

Dr. Patrick Carroll

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Margaret Flinter: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a weekly show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the health care of the future. This week, Mark and Margaret speak with Dr. Patrick Carroll, division vice president and chief medical officer for Walgreens Healthcare, where he oversees the retail health clinic business in one of the nation's largest pharmacy chains, which are increasingly going to become a point of care for the American health care consumer.

Lori Robertson also checks in, the managing editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well-being in everyday lives. If you have comments, please email us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook, Twitter, iTunes, or wherever you listen to podcasts. You can also hear us by asking Alexa to play the program, Conversations on Health Care.

Now, stay tuned for our interview with Dr. Patrick Carroll, chief medical officer for Walgreens Healthcare.

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Mark Masselli: Hey, we're speaking today with Dr. Patrick Carroll, division vice president and chief medical officer for Walgreens Healthcare, a division of Walgreens Boots Alliance, a major international pharmaceutical manufacturing and distribution conglomerate. Dr. Carroll oversees the retail clinic business as well as clinical programs, and health systems alliance in the United States. Previously, Dr. Carroll was chief medical officer of Integrated Care Partners at Hartford HealthCare and was also chief medical officer for Hartford HealthCare's Medicare Shared Savings Program. He earned his medical degree from Dartmouth Medical School, did his residency in family medicine at Middlesex Hospital in Connecticut.

Dr. Carroll, welcome to Conversations on Health Care.

Dr. Patrick Carroll: Thanks for having me.

Mark Masselli: Yeah, I don't think a month or two goes by where we're not reading on the front page of trade papers that there's a merger or an innovative partnership that's shaking up the health care landscape. We saw Aetna and CVS, Amazon and PillPack. We see that Amazon, Berkshire Hathaway, and JPMorgan Chase just brought on Atul Gawande. Cigna and Express Scripts, and certainly Walgreens Boots Alliance as your parent company as known has been pursuing its own approach to this quest to expand health services having recently

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acquired some 1,600 Rite Aid pharmacies.

I wonder if you could share with our listeners your thought about what these trends speak to and also how Walgreens is using its market presence to have an impact on the transformation of care delivery.

Dr. Patrick Carroll: I've been practicing in primary care for 29 years. I actually still volunteer one Saturday a month at a Community Health Center in Downtown Chicago. As a family physician, the traditional practice mode was 8:00 to 5:00, you delivered health care. You saw that you have 25 to 30 patients per day. You would have handled 3,000 patients of all ages, I would say from nursery to nursing home. On weekends, you had some limited hours, you had after hour call services. It was really a very traditional model of primary care. I think what we're looking at today is a couple of trends that are really shaking up health care.

The one challenge, quite honestly, is the shortage of physicians. Particularly, by 2030, it's estimated we're going to be down 130,000 physicians. Access to care is a real challenge for consumers across this country, particularly within aging population and the increased prevalence of chronic diseases.

One of the ways that we can answer this challenge of access is really to provide care at site in your community pharmacy locations across the country, in addition to bring in digital health care into the health ecosystem. At Walgreens, the core of our strategy is that intersection between digital and physical access points, the 9,300 to 9,400 stores that we have that are really out of the health systems towers and into the community.

In addition, we have many digital assets that really connects the consumer through our website and through our apps to direct them to digital health assets and other access points of care with both health system partners in and out of store. What we've done very intentionally is partner with either health systems or national providers of health care to bring services into our stores. We are embarking on a pilot around Medicare Advantage clinics in the Kansas City market that's been announced with partners in primary care. In addition, we'd set up 15 urgent cares around the country in a partnership with MedExpress in our stores.

We are partnered with 13 health systems around retail clinics in our stores, where they actually run the retail clinics in their market. In addition, we run over 160 retail clinics by our own model through Walgreens. Then we also offer services around lab through a partnership with LabCorp. In addition, on the digital side, we've created this application called Find Care Now, where in markets

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across the country, a consumer can log on to a Walgreens website, click on the Find Care Now application, and then be connected into health assets in Walgreens or with partnerships, whether that'd be through digital health or through health system partnerships. It's really around consumer-centric care and access points to care, particularly in a way that is this place transparent as possible because as you know, more and more consumers obtain high-deductible health plans. They obtain more out of pocket for their care.

