

- Margaret Flinter: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the healthcare of the future. This week Mark and Margaret speak with Dr. Patrice Harris, president of the American Medical Association, and the first African American woman to hold the position in a 172 years. He talks about the AMA's goals to better address the Opioid crisis, the need to expand access to behavioral health interventions for more Americans, and the need to promote diversity in the healthcare workplace, as well as health equity.
- 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, and we end with a bright idea that's improving health and well-being in everyday lives. If you have comments please e-mail us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook, Twitter or wherever you listen to podcasts and you can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Dr. Patrice Harris here on Conversations on Health Care.
- Mark Masselli: We're speaking today with Dr. Patrice Harris, a psychiatrist and the 174<sup>th</sup> President of the American Medical Association, the first African American women to hold this position. Dr. Harris has been Chair of the AMA's Opioid task force. Dr. Harris earned her master's in psychology and her MD at West Virginia University. She did her residency and fellowship in Child and Adolescent Psychiatry at Emory University in Atlanta. Dr. Harris, welcome to Conversations on Health Care.
- Dr. Patrice Harris: Thank you for having me.
- Mark Masselli: I think all of our listeners know that American healthcare is undergoing such a dramatic transformation and the American Medical Association is in transition along with it. I wonder if you could talk to our listeners about what you see as some of the AMA's most important goals for this new era and the power of this moment for you and for the organization to advance these goals.
- Dr. Patrice Harris: Well, it's certainly an exciting time to be in leadership of the American Medical Association. Certainly healthcare delivery is on the minds of most of the people in our country. We also are faced with significant challenges, but these are challenges that physicians will hardly take on as we look to our overall North Star which is improving the health of the nation. We have decided to look at our work in three major focus areas, and the first is we want to innovate and how we train the next generation of physicians, again, to meet the challenges. The second is specifically improving health outcomes. Now, we have decided to focus on two areas. That's pre-diabetes and hypertension

and of course, as you mentioned the opioid epidemic. Then the third is attacking the dysfunction in healthcare. Today, there are so many burdens, regulations, laws that interfere with physician's ability to take great care of our patients. So we want to attack the dysfunction in healthcare. Those are our three areas of the AMA, as we again meet the challenges head on.

Margaret Flinter: Well, Dr. Harris, I cannot think of a better clinical background for this role in this era than your background as really a renowned child and adolescent psychiatrist and I know that you have a particular focus on mitigating the impact of childhood trauma, which we've learned so much about in recent years in terms of its lifelong impact. You're a huge advocate for behavioral health services being embedded within the healthcare system, but really integrated within primary care as well something that we've long practiced in our organization and work with community health centers around the country to be able to do that in any setting where we're providing healthcare services for children. We would really be interested in hearing more about how the AMA is working and seeking to advance the school of this seamless access to behavioral health.

Dr. Patrice Harris: Well, certainly at the foundation of integrating care is access to affordable, meaningful health coverage. We know that there are so many in this country who are now able to access services for mental disorders for substance use disorders because they have health insurance. The AMA has as its goal, everyone having access to affordable, meaningful coverage. Then layer on that a policy that we have at the AMA that amplifies the importance of mental health care into overall healthcare, and the importance of expanded Medicaid. So many folks in our country are now able to access behavioral health services because they have health insurance, because they were able to get their health insurance through their state Medicaid programs. Those are foundational elements at the AMA which really highlights the importance of care for those who have mental illnesses and substance use disorders.

Mark Masselli: Yeah, Dr. Harris, you know West Virginia very well and it's a region that reflects some of the highest challenges that we face in healthcare. West Virginia was one of the original hotspots for opioid crisis. Opioid prescribing is declining, but overdose deaths are not and I'm wondering if you could talk about the work you've done, the work the AMA is doing to address this deadly public health crisis.

Dr. Patrice Harris: Well, you mentioned West Virginia my birth state and in 2014, the AMA convened the opioid task force and the purpose of that task force was to elevate and amplify the work that was already being done by the physician community on this epidemic, but to also identify ways to continue to enhance our collaboration and

partnership that is required if we want to really end this opioid epidemic. In 2015, we developed several recommendations to really focus in on what physicians could continue to do to address the opioid epidemic. We have seen progress as you mentioned, prescriptions are down, physicians are becoming trained to provide medication assisted treatment to get the waiver.

