perhaps even more so have been exacerbated by the pandemic. Could you elaborate, from your perspective what those cracks are and what the challenges are that we should all really be, be focused on addressing and resolving as we move forward?

Dr. Kavita Patel (03:39):

Yeah, sure. And again, thanks for having me. I think that the work, the Business Group does has been incredibly valuable and probably kind of evermore relevant in, in just this unprecedented, which is a word I keep using, you know, pandemic and, and just, I'll start by saying that we all knew that our health care system wasn't perfect, but I think that for, even for people who are incredibly healthy and really have never had to use the health care system, they're now understanding so many of those kinds of cracks as you described them, Ellen. So I'll say number one, we really do have a, one of these kind of sickness focused health care systems. So you, early on in the pandemic, you saw an incredible amount of kind of questions around what can people do to prevent the coronavirus from spreading. And you'll recall, even in the beginning, even, even I was a little skeptical about the role of masks, but you could argue that, especially in some Asian countries where masks are incredibly common, that that is a form of prevention, which is now something that in this podcast over the months, you know, we can kind of clip sound bites from the beginning to now.

Dr. Kavita Patel (04:53):

And it seems kind of foolish to think about walking out without a mask, but that's a form of prevention. Our health care system, doesn't focus on prevention. Our health care system focuses on sickness. We talk initially about ICU stays and ventilators in New York city. And we probably had some of the best rates for keeping people alive with coronavirus in ICU settings, but you had to get to an ICU and that meant you were pretty sick. And then we also have a cost problem in the United States. And even though there is every attempt, and I think it's genuine on everybody's part- employers, insurance companies, governments, to try to make coronavirus testing and treatment free. We are still seeing troublesome reports about surprise bills and people who are not getting tested because they're worried about copays or deductibles, et cetera. And then I would say third and finally, and I want to keep things short so we can try to get to as many topics as possible.

Dr. Kavita Patel (05:53):

I think short, the access issue, you know, if I had to write the subtitle of the coronavirus pandemic story, the subtitles would be as follows. Number one, where you live matters, number two, what you look like and, and what your race ethnicity, socioeconomic status absolutely matters. And I think in a country as developed as the United States, that just points out to me. We have a health care system where if you can access the health care, it's generally pretty good, but getting that access is pretty hard. And I'll just give you a stark statistic, New York city, obviously kind of a focal point in the beginning of the coronavirus pandemic. If you lived in the Bronx and some, some of you might know New York City in a geography, the Bronx and the Upper East Side of Manhattan are just miles apart, but a black patient in the Bronx was about 10 times more likely to delay seeking treatment for coronavirus compared to their white counterpart in the Upper East Side of New York City. And it's not because people want to die. It's just simply because access is much harder in certain parts of our country. So those are kind of the top lines. And then underneath all of this is the silver lining, which is an incredibly dedicated health care workforce and people who daily sacrifice themselves. And I think that that's something to be proud of, but we should also focus on how we can improve.

Ellen Kelsay (07:26):

There's a lot in there that I want to make sure we take some time to dive a little bit more deeply into it. And let's pick up first with your subtitles. I think those were really, really well said, that where you live matters and what you look like and, and who you are, and the background you come from also matters. And I want to start moving towards solutioning. We can delve into each of these, um, to unravel the problem a little bit more, but also want to give our listeners and, and all of us collectively as a society, perhaps a path forward to some hope. And when you talk about the subtitles and that where you live matters, and the example that you just used in New York City, and that also what you look like matters, how do we begin to advance on those issues as a society, but that, you know, more specifically as a system of care in this country and the different stakeholders who are all a party to that?

Dr. Kavita Patel (08:23):

Yeah, I do think that this is probably one of the most important issues that we can all collectively work on because I would, I would just offer that many of us didn't realize it was as bad as it is, is kind of coming through on television media research reports. Those of us who do health care research have known this for decades, to the point you made Ellen, you know, where you live matters, what you look like matters. But I think it's also somewhat troubling when we think about 2020 and how much we've had to overcome as a country to fight for equality on many levels, gender pay equity, et cetera. So I do think moving forward, there has to be number one, to focus on this and a way to focus. This is to have the data be transparent. The data I gave you about access in the Bronx, these are not easy statistics to talk about, but we need to have data to inform policy makers, business owners, employees, families, and their decision making.