Margaret Flinter: Dr. Carroll, you just gave a comprehensive description of everything you're doing. I'm thinking maybe our health professionals and the audience got it. I think a lot of consumers are scratching their head, going, what, urgent care, retail care, virtual care, primary care, on-demand care. I wonder if we could back it up a little bit. I think if we looked linearly at the evolution we saw maybe 15 years ago, MinuteClinic. You're sick. We're quick. I think people kind of got that.

Then maybe in the last couple of years, we've seen urgent care clinics popping up on almost as many corners as there are Walgreens stores. Help our listeners understand, what is the model of care that Walgreens is seeking to establish? Is it whole lot of variety? Is there an underlying kind of model of care or health care infrastructure that you're looking to embed into the health care landscape?

Dr. Patrick Carroll: Right. That's a great question. What we're creating is a health care hub where consumers can access services in their community. I did list quite a variety of services, but consumers have different needs. Take your diabetic patient who is in and out of a Walgreens, our studies show on average, 30 to 60 times per year, picking up prescriptions, picking up test strips. The convenience for that consumer to actually access lab services through our partnership with LabCorp, you can get that hemoglobin A1C that diabetes tests are on. It's really powerful. It's convenient because that's where they're picking up their scripts. It provides them access to lab services.

In addition, as we build out more of a primary care practices in our stores, not only could that consumer access pharmacy services, lab services, but they potentially could see their primary care physician right in our store. I think the way to think of it is really access points to care, really focused also on the adult population with an increase in incidents with some of these conditions, such as diabetes and hypertension, and elevated cholesterol, to be able to give them a way to get into the system. It's really difficult to navigate health care these days as a consumer and quite honestly as the physician. I think we're trying to simplify it and provide those access points.

Mark Masselli: Well, Dr. Carroll, I was thinking as you were talking earlier about the trends that are shaking up the health care environment. Certainly, one of the great unmet needs is certainly behavioral health. You've

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partnered with a telemedicine entity, Breakthrough, an MDLIVE telemedicine company, to increase mental health screening and to improve access to treatment. You mentioned earlier that you have an online platform at Walgreens.

I was trying to think through this sort of waterfront, if you will, of telehealth, telemedicine, virtual care. Walk us through that model as well. How effective you think this will be for the populations that you're trying to serve and deliver access and also modernize the delivery system as well?

Dr. Patrick Carroll: Right. I think the promise for telehealth and digital health, virtual health, is the fact that you can access that care at home. You can access that at a Walgreens store. In Manhattan, we have a relationship with New York-Presbyterian where in our stores, they have set up telehealth kiosks where someone can come in and get a visit in our stores directly into the emergency room physicians, or for multiple conditions, and have peripherals, such as pulse oximetry check, oxygenation, blood pressure, temperature, and provide that connection.

When we look at kind of that digital telehealth landscape, it really provides many solutions at scale. I think a particularly powerful solution in that area is to behavioral health needs. As you referenced, it's a major issue in this country, accessing behavioral health services.

What we've created through a partnership with MDLIVE, but also through the Mental Health Association, is you can go on our website and actually get a behavioral health screen, particularly focused on depression screen, and then connect either with a virtual visit through the MDLIVE platform, or actually get connected through counselors, or an access point of behavioral health care. I think many other systems, health systems, have looked at how they're going to open up access to a really limited resource to behavioral health specialist, and a growing need for it among U.S. population. We think that virtual solution is a really powerful tool, when we are talking about behavioral health needs.

Margaret Flinter: Dr. Carroll, there's so many services that we recognize can be provided virtually or digitally now, but some still seem to require contact between the patient and a health care person. One of those is certainly immunizations and vaccines. We think about the flu shot every year. As it's gotten so expensive and also very difficult to maintain the supply chain, if you will, with refrigeration and temperature controls and so forth, and then you have additional challenges in terms of patients really getting this information into their record. Tell us a little bit about how you see this public health element.

