

[Music]

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, the President has announced a number of measures aimed at reigning in the high cost of prescription drugs in the country, a blueprint for bringing down the nation's high drug prices.

Margaret Flinter: The President's blueprint is focusing on a few key issues. Most notable among them is the high prices set by manufacturers and clamping down on what they call as foreign governments, and this is a "free riding off of American innovation." Well Mark, as we know the drugs that are sold here at extremely high prices are much cheaper in other industrialized countries. So, how he plans to exert control over those other countries and their prices will be extremely interesting to see.

Mark Masselli: One thing the President has said he would not do is to allow Medicare to negotiate drug prices. The administration says it plans to create different incentives for addressing drug cost for Medicare recipients including industry and centers for offering lower drug prices.

Margaret Flinter: Well, this speaks to a number of changes that we see emerging across the healthcare landscape being touted as waste terrain in health cost and that brings us to our guest today, Karen Lynch is President of Aetna which plans to merge with CVS. The thinking behind this merger of the nation's largest pharmacy retail chain and the nation's third largest insurer is that the two entities can work together to bring accessible healthcare into neighborhood settings and they say that can help bring insurance cost down.

Mark Masselli: The \$69 billion deal is still awaiting federal approval, looking forward to that interview, Margaret.

Margaret Flinter: And Lori Robertson will stop by, the Managing Editor of FactCheck.org, but no matter what the topic you can hear all of our shows by going to chcradio.com or find us on iTunes.

Mark Masselli: And 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 Karen Lynch, the President of Aetna in just a moment.

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

[Music]

Marianne O'Hare: I'm Marianne O'Hare with these healthcare headlines. Another outbreak of Ebola in Africa. The outbreak recently confirmed in a remote village area of the Democratic Republic of Congo. Unlike the epidemic in West Africa a few years ago, public health officials have quickly sprung into action to contain the threat. From 2014 to 2015, the Ebola epidemic spread across several West African countries, infecting almost 30,000 people with more than 11,000 deaths, many of them frontline clinicians treating the outbreak. In a short time since that epidemic, scientists have created an Ebola vaccine that has proven effective in preventing infection at least in a short term. They are rushing some 4,000 doses of the vaccine to the affected region. And medical response units are also being deployed to effectively contain the threat. The World Health Organization has issued a global call to end the use of trans fats in processed foods distributed around the world by 2023. Trans fats have been added to processed and snack food for decades but have since been identified as a key contributor to obesity, heart disease and early death. The WHO believes a ban will save a half a million lives per year.

Drug prices are going to remain nonnegotiable for the Medicare program for the time being, the President announcing plans to reign in the high cost of pharmaceutical prices but skipped a key element that many observers felt was necessary overriding Federal Policy preventing the Medicare program from negotiating drug prices for the tens of millions of seniors on the program.

The President did single out pharmacy benefits managers, the so-called middlemen who negotiate drug prices between companies and payers. One in four Americans in the meantime had said they cannot afford the cost of their prescription drugs. An asthma control is hard to manage and even harder to track in real time settings, but a recently completed study shows that the so-called smart inhalers may hold some promise. What they found is pretty impressive. Overtime, the smart devices led to a 78% drop in rescue inhaler use and a 48% increase in symptom free days. In addition to the improved health outcomes for individuals, the study led to a number of recommendations for Louisville which had been named one of the 20 most challenging cities for people with asthma. The study author suggests improved tree canopy, zoning regulations to create air pollution buffers and new truck routes and also suggested a creation of a community asthma notification system.

I am Marianne O'Hare with these healthcare headlines.

[Music]

Mark Masselli: We are speaking today with Karen Lynch, President of Aetna where she oversees more than 22,000 employees in Aetna's commercial government and specialty business. Ms. Lynch joined the company in 2012 as Executive Vice President of Local business. Prior to joining Aetna, she served as President of Magellan Health Services, a managed care company focused on behavioral health services. Before that she served as President of Dental Services at CIGNA. She was named to Fortune

magazine's list of 50 most powerful women in business as well as Modern Healthcare's top 25 women in healthcare. She earned her Bachelor's Degree in accounting from Boston College and her MBA from Boston University. Karen, welcome to Conversations on Healthcare.

Karen Lynch: A lots of pleasure to join you both today.

Mark Masselli: Yeah, you know, you recently noted that if you wanted indication of where healthcare is headed, you should look no further than your own company and Aetna is one of the nation's largest health insurers and has been engaged in a number of high profile merger efforts. Recent merger with the drugstore giant CVS appears poised to move forward and it is almost \$70 billion deal that most analysts agree signals a significant shift within the industry and I am wondering what this merger will mean for the healthcare industry as well as for America's health consumer.