Dr. Kavita Patel (09:23):

I also think it is important to just acknowledge that there we have a rural and urban divide, but I gave you an example of the Bronx, which is incredibly urban. So even within urban centers, urban areas, we have these kinds of deserts and pockets. And it's not surprising that if you deal with some of the access issues, particularly along geographies, you start to tackle other issues such as housing, such as education, because these things all run together. We find that they're highly correlated with each other. So I would argue that, number one, and this isn't arguing in a negative way, but I would put forward the notion that number one, we have to really have transparent data around kind of these leading indicators, access to health, economic mobility, job opportunities. A study I did in South LA a long time ago in another life, we were trying to understand levels of depression and instead of giving, in, in a predominantly Black community in South central Los Angeles. And instead of asking them, are you depressed? And knowing that it would be hard to get that answer for a variety of reasons. We actually measured churches and liquor stores. And for every church, there were three liquor stores. And then we compared that to other parts of Los Angeles where quite the opposite that you wouldn't even be able to find a liquor store in many neighborhoods, but you could find houses of worship. And what does that say to us as a society? So I think there needs to actually be more consciousness around the communities. We build hospitals themselves, ended up being hubs for a community, and we need to just acknowledge that. And we should start to think about hospitals and education and housing in kind of a more comprehensive way. And then I think tangibly, if you're an employer, and I know there are a lot of dedicated employers of different sizes who work with you.

Dr. Kavita Patel (11:16):

And I think that's another reason the Business Group, is incredible. It brings together multiple stakeholders. These are the types of questions for stakeholders, plans, employers, patients, to tackle together providers. How can we take what we learned out of coronavirus and COVID and generate something positive? I firmly believe in our ability in a country to innovate. I would hope that that's one of the defining moments of COVID is that we can innovate some of this, but I think there is going to be a practical policy kind of element to this. And then I just to also be more succinct, the second piece around, you can't control what you look like in your background, nor should you. But I think that we also do need to be mindful about how there's so much intrinsic bias, even the way I approach patients inside of a room can be incredibly biased by how I look and how a patient looks or, and I think that is, especially for health care leaders, we probably need a refresh or some set of reminders about all the steps in which our biases can prevent people from coming into a health care institution or from talking to us about their health care.

Ellen Kelsay (12:33):

Kavita, I think each and every thing you say could peel back and go on hours and hours on each of each of these things, and we won't have the time, but you're saying so many things that I think are important here. And that last one again, on the intrinsic biases that we all have. And certainly you look no further than the pandemic and you look no further than the racial issues that have really been brought forth in a big way over the past couple months and underscored. And all of that is the inequity of, you know, certain communities within our workforces and within our society, generally speaking. And certainly when you think about those biases, you mentioned it from a practicing physician perspective. Certainly I think employers are really taking a hard look and doing some introspection around the programmatic design that they have in place around their health and well-being programs and the partners that they select to deliver those solutions on behalf of their workforce.

Ellen Kelsay (13:25):

I think that is so very important and probably a necessary place for all of us to look. You also mentioned around innovation and the stakeholders and I firmly agree, certainly sitting at the, the vantage point of the Business Group that as you well know, you know, really prides itself on being a diverse group of stakeholders coming together to convene and, and really grapple with, and hopefully mutually align on a better path forward, that it takes those stakeholders and those really hard conversations across stakeholders to do that. So I think those are a couple of many nuggets you just said. Um, you know, a couple of the more profound ones that really I think resonate with all of us, and certainly, you know, from an employer perspective, hit very close to home and, and are really profound. You started there talking about data and, and I want to pick back up on that because, you know, you said the data needs to be transparent and the example that you used in the Bronx and how you were able to pull that example forward was because you had some of that data, but we all know in health care, having transparency around data, having common data sets to use is a lot easier said than done. I'm so curious if there was like a place or two that you could start, um, or suggest starting around that, what would you, what would you offer up?

Dr. Kavita Patel (14:43):

Yeah, I think it's a great question, Ellen, and without getting an incredibly technical, which is not my skill set around HIT, but I will say I've, I've looked into this for various reasons. Number one, we are not extracting enough value from our kind of electronic information technology infrastructure in health care, just period. I can have a spirited debate, but I can win the debate every single time, because all you have to do is think about your last visit to a doctor and how much time they spent it typing into their

computer. And then you wonder, like, what is, what is happening with all that? Well, I can tell you right now, we are not extracting anywhere near the value. Think of, think of the electronic health record, kind of like our brains and the human body. And, you know, we now understand we're using very small percentages of our brains.