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Dr. Patrick Carroll: Yeah, absolutely. We've been doing that at Walgreens for years. We have our pharmacists give multiple types of vaccinations. Many of them are around flu vaccination, also pneumococcal vaccination. To me, it's a valuable service for consumers. It really gets to one of the opportunities in health care, is we have to go beyond just medical providers, such as nurse practitioners and physicians, and physician assistants to deliver health care. We need to bring the pharmacy labor force into health care. I think our first major entry is quite honestly through immunization. What we also see and value with what the pharmacists do, working with customers on major issues, such as medication adherence. Quite honestly when we start having more of these access points to primary care, retail clinics to connect with that pharmacist around adherence measures, we think it's just good health care.

Mark Masselli: We're speaking today with Dr. Patrick Carroll, division vice president and chief medical officer for Walgreens Healthcare, a division of Walgreens Boots Alliance. I was thinking, Dr. Carroll, as you were saying that you are working and others are to bring pharmacist into the health care system. Thinking about the cost of health care and it seems to be growing at unsustainable rates. The pharmaceutical share is risen. I'm wondering if you could talk about the value proposition for valuable services for consumers. Talk about the benefits that match up to the cost.

Dr. Patrick Carroll: Yeah, I think what I'd like to do to kind of flush that out is to look at a patient who has diabetes. What we know is adherence is not great among a diabetic patient. We've seen studies where 50% of diabetics are not [inaudible 00:13:58] with their medication regime. We also notice a direct tie in, in terms of non-adherence and increased medical cost, patients who, for whatever reasons, whether it would be cost, lack of understanding of the medications they're on, are not taking them appropriately. That leads to complications, admissions to hospitals, emergency room visits, and medical complications of diabetes, the [inaudible 00:14:26] the neuropathy, the neuro problems, the kidney disease.

Anytime we can impact adherence, sometimes simply as much as explaining about the medication they're on, what the side effects are to increase adherence, and then get that information back to primary care physicians, we see that as really value add. Another feature when we talk about bringing in digital, we have a program, called Pharmacy Chat, where over 12,000 chats are conducted per week. There's a pharmacist available 24/7 for customers who have questions about medications and side effects. They can go online and have that kind of virtual pharmacy chat with the pharmacist, really helping folks with some of these conditions.

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Margaret Flinter: Dr. Carroll, one of the marketing campaigns or slogans that I always personally liked about Walgreens was the one that says, We're at the Corner of Happy and Healthy. As you so well know, all is neither happy nor healthy in a lot of neighborhoods. We really had to embrace addressing these social determinants of health, the housing and stability, food scarcity. I would bet based on your training and experience that you've had to give some thought to this as you develop this health care model within Walgreens. Where does Walgreens get involved in helping address those social determinants of health or partnering with others in the community to do that?

Dr. Patrick Carroll: You're right. If you actually look at where we are in this country in our physical locations, we're in every type of neighborhood, high income to the lowest of income. Our customers come from a real full continuum of economic backgrounds. We are the community pharmacy in every community we serve, working with customers who are struggling with co-pays. We work with them around co-pay assistance programs. We have community specialty pharmacies spread across the country. The cost of specialty meds are really high with their chronic medical conditions, the HIV patients who needs medications, or a person with a chronic inflammatory disease. We work with them around co-pay assistance adherence programs in every type of community around the country. We feel like we bring value to our customers because of our locations across the country.

Mark Masselli: Dr. Carroll, I want to talk a little bit about genetics and genomics. About two years ago, Dr. Collins at NIH launched the All of Us initiative. We were fortunate to be one of the 10 health systems chosen to start the laying out of the IRB. The hope here is to get a million lives and follow them longitudinally, a much more expanded Framingham Study, if you will, but really looking at the genetic information and gathering information on electronic health records and social determinants as well. I understand that Walgreens is going to play an important role going forward in this initiative. I'm wondering if you could talk to our listeners a little bit about the work that you're going to be doing in this.

Dr. Patrick Carroll: Today, we actually are part of the All of Us initiative and that Precision Medicine Institute initiative. We do that through participation at selected clinic markets where we still run the clinics, such as in Houston. We have this up and running in several other markets. We are involved with that initiative. It's really exciting work. That's what we do today.

We see the future is going to be very focused on pharmacogenomics, making sure we're matching up the right medications, particularly these very costly specialty medications to the appropriate patients. As we talk about the lab services we're bringing into our stores, we think

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that's a nice synergy also where this lab testing that can be used in the area of pharmacogenomics and clinical research is going to be available at our stores, at least today. We see that that's really growing area, an exciting area where health care is going.

