

Dr David Shulkin (EARLIER INTERVIEW)

Mark Masselli: This is Conversation on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, as the Obama president is winding down, the President is taking on another public health issue, one that leads to more than 38,000 deaths per year in the country, traffic accidents.

Margaret Flinter: Well you know the number of drunk driving crashes are down over the past several decades, but traffic fatalities increased last year by 7%, despite the strong seatbelt laws and good compliance with them, despite drunk driving laws, despite distracted driving laws or prohibit texting or using your phone while driving. So I know it's not very scientific Mark, but based on what I see every day when I am driving, I would say there is something of a distracted driving epidemic.

Mark Masselli: But the President has pretty ambitious goal. He is aiming to end traffic fatalities within 30 years. The Department of Transportation is going to deploy more robust initiatives to bolster seatbelt laws, expand the use of rumble strips on the roadside and raising awareness about drunk and distracted driving.

Margaret Flinter: Well 94% of all traffic accidents are the result of human error and so the President is looking ahead to the future growth of self-driving car technology, to help support his agenda. One bright spot, the advent of ride-hailing services like Uber and Lyft have led to a sharp decline in drunk driving and that is very good news on the driving front.

Mark Masselli: That really is and speaking of advancing a big agenda, our guest today is tasked with helping to overhaul the veteran's health administration.

Margaret Flinter: Dr. David Shulkin is the Under Secretary for the Health at the VA. He has got a big job ahead of him at the VA, which is the largest integrated health system in the entire country and serves the complex health needs of some 9 million veterans. We are looking forward to that conversation.

Mark Masselli: We are indeed and Lori Robertson stops by, the Managing Editor of FactCheck.org, but no matter what the topic you can hear all of our shows, by going to www.chcradio.com and as always, if you have comments, you can email us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you.

Margaret Flinter: We will get to our interview with Dr. David Shulkin in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Theranos is official out of the lab testing business, their rising diagnostic startup led by Elizabeth Holmes. And once valued at \$9 billion has been banned from the diagnostic business for 2 years after multiple problems were found. The company was founded on the promise that a comprehensive lab testing could be done with the finger prick and simple drop of blood, instead of the vial typically taken out of the arm. Theranos announced it would lay off 340 people just under half its workforce and get out of the business of administrating blood test all together, Holmes herself will stay on at the restructured company.

Hurricane Matthew left quite a bit of devastation in it's wake and public health officials are worried about a number of potential threats, the rise of cholera in Haiti which is an ongoing problem in that country, which has already sickened more than 28,000 people this year. They are also concerns about a resurgence of Zika in the Caribbean Islands, that were hit as well as in Florida and the Bahamas. The Haiti's mosquito that carries the virus needs, just a tiny amount of water for breeding.

Well the recent tale of the Flint, Michigan water crisis still lingers, there is actually some good news on the lead levels in kid's front. A numbers of kids between 1 and 5 with elevated lead levels dropped from 26% in 1988 to around 2% last year. However racial disparities persist, black children were twice as likely to have elevated blood levels than whites, linked largely to a poverty issue, even a tiny amount can have lasting effects on a child's development over a lifetime.

And call it a very thin silver lining, the soaring number of deaths due to overdose has had an impact on one challenging reality, the shortage of organs for people waiting on organ donor list. There were 48,000 overdose deaths in 2014, far surpassing automobile accidents as the primary source for donated organs, transplants surgeons are now screening organs from addicts determining that even with the presence of something like hepatitis C now are treatable condition, it still makes more organs available, dozens of organs have been donated in New England from patients who had OD in the past few years still there are 120,000 people on organ donor waitlist, nationwide. I am Marianne O'Hare with these Healthcare Headlines.

Mark Masselli: We are speaking today with the honorable Dr. David Shulkin, Under Secretary of Health at the U.S. Department of Veteran's Affairs as Chief Executive Officer of Veteran's Health Administration. Dr. Shulkin leads the nation's largest integrated healthcare system serving the health needs of almost 9 million U.S. veterans. Dr. Shulkin is the former President and CEO of Beth Israel Medical Center in New York City and served as Chief Medical Officer at the University of Pennsylvania Health System and the Medical College of Pennsylvania Hospital. A board certified internist Dr. Shulkin is a fellow of the American College of Physicians and has been named one of the 50, most

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influential physician executives in healthcare by Modern Healthcare. He received his medical degree from the Medical College of Pennsylvania, completed his internship at Yale University School of Medicine and his residency at the University of Pittsburgh. Dr. Shulkin, welcome to conversations on healthcare.

Dr. David Shulkin: Thank you, glad to be here.