Unfortunately, there are still too many, who believe that those who have a substance use disorder and opioid use disorder have a moral failing or a character flaw. Also, as you mentioned, though, prescribing is down, the number of overdose deaths is up and that's because the epidemic has evolved as most public health crisis do. Now most of those overdose deaths are due to illicitly manufactured fentanyl and heroin. That's why the AMA is laser focus at this moment on access to treatment. We want to make sure that we eliminate barriers such as prior authorization. We also want to make sure that states are monitoring whether or not the insurers in their respective states are following the parity laws and so our patients who need treatment have access to that treatment, eliminating barriers, making sure that parity laws are enforced. In fact, we've been working in a couple of pilot states to model how all the states can evaluate that work.

Margaret Flinter: Well, Dr. Harris as we think about your efforts to improve health outcomes in your another laser focus area on diabetes or pre-diabetes all of these things rear their head again in the lens of inequity and healthcare and certainly Affordable Care Act, Medicaid expansion in particular was a huge step forward in addressing the inequity of access because of not having insurance. I wonder if you could just talk with us a little bit about the efforts at the AMA to address health equity issues.

Dr. Patrice Harris: For many years, the AMA along with NMA and the HMA [PH] worked together on a commission to end health disparities and so building on that great work, we are in process of developing a center for health equity at the AMA. This will be our hub for embedding health equity into the DNA of our organization. We are also very excited about hiring of our first chief health equity officer Dr. Aletha Maybank who did this work in New York, you may be aware of Dr. Maybank.

Margaret Flinter: We are, yeah.

Dr. Patrice Harris: Again, we are committed to make sure the concepts of health equity and health equity when it comes to communities of color, to women, to the LGBTQ community. These are all issues that will be addressed. As you mentioned, we need to make sure that there is a diverse physician workforce, that the faces of physicians match the faces of our patients. We know we've made some progress, women makeup over half of our medical school classes, but when it comes to African

American men, we are going in the wrong direction. We certainly need to address a diverse physician workforce as a part of our overall commitment towards health equity.

Mark Masselli: We're speaking today with Dr. Patrice Harris, a psychiatrist and the 174th President of the American Medical Association, the first African American woman to hold this position. Dr. Harris, let's take a moment and talk about the recent challenges to women's health, especially reproductive health. Planned Parenthood made the dramatic decision to withdraw from accepting Title 10 funds over the so called gag rule. We know how important that Title 10 funding is for so many of their programs across the country. The AMA recently took some actions of its own. I'm wondering if you could shine a light on the filing of a suit in North Dakota over the state's actions to limit access and the efforts to restrict access to reproductive health.

Dr. Patrice Harris: The AMA remains steadfast in our opposition to any governmental interference in the physician patient relationship. The Title 10 regulation impeded a physician's ability to talk with their patients about all legal acceptable alternatives in their healthcare. The North Dakota laws really required and compelled physicians to give false misleading information to our patients. We filed suits and amicus brief regarding the Title 10 gag rule and the North Dakota laws because again, we remain steadfast in our opposition to any interference in the patient-physician relationship.

Margaret Flinter: Well, Dr Harris, I also want to go back to the issue of diversity in medicine and who is coming into our medical schools and our residency programs and you had referenced that young men of color being less likely to complete their medical education. If I could ask you to maybe expand upon that to how we really look at diversity, again, by geography as well as race and ethnicity, just the tremendous issues that the rural areas are having in terms of both people who are growing up in those rural areas entering the health professions. Talk about this whole issue of diversity and your specific initiatives to address that.

Dr. Patrice Harris: Well, certainly the ability to get representatives from communities of color into medical school is an all in proposition. The AMA has a pipeline program, a doctor's Back to School program, where physicians go into schools where there are currently under represented members in medical school. We talk to the young students, I've had the wonderful pleasure and privilege of participating in a couple of those. One of the things I even said about my presidency is I could be tangible evidence to women to young girls and young boys from communities of color, that they can aspire to be a physician and even aspire to be a leader in organized medicine.

So that's the first part, but certainly we need to start early on and

make sure that our young students, our young boys are getting the support and the services they need so that they can succeed in elementary school, junior high school and high school, so they can even be prepared to enter undergraduate education and then to go on to medical school. As one of our programs in our innovation to train the next generation of physicians we have several medical schools who are working in this area, looking at pipeline issues. I know in Atlanta, the Morehouse School of Medicine has multiple pipeline programs because again, there is no one size fits all approach to this.

Our foundation, the AMA Foundation, which is separate from the AMA with our philanthropic arm has been giving scholarships to minority medical students for a while. We know that student debt is a huge barrier, and especially those who don't have the financial resources to go to undergraduate, let alone to medical school. We're very proud of the work in that area. The AMA will continue to develop partnerships in increasing the number of underrepresented groups in our ranks as physicians.