Dr. Kavita Patel (15:30):

That's exactly what's happening with our health records. So I do believe that it's not going to involve people using, you know, incredibly expensive labor forces or anything other than creating a mission to actually take that data out. And another again, I'm all about practical examples. You might want to ask yourself, why is it that we don't know more about how we are succeeding in treating COVID since COVID is top of mind for all Americans, for the world, we are getting more, I get more information about what's working with patients on Twitter than I do from understanding and leveraging other health systems, hospitals, and doctors experiences, but it's in there, it's in medical records, we've got, so we need to make it kind of a, I hate to say mandate because it sounds like I'm forcing something, but we need to absolutely make it a mandate that we take more out of what is existing in our information technology and harness that in a transparent way so that you Ellen could look up, you know, what has the experience been with patients who receive zinc and vitamin D while they're hospitalized for COVID?

Dr. Kavita Patel (16:42):

Now you may not understand the nuances of comparing older and younger patients or someone with a certain comorbidities and illnesses, but that's not a crazy notion to have searchable, um, facts and information. So that's number one, immediate. And then number two is consistency. We've had a country that is incredibly proud of separation of state with some of the federal choices, but what's happened, Ellen is now we have state of California, for example, that reports age a certain way. And you have the state of Florida that reports at a totally different way. And so you can't, it's apples and oranges if you try to compare. And that's just yet, again, I'm using very COVID-specific examples, but you could take out the word COVID, put in the word cancer, heart disease, diabetes, autism, and you get the exact same response.

Ellen Kelsay (17:37):

All right, well, again, I could delve into that even more deeply, but in the interest of the conversation, let's move along to some of the other topics. And, you had started when you talked about the cracks. You mentioned that system was designed for sickness, not prevention. You also mentioned, you know, the problem that we have with costs. So I think that maybe is a good segue into a conversation on value and quality. And, you know, you have been a very active contributor to our Executive Committee on Value Purchasing at the Business Group. And it's a topic that is very much a focus of our organization on behalf of our members. And we do convene many stakeholders specifically to talk about value, and what collectively we need to do to continue to move in that direction. You know, I will offer, and I kind of take a step back from time to time and think about what's going on, generally speaking, in the delivery system and then how it relates to our work at the Business Group, and then therefore what the impacts are to our member companies and their employees ultimately, and I have a bit of a concern I'm related to the pandemic and our quest and desire to ultimately move away from fee-for-service to value.

Ellen Kelsay (18:48):

And it's for a number of reasons. We know that the pandemic has certainly created a lot of financial hardship on provider groups from, you know, the very largest health systems down to independent or

small group practices. We know that physicians are experiencing economic strain, just like every other sector of the economy is. We've also seen that those that have tended to fare better are those provider groups who had moved towards some form of an alternative delivery or payment model. And, as I think about those practices who are trying to perhaps recoup some losses or remain viable and stay in business, we might see one of two things, or perhaps both things happen. We might see an increased rate of provider consolidation, and we also might see an increased rate of providers trying to recoup those losses by either charging more, unnecessarily more, or trying to encourage unnecessary care, um, which again would be big steps in the wrong direction, in a way from value. So I'm curious your thoughts from the perspective and the, and the roles that you have about, you know, our quest towards quality in this country. And are we any closer or have we perhaps taken a couple steps backwards?

Dr. Kavita Patel (20:11):

Yeah, that was a great set of questions, Ellen, and I'm going to try to be mindful of listener's time. So, you could also try to devote probably future episodes to one of those questions and we would have some incredible conversations, but I think the, the big picture takeaway is that the financial crisis affected everyone. And in fact, just another startling statistic when there was a reported increase in jobs from the second to third quarter in 2020, a great proportion of those jobs were actually in health care offices, meaning these were jobs lost in health care and then retained or resumed in health care, dental offices, small practices, things like that. And that just tells you that in, in those environments, it's very difficult to get people to focus on value. And in fact, hospital systems had to take all steps to put everybody's attention, certainly mine as well on COVID.

Dr. Kavita Patel (21:10):

And we did not have time to spend on, you know, population health measures, quality measures for diabetes, et cetera, even though we knew that was important. So I do feel like we did take a step back. However, I know that there is renewed optimism in light of the fact that we cannot continue in the current system and all of its cracks that we outlined. We can't continue as that going forward. And luckily there is also been a little bit more unanimity that, you know, in order to kind of move forward and repair some of these cracks, we have to align the economic incentives, meaning we cannot just keep getting paid for turning out volume in widgets and writing this little treadmill. And just, if you aren't someone, if you are someone listening to you more steeped in health care all the time, I physically get paid more money.