Mark Masselli: Congratulations on the work that you are doing at the Veteran's Administration, you came in from the private sector to help the VA tackle some very serious administrative problems. But the VA also serves admirably 9 million American veterans at 1700 care sites. I wonder if you could share with our listeners the sort of scope and complexity of the challenges you face.

Dr. David Shulkin: Well, I don't think most people realize, this is the largest healthcare system in the country, so we are the largest employer of doctors, nurses, largest number of hospitals in the country, but just to give you a size, we are the only healthcare system that is responsible for delivering care in every nook and cranny of this country wherever a veteran lives, even if we don't have VA facilities there. So we work closely with community providers and do what it takes to be able to provide the veterans to this country, the healthcare that they deserve.

Margaret Flinter: Dr. Shulkin, I know a whistleblower called attention to the problem of the long wait lines in 2014 and there is an independent audit showing the problem was pretty pervasive. And the VA really responded strongly to this long wait time issue, with the program called Veteran's Choice. But that program had a whole new set of administrative issues and challenges, help us understand the intent of veteran's choice and the challenges you encountered and how is that fairing now.

Dr. David Shulkin: Well, first of all, I do have to say that what we now call the wait-time crisis was a significant challenge to the VA healthcare system. I, of course came at the president's request after the crisis to bring my private sector experience to the VA. So this has been my number one priority. Congress actually gave us the Choice program as an additional tool, but you have to remember that the VA has for years and years provided about 20% of its care in the community already, to supplement the VA healthcare system and the Choice program was supplemental funding provided by Congress to be able to do this.

The Choice program was filled with administrative complexity and the VA healthcare system had 90 days from the passage of the Choice program to implement a nationwide new program. And I think that we all know now in retrospect that to do a program of this size and scope that it probably needed to take longer than 90 days, but we have worked through many of those problems as we have increased our authorizations of care in the community over fourfold in the past year. But it's still is a program that's far too complex and too

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burdensome. So we have asked Congress to make major changes in the programs so it works better for veterans and that legislation is pending for congressional vote we hope.

Mark Masselli: You know speaking of complexities, veteran's face a whole host of medical issues that are unique to their service, perhaps one of the most pervasive is posttraumatic stress disorder. And I think an estimated 20% of veteran's face lingering effects of PTSD and other mental health issues. And it's estimated that 20 veterans are committing suicide every day and wonder if you could talk to us a little bit about the VA's targeted effort in addressing the crisis and also how does President Obama's campaign to improve mental health access for vets and their family coming to play here.

Dr. David Shulkin: It's just a horrific number, unacceptable and really one of our areas of top focus to address this. When you look into that number and there were 20 veterans a day taking their life, only 6 of them are getting care within the VA healthcare system that means there were 14 a day who were out there, potentially disconnected from the best resources that can help them and address their care. So one of the things that we are doing very diligently is reaching out to as many community organizations as we can, churches and other groups and friends and family of veterans and making sure that they know that if they see a veteran that is potentially in crisis to make sure that they are utilizing the resources that are available in the VA particularly our Veterans Crisis Line, which is open 24 hours a day, 365 days a year.

We have over 300 suicide prevention coordinators who do nothing everyday but work to address this issue. We are implementing a research tool that actually uses our data to analytically predict those at highest risk for suicide and proactively reaching out to those veterans and making sure that we can offer them help and assistance. And it is such a critical issue not only for veterans but really for all Americans where the crisis and suicide really has reached what I would call epidemic levels.

Margaret Flinter: But let me ask you first, you have related to mental health but also an independent risk factor is the problem of homelessness among our veteran population and I think the stat on this is in 2014 which is a couple of years ago now, there were an estimated 50,000 homeless veterans across the country. And yet just in the past year even I have heard some reports of significant progress in some states including our own about particularly targeting homeless vets, tell us about the program that VA and states across the country have, to try and mitigate this problem.

Dr. David Shulkin: One of the unique things about the VA healthcare system is that it not only focuses on the physical health issues of our veterans but it actually focuses on the social issues, the psychological issues and the economic issues. And as a physician you can't really address a person's health and

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wellbeing if they don't have a home. And so VA has really focused on this and over the last 4 years we have reduced veteran homelessness across the country by 46%. And that means that we have housed hundreds of thousands of veterans and their families. But as you know the issue of homelessness is a chronic problem. In fact we were just with the group of veterans recently in the south that were homeless. And all of them actually had jobs but at minimum wage they weren't able to afford housing. We are working with the housing and urban development federal officials are working with local builders and real-estate landlords to try to find affordable housing for those that needed and certainly our goal is to end veteran homelessness, states like Connecticut that you are mentioning have really done a terrific job in pulling together state, local and federal resources to be able to actually end homelessness among veterans.