Margaret Flinter: We've been speaking today with Dr. Patrick Carroll, division vice president and chief medical officer for Walgreens Healthcare, a division of Walgreens Boots Alliance, where he oversees the retail clinic business as well as clinical programs, and health system alliances. You can learn more about Dr. Carroll's work by going to [walgreensbootsalliance.com](http://walgreensbootsalliance.com) or follow them on Twitter @Walgreens.

Pat, thank you so much for your work and for joining us on Conversations on Health Care today.

Dr. Patrick Carroll: Great. It's great to reconnect with folks from Connecticut.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care 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 U.S. politics.

Lori, what have you got for us this week?

Lori Robertson: President Donald Trump recently said "We've got the cleanest country in the planet right now." He was talking about clean air and clean water. Rankings compiled by researchers at Yale and Columbia Universities say otherwise. Out of 180 countries studied, the U.S. comes in at number 27 on the 2018 Environmental Performance Index. On air quality, the U.S. ranked 10th. On water and sanitation, it placed 29th.

Trump made his comments in a campaign style rally in West Virginia, saying, "There's nobody cleaner than us." Trump provided no evidence. The White House didn't provide us with anyone we asked. There are several countries that are cleaner than the U.S. The report which is released by annually and even numbered years was produced jointly by Yale and Columbia in collaboration with the World Economic Forum.

This year, the U.S. ranked 10th in air quality. While it was tied with 11 other countries for 1st in household air pollution, it was 88th in exposure to particulate matter. The U.S. ranked 29th overall in water and sanitation. Contrary to what the President said, there are countries that are cleaner than the U.S.

That's my fact check for this week. I'm Lori Robertson, managing

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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, email us at [chcradio.com](mailto:chcradio.com). We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. The global rise of diabetes and obesity are threatening to cripple health care systems in coming decades. Both diseases are largely driven by behaviors. One of the most challenging behaviors for clinicians and patients to monitor is accurate measurement of food intake as well as its nutritional value.

Dr. Janet Cade: We do know that people who track their food intake, that does influence what they eat. That's been proven over many years with sort of Weight Watchers and some of that. We also note from research that if people are telling us what they eat, they tend to underestimate that intake as well.

Mark Masselli: Dr. Janet Cade directs the Nutritional Epidemiological Group in the School of Food Science and Nutrition at the University of Leeds, England. They created their own online tool, myfood24, which has extensive nutritional and caloric information on tens of thousands of commonly consumed foods.

Dr. Janet Cade: Well, our database has about 45,000 foods in it. We've taken the backpack label information and we've mapped it to insert, if you like, the missing nutrients that aren't on the backpack in order to have a complete database of nutrients and foods. There's over 100 different nutrients, including various amino acids and fatty acids [inaudible 00:22:53] which we can report on.

Mark Masselli: Dr. Cade thought there should be an easy-to-navigate online tool that provides a seamless interface for researchers and study participants to use.

Dr. Janet Cade: We still have to get people to type in the actual type of the food it was. We've got quite sophisticated ways of helping people to do that. Then you just tally that up to the day really. Basically you just type in everything you've eaten. Then it will tell you nutrients that you've consumed.

Mark Masselli: Researchers are lauding the additional granular nutrition information. Dr. Cade says, while it's being used primarily by researchers now,



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she's hoping to advance this tool into clinical settings, providing clinicians and patients struggling with diabetes or weight management, a more accurate assessment tool for recording their nutritional intake.

Dr. Janet Cade: I am a little frustrated that so much research resource's gone into developing new technologies for measuring DNA, genomics, that sort of thing, and so little have gone into measuring behaviors, like dietary intake, physical activity, where we could learn so much more about observational epidemiology. This project is a step in the right direction.

Mark Masselli: myfood24, a comprehensive online dietary recall tool, providing researchers and their study participants an easy and more accurate way to track nutritional intake data, leaving to a better understanding of nutrition's role in disease and weight management, now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Peace and health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at [chcradio.com](http://chcradio.com), iTunes, or wherever you listen to podcasts. If you have comments, please email us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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