Dr. Kavita Patel (22:01):

The more I do to a patient. So, you know, to process that we know that's not the right answer in all circumstances. So moving to value is important. I think the tougher question is going to be employers. Weren't an incredible tailwind in this movement to value. In fact, many of your members were kind of the key people leading some of the innovative models in value based care, or how to make sure that doctors weren't as concerned about just packing patients on their schedule or doing procedures, but rather delivering true value to a patient, which isn't just reducing costs. It's also improving their outcomes. So my bigger concern is that you may have a handful of those larger employers that continue to say it's a top priority, but it's hard to ignore the economic consequences of what we're still in a potential near depression. So I do think that we have taken a step forward and achieving an acknowledgement that we cannot continue with the old system that we've had, but I worry that some of the pressure that's been placed externally might dissipate at least in the near term.

Dr. Kavita Patel (23:09):

I also can tell you, I know we're gonna maybe get into, you know, there's a huge presidential election happening this year, election years are oftentimes for us to consider putting a gas, you know, metal on the pedal for some of these initiatives. And I do believe value-based care is one of them. So I do feel like whether it's between Congress, because of the need to do it, or employers or both, I think there's a lot of friendly room for value-based care, but there, but we did have to take a step back this year.

Ellen Kelsay (23:43):

No, that's great. And I share your, and, you know, I said I was a little bit cautious as I was prefacing the question to you, but I agree if it's, if there's a little bit of a pause, it's a momentary pause and we've always talked about value being a long run game. It's the marathon, not the sprint and those employers and other stakeholders commit to it, commit to it for the long run. And so while we have a momentary, you know, point in time where there might be economic hardships or other competing priorities that have come up, there are enough forces of momentum that were already there, predating the pandemic and again certainly the pandemic has underscored the cracks in the status quo model that really do again, lead to a path that is, is very different from the one that we have lived thus far.

Ellen Kelsay (24:33):

And that movement towards value really does support that, um, in the long run. So I share that optimism. I'm glad you, you stated all that as well. And you know, one thing related to value is quality. And when I wanted to ask you about is in, you know, one of the silver linings related to the pandemic is this very accelerated explosion, quite honestly, of virtual care delivery. But as we think about how we've historically reimbursed for services or measured quality, they were really not in a virtual environment. So your thoughts on how we might contemplate the move more towards value and assessing quality in a care delivery mode that might incorporate increasing numbers of virtual modalities.

Dr. Kavita Patel (25:20):

Yeah, I'm personally very, it's hard to say this, but there have been outcomes due to COVID that I don't want to go away. And the kind of embrace of virtual care is one of them. I mean, to be honest, a lot of us have really been fighting for kind of, you know, better telehealth or televideo kind of visits, whether it's payment or access to broadband, et cetera. And COVID suddenly kind of made that happen. Things that had been taking about a decade plus to fight for it happened within literally days. So it is something we are not, you know, you've heard the train's left the station and we're not going back. All those kind of analogies. I agree. I think the bigger question, a couple of things at the time of this recording were only a couple of days away from Congress's kind of emergency authorization for telehealth and all the payments, et cetera, that expires.

Dr. Kavita Patel (26:16):

Everybody wants that to be extended, but it's, it's kind of like just kicking the can down the curb a little bit. So we need to come to an acceptance of, you know, an element of virtual care is here to stay. The government has always had and payers and probably to some degree employers, though probably not anywhere near the level of kind of government and payers have had cynicism or skepticism about the abuse potential with telehealth and that we would be doing too much telehealth billing for it and not getting enough of what patients need. But I basically go back to the point we were making earlier, Ellen, that, that points to the need for being kind of paid in a value based way. I mean, if, if I can deliver on good outcomes for my patient, who cares how I communicate with that patient or in what format or in

what setting, I mean, as far as I'm concerned, I should be able to meet my patient in a park and get that done.