Mark Masselli: We are speaking today with the honorable Dr. David Shulkin, Under Secretary of Health at the U.S. Veteran's Affairs Department and the Chief Executive of the Veteran's Health Administration, Dr. Shulkin leads the nation's largest integrated healthcare system serving the 9 million U.S. veterans. Dr. Shulkin you have a national reputation in transforming healthcare and yet you took a 90% pay cut to join the VA, so it was really obviously about service but I would love to hear from you of what motivated you to take on the challenges. And what are the building blocks for success as you think about moving a very large ship in a different direction?

Dr. David Shulkin: I like to think that I am no different than any other American as I was watching now over two and a half years ago, the wait-time issues play out over national TV and newspapers. I was as outraged as most Americans, what I didn't realize is that, in few weeks I would be getting a phone call from the White House asking whether I would be willing to step up and be part of the solution and help fix it. How can you say no? So I left my position and here I am and I hope that all of my experience that I have brought to the table is helpful in transforming the VA in the way that you described.

Margaret Flinter: But Dr. Shulkin you have also spent time in your career teaching. And I am not sure that many people outside of healthcare know that the VA is actually the largest organization training health profession students, talk with us little bit about the scope of health professions training in the VA?

Dr. David Shulkin: Yeah one of the questions I hear quite frequently is, you know why do we need the VA system, why not just give out a voucher system. And people may not realize the other things that the VA healthcare system does for the country. We train over a 120,000 health professionals every year in the VA system. We are the largest trainers as you said of doctors, nurses, physical therapists, pharmacists, social workers, if it was not for the VA healthcare system there would not be the supply of healthcare professionals for the rest of America. 70% of U.S. physician medical students go through the VA during part of their training. I know in my training, I went through 3 VA medical centers. As you

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mentioned I do still practice internal medicine, I practice in the VA system now, I think it's really important that I stay close to what's happening and I interact with these trainees and these students when I practice.

Interestingly I practiced both in-person but I also practice in Grants Pass, Oregon from my office here in Washington DC overlooking the White House using telemedicine. And what people don't recognize is VA is very technologically advanced, the largest user of telemedicine in the country by far. And this is another thing that we expose our trainees to, so they come out of the VA system knowing how to use electronic medical records, knowing how to use telehealth, knowing how to use these advanced technologies and they bring that skill to the rest of American medicine.

Mark Masselli: Well I would like to pull the thread a little on that, because you were just talking about engaging in new delivery systems. The President has a new Precision Medicine Initiative that's out there, where do you see the role of precision medicine, genomics and the like being rolled out in the veterans administration?

Dr. David Shulkin: Well I think under the President's leadership we have really embraced this type of medicine as the future of where healthcare is going, how we can do a better job to treat veterans and all Americans, VA has played a central role not only in precision medicine but in the moon shot efforts which the Vice President leads in order to help find an events are caring curing of patients who have cancer. One of these other things that makes VA unique is our research. We provide over \$1.6 billion of research every year dedicated specifically to advancing the health of veterans. And we are the world's largest database of genomic material doing sequencing on the materials of over 1 million veterans and today have the largest database in the world of this type of genomic data.

So we are doing studies to advance cancer care and care for PTSD and traumatic brain injury and mental health, all in a way that no other organization in the country is able to do it at this point. And so our commitment to precision medicine, our leadership in precision medicine, we believe is yet another example of why VA is so critical for not only veterans but all of American healthcare.

Margaret Flintner: But Dr. Shulkin I think we all in healthcare have benefitted from that and also you are work in healthcare delivery system redesign, your patient care align teams, so many areas that I think have really been a benefit to everybody in healthcare, so thank you for that. Just one more innovation we would like to check in with you, on the Blue Button Initiative, the online electronic health portal for veterans, what's your research and utilization and delivery systems study showing you in that arena?

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Dr. David Shulkin: One of the very early innovators of electronic medical records was VA and 30 years of history now of using this. And so what we have been working on is interoperability of sharing of information. So VA is participating in hundreds of these health information exchanges around the country because our veterans are getting care both within the system and outside this system. And we have been trying to innovate in this area, the Blue Button of course was one of those innovations but we have a whole team called the U.S. Digital Team that was actually one of the President's initiatives to bring people from Silicon Valley and helping us design many of these innovations in a similar way. We are just launching a website called Vets.gov which will be a single source of information. Now you have to go to multiple websites and you have to know the right numbers to call but Vets.gov will be the single source where people can access all of the information on veteran services so we continue to try to innovate in this area.