Karen Lynch: Well clearly, this is a transformation on merger and it gives us the opportunity to reshape the healthcare industry. You know, the way I think about it for too long and far too often, we have been practicing sick care, not healthcare and the potential of a CVS Aetna merger is really to organize around the consumer and around the consumer experience. It will allow us to be in the local communities to create another gateway to access healthcare and it also gives Americans a go to destination for their healthcare services and their healthcare needs.

Margaret Flinter: Well Karen, you've made the point clearly about the importance of meeting these consumers, where they are in their neighborhoods and communities, you have close to 50 million health insurance customers. CVS 10,000 stores across the country. I think most of us think every corner in America has a CVS and operates even more of their walk-in clinics, quick care clinic in other locations. So, how do you envision this merger on the ground facilitating improved access to care.

Karen Lynch: Oh Margaret, you are absolute right. CVS has over 10,000 stores across the United States which means that 70% of Americans live within 5 miles of a CVS. I think what is important to recognize, you know, how this will help facilitate improved access is really to understand what we have been saying for a longtime now that your ZIP code is more important than your genetic code and what that means is your individual behaviors and your environment clearly have meaningful impact on healthcare cost. So I want you to imagine a local CVS being an interactive hub where individuals can come in and learn more about their healthcare where they can access healthcare services and they can have further assistance in navigating the overall healthcare systems where we might point people to different providers and more importantly point them to social services in their communities to address the social determinants of care and our overall goal is to achieve affordable high quality care for the individuals that we serve.

Mark Masselli: You know, I think cost is actually manic with our healthcare system, 18% of the nations GDP is spent in the healthcare area and your company is already

forging into this new territory, other entities are on the horizon, Amazon Berkshire Hathaway and JP Morgan Chase partnership was announced recently and wondering how do we continue to support a robust healthcare industry that employees so many Americans while getting our arms around healthcare cost?

Karen Lynch: Oh, what's interesting Mark is that we spent more on healthcare cost than any other country in the world. In 2025, healthcare cost will be at 25% of the GDP and as you can see that is growing at an unsustainable rate and that's the problem we're really trying to solve with this merger. You know, today 30% of Americans suffer from diabetes. In the 1950s, it was less than 1%, 40% of adults today are considered obese, 20% of children are considered obese today which you can imagine generates strain on our overall healthcare system. I think the other thing that you have to recognize with cost is over \$900 billion or one in three dollars is waste in our healthcare system. We need to understand people's health ambitions and we need to support them in their individual behaviors, we need to provide better access and we need to give them more affordable and more transparent healthcare in America to really dry down overall healthcare cost.

Margaret Flinter: Well you know, Karen we've also known the very good work of the Aetna Foundations and in fact on the show not too long ago we had Dr. Garth Graham and he was speaking about the partnership with US News & World Report to create a ranking system to highlight the healthiest communities in the nation. How do you envision this data being used to improve the outcomes around the country? How do you anticipate that you might be able to us to address that basic fact that you said that your ZIP code may matter as much as your genetic code?

Karen Lynch: Well, we can be more excited about our partnership with US News & World Report and as you mentioned our report ranks communities across 10 categories from education and public and health to infrastructure and economy and it basically assesses which communities offer their citizens the greatest opportunity to lead a healthy lifestyle and by forging this partnership what we are expecting to do is we are not just telling communities how they rank, we are providing them with ways to improve and our hope is that we inspire every city and every country in America to have a healthy community agenda and I think that's what will help, you know, support healthcare cost and, you know, help improve overall individual behaviors as we try to reckon with this unsustainable cost of healthcare.

Mark Masselli: We're speaking today with Karen Lynch, President of Aetna. Karen, I want to take a little deeper dive into that US News & World Report healthy communities report in creating a cultural change across communities is a heavy lift and especially in areas that have a high level of poverty. We know for instance in Colorado which has a very high ranking when it comes to health, what can some of the communities that are struggling to help reduce these barriers do in the way of promoting better health?

Karen Lynch: So as you know, our goal is in creating the indexes, not just to recognize communities that are already making significant progress, but it is also to inspire that

change to help communities think about and pursue improvements in overall public health and I think all communities can learn about the best practices in their own backyard and across the country and then apply those lessons. You know, we've seen healthy gardens emerge in some under privileged communities. We've seen increased bike pass, walkways, and I think that those are the important kinds of activities that need to occur. Our foundation has helped improve community health for more than 40 years and our hope is that by using the data from the healthiest communities' index, the foundation will continue to make targeted investments in these programs and our hope is that corporations will step up to the challenge in the local communities in which they work and live and support the healthy agenda.