Dr. Kavita Patel (27:07):

Not just have to be, you know, in an office. So I do feel like that, that, so I think there's just a fundamental kind of acceptance of payment for those visits, because otherwise there's just less incentive to do it, frankly. Number two, it goes back to the top conversation we had. I can tell you, so the majority of my patients are on Medicaid or uninsured, and I've only been successfully- I've only been able to get on video with one out of 10 of them. And it's not because they're people who don't understand the technology. They don't have, they're either at work and don't have the ability to access high speed internet, or it's not that they don't have the privacy to, to it. Or they're on a cell phone plan where, you know, the minutes add up to dollars. And so I ended up defaulting to telephone visits.

Dr. Kavita Patel (27:55):

So couple of things, and if you're an employer, I think this becomes even more important. I've seen some employers and I'm not going to, I'm going to mention names where it's very public, but I've seen some employers like school systems that have actually said, we will pay, you have a no cost virtual, anything you want to do virtually in health care will pay for it. And I think that's, I actually think that as we talk about value-based care, that should be benefits and benefit design by employers, especially optimizing some form of virtual care where appropriate really should be at the top of the list for benefit design. It should be one of those things that in the conversations that happen between patients, providers, employees, and employers, we need to have a meaningful inclusion of kind of high value virtual care. And then I think that we have to just get over it as a country and realize that, you know, seeing me with a white coat on in a doctor's office is truly like 20th century thinking.

Dr. Kavita Patel (28:56):

And then finally technology needs to allow for this to happen. We have seemed in workplaces, been able to overcome this through the multiple platforms for online meetings. Education feels like it's a little step behind, health care is like several steps behind. So you see this kind of hodgepodge of like, you know, platforms, technologies, and providers, some integrate with the records. Most don't some, you know, allow for clinicians to access clinical data easily, some don't. We need to get that needs to also receive, to attention, which I think it will. I think that home based care virtual care is really going to be another one of those probably innovation subtitles on the heading of 2020 and what came out of the coronavirus pandemic that should be here to stay.

Ellen Kelsay (29:49):

Absolutely agree. And I think, you know, many employers in our own survey data indicate that movement towards virtual and implementing even more virtual resourcing to support their workforce are their top initiatives, not only for the current year, but as they think about, 2021 and 2022. And we've seen greater receptivity of those solutions from both patients as well as providers. So I'm glad to see that that is becoming more and more accepted. And, and hopefully it is one of those silver linings to the pandemic that it will be here to stay. Want to talk a little bit about you, you are practicing primary care physician. And I know primary care is something that is very near and dear to you on a personal level. It is the career you chose to pursue and you still practice it, but we also know that primary care in this country is not optimized.

Ellen Kelsay (30:43):

So I'm curious about your thoughts on what we need to do, within the country and across the stakeholder groups to shore up and really essentially bolster and strengthen primary care. We're also asking a lot of primary care physicians, and I know, you know, they're not just practicing preventative services and helping manage chronic conditions, but they're also now tasked with helping navigate mental and behavioral health issues, keeping a watchful eye and, and helping their patients with any social determinants of health that they might be experiencing encountering. And there's a lot of pressure on primary care and they're often overlooked within the care delivery system. So would very much welcome your thoughts on both a personal and professional level about what we can do and should be thinking about relative to bolstering primary care.

Dr. Kavita Patel (31:32):

Yeah. So I'm actually gonna kind of take a tack and say, the answer I give you is what I would have said pre-COVID potentially just exacerbated by COVID number one, we don't have enough people in the United States going into dedicated careers in primary care. It had been, even though every year, there's a process where the, you know, approximately 50,000 graduating medical students go into their residency training programs. And this past year, it was one of the lower numbers of people matching into what's called a match into primary care spots. And I'm just going to offer another provocative idea. If I was paid, my sister's a dermatologist, so I can beat up on her a little bit since she's family. If I was paid, what she is paid to be a dermatologist who largely does cosmetic procedures all day, but she can do them quick and get paid a lot of money.

Dr. Kavita Patel (32:28):

If I were to be paid that in primary care, you would see a mad rush for people to become primary care doctors. So I do feel like there's some fundamental inversion of values that has where the higher, the higher sub-specialized you are. Obviously you want the time you took to become that type of doctor to be reflected, but it's disproportionate to what's happened. And so I do think there needs to be some balancing of like the economic incentives. Having said that a general pediatrician, which has the lowest paid specialty still gets paid approximately $165,000 a year. And that's more than many Americans make. So I think above and beyond financial incentives, the second thing that we really do need to do again, I keep going back to data. Some of the themes of today's podcast, you know, data, data, data. We have pockets of the country that just are incredibly underserved from a primary care resource we need to, and we have government programs and scholarships and incentives to try to get doctors into those regions, but we really need a more practical refresh on those options.

