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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, President-elect Trump held his first press conference at Trump Towers in New York. He stuck to his guns on the promise to repeal and replace the healthcare law simultaneously Trump saying that it will be done as soon as a plan can be devised to replace the complex healthcare law.

Margaret Flinter: Trump also used the forum to announce his choice for a Secretary of the Veterans Administration Mark, Dr. David Shulkin was hand-picked by President Obama to revamp the Veterans Health Administration which has been plagued by controversy in the past few years due to long wait times at many VA facilities around the country. This VA scandal led to a lot of scrutiny in how best to improve the system that's not an easy lift but Dr. David Shulkin has a solid reputation for turning health systems around and we wish him well on that.

Mark Masselli: We certainly do and we might have been little prescient by having him on just a few months ago, he brings extensive expertise from the private sector, we thought it would be a good idea to revisit our interview with him.

Margaret Flinter: And Lori Robertson will check in, the Managing Editor of FactCheck.org, she is always on the hunt for misstatements spoken about health policy in the public domain.

Mark Masselli: But no matter what the topic, you can hear all of our shows by going to chcradio.com. And as always if you have comments, please email us at 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. In his first news conference in six months President-elect Donald Trump made good on his

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promise to repeal and replace the Affordable Care Act, the Senate followed suit in a late-night session came to a vote 51 to 48 moving ahead with repeal of the healthcare law.

President-elect Trump also made it pretty clear he would be going after pharmaceutical companies for high prices especially those with manufacturing plants in China and India saying the companies are getting away with murder his comments and send some pharmaceutical stocks tumbling in the wake of his pronouncements. The pharmaceutical industry lost roughly \$24 billion in value within minutes of the President-elect's claims, analysts aren't certain exactly how the Trump administration will clamp down on such companies.

President-elect Trump also used a public forum to announce he would offer the position of Secretary of the Veterans Administration to Dr. David Shulkin currently the undersecretary for Veterans Health at the VA who had been selected previously by the Obama White House to fix the problems of long wait times and poor care at VA facilities, Shulkin is new to the VA with a celebrated career in the private sector. Trump had offered the job to Cleveland Clinic CEO, Toby Cosgrove, who turned it down. The Trump team also interviewed current director of the National Institutes of Health Dr. Francis Collins to potentially keep the post he has held for the past eight years, Collins who led the team that mapped the human genome and has been critical of congressional budget cuts to the agency has expressed an interest to stay on in the post. Maryland Congressman Andy Hardy has also expressed interest in a position, Harris is an obstetric anesthesiologist who has advocated for a more high risk high reward approach at the NIH to accelerate the pace of research. He has also been taking suggestions from organizations such as FasterCures at part of the Milken Institute and Research America. FasterCures was instrumental in the passage of the 21st Century Cures Act which passed with bipartisan support at the end of last year securing billions of dollars for biomedical research including for the Cancer Moonshot that launched in the Obama administration and run by VP Joe Biden.

And take to Sun Salutations and Call Me in the Morning in a series of randomized clinical trials yoga seems to have a moderate effect on alleviating chronic low back pain in long-term sufferers. The data were culled from about a dozen studies around the world which compare those who did no exercise at all versus those who did yoga or yoga with a little bit of other exercise. Those practicing yoga showed modest improvement in their chronic pain, while there is not an abundance of data and more studies are needed the results lead to a possible nondrug interventions for some suffering from chronic pain an issue that impacts millions of people around the globe.

I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with the Hon. Dr. David Shulkin Undersecretary of Health at the US Department of Veterans Affairs as Chief Executive Officer of Veterans Health Administration serving the health needs of almost 9 million US 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 influential physician executives in 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: 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: 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 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 the community providers and do what it takes to be able to provide the veterans of this country the health care that they deserve.

Margaret Flinter: Dr. Shulkin, I know a whistleblower called detention to the problem of the long wait lines in 2014 and the VA really responded strongly to this long wait time issue with the program called Veterans Choice. But that program had a whole new set of administrative issues and challenges, help us understand the intent of Veterans Choice and the challenges you encountered and how is that faring 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. Congress actually gave us the Choice Program 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 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 a program of this size and scope probably needed to take longer than 90 days. But we have worked through many of those problems as we have increased our

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authorizations of care in the community over fourfold in the past year but it still is a program that's far too complex and too burdensome. So we have asked Congress to make major changes in the program so it works better for veterans in that legislation is pending for congressional vote.

Mark Masselli: You know speaking of complexities, veterans 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 veterans face lingering effects of PTSD and other mental health issues and it's estimated that 20 veterans are committing suicide every day. And I wonder if you could talk to us a little bit about the VA's targeted effort in addressing the crisis.

Dr. David Shulkin: It's just horrific number unacceptable and really one of our areas of top focus to address this, when you look into that number and there are 20 veterans a day taking their life, only six of them are getting care within the VA healthcare system, that means there are the 14 a day who are out there potentially disconnected from the best resources that can help them. 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 every day 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 will call epidemic levels.