Margaret Flinter: Karen, I know that we've talked about the need for corporations to lead by example. We read about your social compact for the companies' employees offering everything from a higher minimum wage to lower out of pocket healthcare cost to providing tuition reimbursement to help people advance in their career goals and you've even got a chief mindfulness officer of the company. Now, that's something we haven't thought about doing, but we might have to think about that. We're really curious to hear your thoughts about the impact of these programs on your workforce, are you using any data to look at their effectiveness?

Karen Lynch: We have seen tremendous progress, and just a reminder in 2015, we increased minimum wage that you noted to \$16 an hour, we also enhanced our overall medical benefits and in 2017 we began making match loan payment contributions and as you noted, we have mindfulness programs including paying our employees to sleep more than seven hours.

Mark Masselli: Oh. That's great.

Karen Lynch: And so there is... I know it is kind of fun. The result is that we have seen increased employee engagement and we measure that on an annual basis. We've experienced overall increasing productivity across our employee population and because our employees are what we consider happier and healthier and more productive our customer satisfaction rates have also increased. So, we're quite proud that we have been leading the way with our social compact and we are seeing meaningful results with our employee population.

Mark Masselli: Yeah Karen, let's take a look at the regulatory environment and certainly the current administrations shifting away from many of the Obama reforms, insurance regulators struggling with some degree of uncertainty. Wonder how do envision the health insurance industry forging new ways of doing business as the health policy landscape continues to shift and where do you see the seam of opportunity in this shifting landscape?

Karen Lynch: I would point to three areas. The first area is provider engagement driving to value-based care. Aetna and providers have one common purpose and that is truly to improve the quality and affordability of healthcare and with value-based care

we can demonstrate that partnership to do just that. The second area I would point to is consumer engagement and being in the local communities and really focusing on individual behaviors and the social determinants of care and I believe that that can be a very powerful step in reshaping how we think about healthcare and the third thing I would mention is just focusing on holistic health, treating the whole person both physical, emotional and behavioral aspects of one's health and I think that can make a meaningful difference on the impact of healthcare.

Margaret Flinter: I'd like to envision this expansion of the Aetna CVS merger and asking your thoughts about workforce, particularly healthcare workforce. We are very engaged in postgraduate training of nurse practitioners, physicians, and psychologists. We have an institute to train medical assistants, so just about everybody, but when I look at some of your thoughts around these neighborhood-based clinics, we're also talking about maybe having social workers out there or pharmacists and I would imagine you've been thinking about navigators or community health workers. So, what keeps you and your colleagues up at night thinking about how you're going to develop and retain the workforce for this expanded presence in the communities?

Karen Lynch: Oh, that's a really great question and I think that training our current workforce with the changing demands of using technology will have a meaningful impact, number 1. Number 2 is technology is really changing the way in which workers work today and I think that we have to think beyond having people in the physical space and leveraging tele health and tele medicine and having people have access in ways that are unique and different and yes of course being in the neighborhood we expect to have pharmacists operate at the top of their license. We do expect to transform what a CVS store looks like and use nurses and health navigators and at Aetna we have thousands and thousands of nurses that are in the field and in the home and we continue to recruit and train and educate those nurses to fulfill or promise of meeting people where they want to be met.

Mark Masselli: You know, I wanted to ask one final question about data as much as your healthcare company, your data company, and we had Dr. Ashish Shah on the show from Harvard who was talking about really not having live time actionable data and that we are often times grabbing Medicare data that's two years old. What are you doing at Aetna around the issues of giving the folks who are providing care access to more actionable and timely information?

Karen Lynch: Couple things. One, we are using COG based technology so that we have access to real time data. We have nurses in the homes with iPads so that they can connect back into our systems. You know, obviously you talk about Medicare two years of data, you know we've just built out a new app, Aetna health App that gives us real time data and I think that is a crucial aspect of how healthcare will transform because having data at our fingertips will allow us to remotely monitor and get information about people where they are so that we can immediately get information back out to them. So, for example, if you know, I am a runner, so if someone sees that I

haven't been running in a few days, maybe I get an alert that says "Hey Karen, if everything okay."

Mark Masselli: Get going.

Karen Lynch: Or, you know, I envision a world where you might walk in to CVS and you might be a diabetic and you know we know you are there because of our Geofencing and you pick up a candy bar and it says "Margaret that's not your next step of action."