Dr. Kavita Patel (33:32):

And now that we have this virtual care opportunity, we need to make it incredibly lucrative financially and mentally fulfilling and emotionally fulfilling to practice in settings that have zero primary care doctors or very low primary care doctors. And then third, I think that this is something I'm really proud to have been a party to have been an ongoing participant in with the Business Group. I think bringing those stakeholders together and actually asking like, what does a high performing primary care office look like? I mean, what is, or what is a practice that is kind of a ideal primary care practice seemed, what are the attributes of that? And usually they center around, you know, kind of ease of access. Like patients don't want to be on hold for 20 minutes to try to make an appointment. They don't want to register into a clunky portal that's nowhere near, you know, that is kind of, you know, hard to navigate, difficult to use and takes multiple web browsers. And then on the physician or provider side, we don't

want seven different dashboards for quality measures each using a very different measure to submit them. So we need to have kind of a, we need to have an honest assessment of how we can take away some of the bureaucracy and some of the pain points on both sides and promote what really matters, which is high-quality care. And the third thing I'll say, so, you know, number one, kind of the financial incentives, number two, looking at the data and kind of rebalancing, number three, making the practice up just an enjoyable experience, but also a high quality one from an outcomes perspective. But then finally, number four, I firmly believe we have designed the health system that we wanted and what we originally wanted in a health system kind of coming out of World War Two was, you know, we wanted some sort of standardized way to make jobs more attractive.

Dr. Kavita Patel (35:24):

Health benefits got attached to that. And then we also created a reimbursement system where we gave hospitals a lot of money to do procedures. And that's exactly where we're at in 2020, we need to have just a really honest coming out of COVID. It offers us an opportunity to say, all right, none of those rules really apply any more. And employers are having a hard time providing these benefits because they're so damn expensive. So how do we really have an honest conversation that maybe we actually have too many fill in the blank, you know, specialists in a certain area and not enough primary care doctors. And in order to do that, we also need to talk to our patients more. And our families, I, as a mom, I firmly believe that I have a better handle on my family's health care than anybody else is going to, including any doctor that takes care of them. And we probably need to have more meaningful conversations with the heads of households who are usually working women and understand the needs they have. And, and I think only by doing that, are we going to see that, you know, lo and behold, Ellen nine-to-five care Monday through Friday, that's actually not practical for anybody and COVID is bringing out some of it, but we, I hope we don't squander an incredibly terrible, tragic pandemic by ignoring the potential to actually solve some of these like decades long problems.

Ellen Kelsay (36:46):

Yeah. And I'm going to take a little bit of a tact with my next question, because this too was an issue long before the pandemic, but certainly has been nothing but exponentially exacerbated in light of the pandemic. And it's, it's the topic of mental health and emotional well-being you have researched and written quite extensively on that topic. You just a couple of months ago in the Atlantic coauthored an article on that topic as well, the coming mental health crisis is what it was titled. And we certainly know, um, again, that this was a crisis in our country and around the world, long before the pandemic, many employers and other stakeholders were very actively doubling down to address and develop resources and tools to, to avail of employees and their families, as they were, you know, grappling with their own personal struggles in this area.

Ellen Kelsay (37:42):

And we also know with the pandemic that the stress and pressures on providers have been exacerbated, and there are many providers and physicians who are contemplating, perhaps leaving the field of practice because this experience has just taken such an astronomical, emotional toll on them. So, you know, I'm curious about your thoughts on, on mental health and emotional well-being and, you know, certainly the unique challenges facing physicians and health systems, but then also as a country, as we grapple with the issue, and continue to work to address the issue, you know, what are your thoughts about what more we need to do there?

Dr. Kavita Patel (38:24):

Yeah. Mental health is certainly something that, it's funny, I've, I've never quite understood why it had been so stigmatized until I did some of that work in South Central Los Angeles. So I was pretty humbled to understand that many people do treat it "differently", and that it's not really acknowledged just like we would talk about diabetes. And in fact, counseling, many patients who really resist, um, either being diagnosed with, even as a kind of what I would call kind of a mild to moderate mental illness, chronic depression, anxiety, et cetera, which is what I see a lot of in primary care. I see a lot of resistance to forms of therapy, whether it's cognitive treatments or therapeutic medicine, et cetera. And I would say that first and foremost, we have to kind of attack that stigma head on.