Margaret Flinter: Let me ask you first 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 years ago now there are 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 well-being if they don't have a home, and so VA has really focused on this. And over the last four 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 a group of veterans recently in the south that were homeless and all them actually had jobs but at

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minimum wage they weren't able to afford housing.

We are working with the Housing and Urban Development federal officials, we are working with local builders and real estate landlords to try to find affordable housing for those that need it, and certainly our goal is to end veteran homelessness. States like Connecticut that you are mentioning have really done a terrific job in putting together state local and federal resources to be able to actually end homelessness among veterans.

Mark Masselli: We are speaking today with the Hon. Dr. David Shulkin Undersecretary of Health at the US Veterans Affairs Department, and the Chief Executive of the Veterans Health Administration. Dr. Shulkin leads the nation's largest integrated healthcare system serving the 9 million US 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 would like to think that I am no different than any other American as I was watching now over two and 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 a 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 to help fix it. How can you say no? So I left my position and here I am, and I hope that all my experience that I have brought to the table is helpful in transforming the VA in the way that you described.

Margaret Flinter: Well 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 a 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, 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 120,000 health professionals every year in the VA system. We are the largest trainers you said of doctors, nurses, physical therapists, pharmacist, 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 US physician medical students go through the VA during further training, I know in my training I went through three VA medical centers. As you mentioned, I do still practice internal medicine practice 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 practice both in person but I also practice in Grants Pass, Oregon from my office here in Washington DC overlooking the White House using telemedicine.

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Margaret Flinter: Fantastic.

Dr. David Shulkin: 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 at the thread a little on that because you are 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 VA 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 Moonshot efforts which the vice president leads in order to help find and advance our care and curing of patients who have cancer. One of these other things that makes VA unique is our research, we provide over \$1.6 billion a research every year dedicated specifically to advancing the health of veterans. And we have 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. And 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 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 America healthcare.

Margaret Flinter: Well Dr. Shulkin, I think we all in healthcare have benefitted from that and also you are working healthcare delivery system redesign, your Patient Care Aligned 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 system study showing you in that arena?

Dr. David Shulkin: One of the very early innovators of Electronic Medical Records was VA and 30 years of history now 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 the 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 US 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

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the right numbers to call, but Vets.gov will be the single source where people can access all information on veteran services. So we continue to try to innovate in this area.

Mark Masselli: We have been speaking today with the Hon. Dr. David Shulkin Undersecretary of Health at the US Department of Veterans Affairs, the nation's largest integrated healthcare system serving the health needs of almost 9 million US veterans. You can learn more about their work by going to www.va.gov or you can follow them on Twitter @VeteransHealth. Dr. Shulkin, thank you so much for joining us on Conversations on Healthcare.

Dr. David Shulkin: Sure, thank you.

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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 nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: House Minority Leader Nancy Pelosi greatly exaggerated in saying “75 percent of the American people get their health benefits through their workplace.” Around 50 percent of the total population has employer-sponsored insurance. Pelosi made the 75% claim repeatedly in a conference call in early January and again at a press conference on Republican’s plan to repeal the Affordable Care Act.

Democrats have stressed in the past that the ACA isn’t a government-run health care system but instead it builds upon the work-based insurance system that already existed in the country, and that’s accurate. But Pelosi has claimed that 75% of what she called the American people get health insurance through their employer isn’t accurate. The nonpartisan Kaiser Family Foundation estimates that 49% of the total population had employer health insurance coverage in 2015. KFF figures are based on the Census Bureau’s Current Population Survey for March. Separately, the Census Bureau issues an annual report, the latest of which found that 55.7% of the population had employer-based insurance for part or all of 2015.

So where did Pelosi get her figure? Her office told us she was referring to the percentage of working adults, excluding seniors, and that the figure came from a staff analysis of the Census Bureau’s report for 2014. The Census figures for that year show 78.8% of all workers, both full-time and part-time, had private health insurance, Pelosi’s staff lowered that to 75% to account for those buying private insurance on the ACA

exchanges or on the individual market. But there is Census data for this very specific subset working adults under 65 with employer insurance, 71% of all workers, age 18-64, who worked part-time or full-time had employment-based coverage in 2014 and in 2015. That's close to the figure Pelosi used, but it does not represent the percentage of the American people with employer-based coverage, as she repeatedly said. And that's my fact check for this week, I am Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.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's Lori Robertson check it out for you here on Conversations on Healthcare.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Cathryn Couch is a self-taught chef with a love of organic foods and a penchant 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 was 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 the priority list. 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 if she would employ her teenage daughter in her kitchen for a summer, she stumbled on a way to grow her enterprise hire 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 Ceres 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 the transformation in these kids is just amazing.

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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 resource in our community of teenagers who are actually longing to be given real opportunities to contribute. So it's a win-win on all those levels and at the same time they are all learning how to cook a 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 base in Sonoma County to Marin County in Northern California and she has been contacted by interested organizations around the country that seek to replicate the program. The Ceres project earned Couch a CNN's Hero's 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 the time of need.

Cathryn Couch: We do a block where clients come in every day 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 includes sometimes people who know they are terminal, it includes sometimes partners 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.

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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 www.wesufm.org and brought to you by the Community Health Center.