Mark Masselli: That's freaky.

Karen Lynch: And so I think that where healthcare will be headed and obviously, you know, protecting information is critically important to that, but I do think that having real time access can really change individual behaviors and how people think about their health.

Margaret Flinter: We've been speaking today with Karen Lynch, President of Aetna. You can learn more about their work by going to aetna.com or follow her on Twitter at Karen Lynch Aetna as well as the company's twitter handle at Aetna.

Karen, thank you so much for sharing your insights with us, for joining us on Conversations on Healthcare today and we will look forward very much to following your progress.

Karen Lynch: Thank you very much, my pleasure.

[Music]

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: As the Whitehouse has proposed rescinding \$7 billion in unspent funds from a Children's Health Program. Democratic senator, Chuck Schumer said it would be "taking money away from kids who need healthcare," but congressional budget experts say the number of individuals covered would not be affected. The main point of contention is the Trump administration's proposal to take \$2 billion from a contingency fund, used if states face both a shortfall and higher than expected enrolment in the children's health insurance program.

CHIP which is jointly funded by the Federal Government and the state is for the children and pregnant woman and families with low incomes, but not low enough to qualify for Medicaid. Since fiscal 2009 when this contingency fund was established, three states Iowa, Michigan, and Tennessee have received payments from it according to a 2018

report from the Congressional Research Service. The three states spent a total of 108.6 million in contingency funding. So the states haven't needed these funds much. Schumer's office argues that the funds could be needed in the future and they are there in case of an emergency. Congress has rescinded unspent CHIP funds before, a total of \$42.8 billion from fiscal year 2011 to fiscal 2017. In fiscal 2016, 1.7 billion was rescinded from the contingency fund for the first time and earlier this year a Bipartisan Omnibus Spending Bill rescinded nearly 2 billion from the fund. Schumer said at a press conference that he supported the Omnibus's decision because the money was used to fund "good things," but in this case the Trump administration doesn't want to use the money for other things and the Budget Watchdog group, the committee for responsible Federal budget says the money "likely will not be used." The contingency fund should get a fresh influx of money up to \$4.5 billion in fiscal 2019 which starts October 1st. Federal funding for CHIP will total \$22.6 billion for 2019 and that's my FactCheck 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'd like checked, e-mail us at www.chcradio.com, we'll have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

[Music]

Margaret Flinter: Each week, Conversations highlights the bright ideas about how to make wellness a part of our communities and everyday lives. When Wichita Kansas nurse practitioner, Michael Wawrzewski learned of the harsh and often fatal conditions that expectant mothers endure in Sub-Saharan Africa, he thought there had to be a way to fill that need. He came up with a solution Clinic in A Can, transforming shipping containers into fully equipped mobile clinics and operating rooms that can be shipped anywhere in the world where there is a need.

Michael Wawrzewski: When you walk in the inside, you'll think that you're inside your doctor's office for which maybe you're in an emergency room or an ICU unit, they look exactly the same.

Margaret Flinter: Wawrzewski learned from his early iterations that gas power generators could be problematic in low resource areas and switched all of his portable clinics to solar power which he says was a game changer.

Michael Wawrzewski: There is no part of the world that does not have sunlight and so solar power has become the cornerstone, so that now every piece of equipment we can run it off a 500 watts of electricity which means six solar panels on the top and eight batteries is enough to run a clinic for 18 hours.

Margaret Flinter: Since its founding a decade ago, Clinics in A Can had been delivered to war torn Sudan, to earthquake ravaged Haiti and more recently to Santa Rosa, California, an area decimated by the wild fires that also destroyed the main community

health center there. Santa Rosa Community Health Center CEO Naomi Fuchs says that the portable clinic provided a lifeline for her patients and was a godsend for her providers.

Naomi Fuchs: These are converted shipping containers that are large fully equipped as a medical exam room. These have been an outstanding way to respond to emergencies to set something up very quickly.

Margaret Flinter: The roughly 120 square feet shipping container clinics are designed to support workflow and to become a permanent fixture in low resource areas.

Michael Wawrzewski: A containerized clinic is something that's a turnkey. We are equipped with the best equipment and we ship it as a completed project that once on the ground within 20 to 30 minutes it's ready to be used.

Margaret Flinter: Clinic in A Can, a professionally outfitted shipping container fully equipped with medical and surgical equipment, solar powered, providing quality state-of-the-art medical facilities in a low resource area, now that's a bright idea.

[Music]

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

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

[Music]

Conversations on Healthcare broadcast from WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.