Dr. Kavita Patel (39:18):

And personally, now I think there's been so much report around COVID fatigue or covert anxiety that it's at least a little bit more normalized and you see people acknowledging it. And then number two, you're very kind to point out kind of the mental health of health professionals. You know, we've seen higher suicide rates and certainly just troubling statistics about health care professionals of all types. So we also need that, that comment I made to you earlier about, you know, a refresh on the health care system and, and kind of taking advantage of this moment in time is quite possibly most underscored by the need to do that in mental health, we have a shortage on providers in many urban areas. You can't even find mental health providers that take insurance because there's so much demand that you can actually have kind of a complete cash practice and maintain yourself.

Dr. Kavita Patel (40:18):

So we need to focus on just like I spoke about primary care. We need to look at the data on wait. I think a very simple statistic is wait times for psychiatric followups or psychiatric visits for children. So in order to get a new child psychiatry appointment in most cities, including Washington DC, it's anywhere from a three to nine month wait time. So if you've got, if you're a mother with a child, who's going through incredible stress and emotional trouble, you can't wait nine months. So we need an access system, which is where the virtual care I'm tying all these themes together. Since we, they all kind of are interrelated. We have an incredible amount of promise that can be delivered through across state lines, but we need, like we did in COVID. We need to take some of the regulatory flexibility that we exerted in COVID and continue that because it's a good idea.

Dr. Kavita Patel (41:12):

So we need mental health providers. We also need to train people like me to be better equipped at diagnosing and dealing with mental health issues. Most primary care physicians will feel comfortable doing what I do, where we screen for things, but then when things get complicated, I'm at the end of my depth and knowledge, but we can train for that. And we need to emphasize that in the continuous education of health professionals, and then third, I'm also a pretty big proponent of community approaches to mental health. Often you see these things attacking entire like schools communities, and especially in light of what's happened with the pandemic. So I actually, we have this concept in diabetes care called group visits, and it follows roughly a model started in Alcoholics Anonymous. And I actually think that that would work in mental health too. I think that we learn a lot more from sharing our experiences than we need to do in just a one on one clinical setting. And that may not be enough. That's not to minimize the role of treatment, but I think that we need to become a society that channels kind of the learnings from each other.

Dr. Kavita Patel (42:22):

And I do feel just to put a plug in, I think employers are embracing that it was at one of your meetings, Ellen, where there was a very large employer who said that this was one of their top priorities. And I saw in that room, I saw a lot of heads nodding. So I actually think it can see the changes can start wit, leaders in the community, which include employers. But I also know that teachers play a real role. And so to health care providers, in fact, some of my referrals for concerns about mental health come from teachers, I take care of adults and they're over 18, the patients are, but we need to embrace that. There has been a lack of attention and that we need in all directions to have a brighter focus on this and be positive about it. I think people see mental illness. I had someone telling me that they'd rather get a diagnosis of cancer than be told that they have a mental illness. And that made me, it made me very sad because we see people walking out and marching proudly that they're a cancer survivor. And I kind of hope at the end of my lifetime, sometime before that, that I see people kind of proudly saying that they, that they were able to thrive or survive their depression or their anxiety or their schizophrenia. And we haven't got there yet.

Ellen Kelsay (43:41):

Hmm. I think that's so profound. And I agree. I hope one day, one day we will see that. And hopefully it's not too far away. I want to pivot and you referenced it earlier, but this is an election year and it's just a few months away now. So curious about your predictions for how health and health care and well-being might factor into the discourse with the election. And then certainly, um, post-election what priorities you might see the administration focused on.

Dr. Kavita Patel (44:12):

Yeah. So, you know, let it be known here. It's no secret. You introduced to me as a former Obama administration official and even a little Pearl in my, I worked for Ted Kennedy, literally affectionately called the liberal line of the Senate. So there's no question or my principles are probably, and there's no question that I have a outcome of the November election that I would personally like, but let it putting aside partisanship for a moment. Cause I try to be objective about this all election years are defined by health care as a top three issue. I think that coronavirus only no matter where we are in November of 2020, that will only be underscored by the experiences of the pandemic. So health care will be a top top issue for voters. How will this manifest? So obviously there's two outcomes. One is a continuation of the current administration where health care had been pre COVID. Actually, interestingly enough, it was one of the first times I've seen such a strong push on drug pricing, pretty aggressive statements, but a lot of, a lot of disagreement about how to get there. So I do, I predict that if the current administration continues, and obviously getting kind of through this period of this crisis of the pandemic, which we will get through, I think that some of the issues pre-COVID will resurface because they are important drug pricing out of pocket costs, surprise bills as we call them when patients get bills that they didn't expect because the doctor was out of network in a hospital that was in network, for example. And then I think there are going to be new issues that were elevated because of the coronavirus. For example, we now have data from Families USA that shows that approximately 5.4 million people lost access to health care because of job loss.