Mark Masselli: We have been speaking today with the honorable Dr. David Shulkin, Under Secretary of Health at the U.S. Department of Veteran's Affairs, the nation's largest integrated healthcare system serving the health needs of almost 9 million U.S. veterans. You can learn more about their work by going to VA.gov or you can follow them on Twitter at Veteran's Health. Dr. Shulkin, thank you so much for joining us on conversations in healthcare.

Dr. David Shulkin: Sure, thank you.

Mark Masselli: At conversations on healthcare we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week.

Lori Robertson: In the vice presidential debates, Republican Mike Pence implied that Hillary Clinton was wrong when she sighted the fatal shooting of an African American man by an African American cop as a case of implicit or unconscious bias. But scientific research shows African Americans are not immune to this form of bias against members of their own racial group.

In his criticism of Clinton, Pence was referring to the shooting of Keith Lamont Scott by Officer Brentley Vinson on September 20th in Charlotte, North Carolina, both men were African American. Pence asked, why would Hillary Clinton accuse that African American police officer of implicit bias? To be clear Clinton didn't directly accuse Vinson of implicit bias, but regardless Pence was wrong in implying that African Americans can be subject to implicit bias of other African Americans. According to the Stanford Encyclopedia of Philosophy, implicit bias refers to relatively unconscious and relatively automatic features of prejudice, judgment and social behavior. Implicit bias is opposed to explicit bias or judgment the person consciously hold.

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In other words, it's possible for a person to explicitly believe that white and black American should be treated equally, but implicitly judge situations counter to that explicit belief. The group has looked at a variety of biases including those concerning racial issues and found even numbers of black respondents showing a pro-white bias and show a pro-black bias and that's my FactCheck for this week, I am Lori Robertson, Managing Editor of FactChecks.org.

Margaret Flinter: FactChecks.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com we will have FactCheck.org, Lori Robertson, check it out for you, here on Conversations on Healthcare.

Margaret Flinter: Each week conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives. Cathryn Couch is a self-taught chef with a love of organic foods and passion for helping people in need. After launching her own Meal Delivery Service in Northern California, she often encountered a particular kind of client someone battling a serious illness who is just too tired or too sick to prepare nutritious food just when they needed it most.

Cathryn Couch: What happens when people get diagnosed with a serious health problem is their life becomes very stressful. And especially for cancer patients you also don't feel like eating. And so food at the moment when it needs to be really, really important for many people drops to the bottom of their priority list for a whole host of reasons. And on the other side we are raising a generation of young people that don't know how to prepare food and don't understand the power that food has in their own life but also for the life of the community and for the environment.

Margaret Flinter: Couch is driven by the idea that food is medicine, especially for somebody who is suffering the toxic side effects of chemotherapy. When a friend asked her, she would employ her teenage daughter in her kitchen for summer, she stumbled on a way to grow her enterprise, higher teenage workers use professional chefs to train them to cook healthy meals with organic ingredients and place the power of healing with food into their hands. She launched the series project named after the goddess of agriculture and fertility. She expanded her kitchen facilities and started hiring dozens of local teenagers many of whom had never cooked or held a job. And she says that transformation in these kids is just amazing.

Cathryn Couch: They walk into a situation where people are being the best of who they can be. They are invited into that. They are given an opportunity to be an owner and to make a real difference in someone's life. We have this rich resourced in our community of teenagers who are actually longing to be given real opportunities to contribute. So it's a win-win in all those levels and at the

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same time they are all learning how to cook eat healthy food and they understand that you know when they buy organic carrots instead of eating processed chips that they are actually making the environment better.

Margaret Flinter: Couch has since grown her enterprise from her home-based in Sonoma County to Marine County in Northern California. And she has been contacted by interested organizations around the country that seek to replicate the program. The series project earned Couch a CNN Heroes Award, but the real reward she says, she experiences in everyday encounters, in the hundreds of teens that she has trained and in the thousands of clients that they have served healthy meals to during a time of need.

Cathryn Couch: We do a block where clients come in everyday and talk about what it was like to be diagnosed as they have been sick and the difference that the food has made for them. And it include sometimes people who know they are terminal, it include sometimes partners who have lost their partner who come in and talk about the difference that the kids made for their partner at the end stage of life. And there is a lot of tears that happen in that room and it's very profound.

Margaret Flinter: A program that trains young people in the art of healthy cooking, using those skills to feed those suffering from serious illness who might otherwise face malnutrition, empowering empathy in the kids, helping others to fight illness in the process, these are all bright ideas.

Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Healthcare broadcast from the campus of WESU at Wesleyan University streaming live at wesufm.org and brought to you by the community health center.