Dr. Kavita Patel (45:55):

So how do we deal with, if that, if we have, you know, do we have options for those people? Do Medicaid programs expand. Those are all going to be critical questions for any administration. If we have a change in administration, I do not think we were going to see, you know, on day one of new Congress, a Medicare For All bill introduced. I don't think anybody is quite ready to go there yet, but I do think we will have some strengthening of health care access through either a public option or a push for

something like a public option or a push to expand and lower the Medicare eligibility age. I also think you will still see tough- the drug pricing issue is it feels bipartisan. So, but I'll, it you'll see a different approach to it. One that could be perceived as a little more punitive on the pharmaceutical industry, for example.

Dr. Kavita Patel (46:43):

And then the third, I do feel confident that there will be no matter who is in charge, some legislation around this surprise billing issue. It feels like something that should have been dealt with a long time ago, and there is incredible momentum to get to a solution. And so what does that practically mean? I think it practically means that in 2021, there will be steps so that when you and I go to the drug store or at the doctor's office, hopefully it will not be an increased bill that we pay. It will be a lower bill because if you look over time over the last decade, the price I paid for a prescription, the same prescription drug 10 years ago has basically gone up almost 10 X in the last 10 years. A doctor's visit look on the back of your insurance card, anyone listening to this and you'll see most likely you've got like a $250 or $500 copay for an ER visit. So, you know, we don't want stories anymore of moms sitting in the parking lot, trying to debate whether to go to an emergency room with a kid with a fever- like that has to end. So I think you'll see some of those tangible steps in 2021 with an election year in health care will be a top issue. Absolutely.

Ellen Kelsay (47:55):

Well, great. It's certainly going to be an interesting next few months and year to follow post the election. And I agree, I think there's a lot of promise and opportunity and all that you just mentioned. And with that, I think I want to close with one final question for you, and that is what are your concerns for the future, but perhaps more importantly, your hopes for the future?

Dr. Kavita Patel (48:15):

Yeah. I'm gonna, you know, it's not rare that I get to be so incredibly philosophical in any setting, but I'm going to be, I think, you know, I look, I think that, I worry sometimes that this year is going to affect generations and I don't just mean in the United States, like, I mean the world. So I am, I'm go back to what I said to you earlier, Ellen, I'm hopeful. I am like truly like on my knees and pray like every night that the innovation, the very innovation that brought some of what I think makes the United States one of the greatest countries in the world. I am praying to God that that's exactly what we're going to see to help us survive out of this. So I might hope way beyond health care. I mean, you know, education, just like outlook on life. Like I really do believe that we are going to have to just pick ourselves up and kind of rely on our best bootstraps to survive through this, but that we can thrive on the other end of, of this, but it has to be as a world.

Dr. Kavita Patel (49:15):

I think that for too long, even myself, I kind of got caught up in like American exceptionalism or so different than everyone else. If anything, the coronavirus has been the, you know, the great equalizer it's affected everyone in some form or fashion across the world. So I'm very hopeful that the people who listen to this are the very people that take a step back and think: that problem might sound incredibly hard, but I actually think I can take a stab at, you know, like a piece of that solution and doing it in their home workplace. Geography is the place to start. So I'm really excited to kind of see those partnerships and those unique kind of conversations develop. And I really credit the national Business Group on

facilitating them because you've always taken pride in bringing kind of what I'd call unusual bedfellows together. And you've been able to create some really true innovation and I hope that can continue.

Ellen Kelsay (50:12):

Well, thank you, Kavita I to share all your hopes for the future, and it's been just a pleasure to work with you and to have you be a part of all of our efforts and the collective desire we all have to achieve some of those opportunities. The other side of all this, where we were, we all do thrive to use your words. So with that Kavita, thank you again for joining us and sharing your insights with us today and for our listeners. This is the Business Group on Health Podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Dr. Kavita Patel (50:48):

Thank you.