Mark Masselli: The AMA has an eye on innovation. In 2016, you launched Health 2047 Inc., a Silicon Valley based entity, trying to leverage the expertise of your members to create entities that can help improve healthcare delivery and outcomes, I'm wondering if you could talk about some of the projects to emerge from 2047. Talk to us about the promise that it may hold for really true disruption.

Dr. Patrice Harris: The AMA believes that it is very important for physicians and the physician community to be in on the ground floor of any innovation. Sometimes products are developed and launched without any physician input. It is often the case that particular products don't end up enhancing physician's ability to take care of our patients, but actually end up detracting from that

Mark Masselli: They bring more clicks.

Dr. Patrice Harris: Yeah, that's right, death by a 1000 clicks. So far, we have three companies that have spun off. The purpose of these company is really to address physician pain points, or areas where we saw a need and so as one of the companies is about data. Of course, as a psychiatrist, I know that my patients want to know that when I exchange data, I do want to make sure that that data is secure. We developed a platform to do that. We're also excited about first mile care and that is really about increasing the access to the Diabetes Prevention Program. That is an evidence based program developed out of the CDC, where patients can learn how to better manage their diabetes and better manage their risk factors so that they don't develop diabetes.

Using technology to make sure there is more access to that programs that we have first mile care working on that. Most recently, we

launched Zing Health and that is a program for seniors using technology again to help physicians take better care of our patients, but also addressing the social determinants of health. We know that a food insecurity and lack of access to transportation impact healthcare. The founders of Zing want to incorporate all of those elements into an insurance program that addresses those, so that we do improve health outcomes. We're very excited about being in on the ground floor.

**Margaret Flinter:** I want to ask you about something that garnered quite a bit of attention recently and that was the decision by the AMA that it was withdrawing from a coalition called partnership for America's Health Care Future, which had as part of its tenants blocking medical care for all, an idea which anyone who's watched any of the townhall debates knows has been quite a central feature in many of the discussions during this presidential campaign. The blogs that I read and responses gave a lot of credit to sort of an activist voice within the AMA and then a responsiveness on AMA to that activist voice and but I know some in your leadership still oppose Medicare for all would prefer to see the ACA improved upon. What are the strategies to get to universal coverage. So maybe you talk with us about the AMA's position and your vision really, for the best way forward towards universal coverage.

**Dr. Patrice Harris:** The AMA does not support a one size fits all approach. We do support improving and expanding upon the Affordable Care Act. Millions of Americans were able to obtain health insurance through the Affordable Care Act. We believe rather than disrupting the current system, eliminating coverage options, eliminating choice, the AMA believes that it is the policy of the AMA that we should build upon the progress made by the Affordable Care Act, do things like increase the availability for tax credits, and maybe even enhance tax credits for younger folks to encourage them to obtain health insurance and certainly continue to work to expand Medicaid in states that at this point have not expanded Medicaid. Again, we believe improving upon the Affordable Care Act is the best path forward.

**Mark Masselli:** We've been speaking today with Dr. Patrice Harris, 174th President of the American Medical Association, and the first African American woman to hold this position. You can learn more about their work by going to [ama.org](http://ama.org) or you can follow them on Twitter @AMERMEDICALASSN or @PatriceHarrisMD. Dr. Harris, many in the country are excited about and will be watching your tenure and for your vision for improving health care in America. Thank you for joining us in Conversations on Health Care.

**Dr. Patrice Harris:** Well, thank you very much.

**Mark Masselli:** At Conversations on Health Care 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 U.S. politics. Lori, what have you got for us this week?

Lori Robertson:

In one of the summer's democratic presidential debates, several candidates glossed over the fact that a Medicare For All plan would require an increase in federal taxes, but would also eliminate or reduce healthcare spending by other payers such as employers and individuals. The link the back and forth in the July 31<sup>st</sup> debate concerned how much a Medicare for all proposal would cost in taxes. One side in this argument, Senator Michael Bennett and former Vice President Joe Biden focused only on the taxes while the other side, Senator Kamala Harris and New York City Mayor Bill de Blasio focused on cost in the current healthcare system. Then it said that the plan that senators Bernie Sanders, Elizabeth Warren and Kamala Harris have proposed would "massively raise taxes on the middle class to the tune of \$30 trillion."

De Blasio later responded that Bennett was inaccurate. "Americans right now are paying so much money for their healthcare, ask people about the reality of premiums, deductibles, copays, out of pocket expenses" De Blasio said. Bennett and Biden then countered that the plan would cost \$30 trillion or \$32 trillion, "\$30 trillion has to ultimately be paid." Harris noted that, "We are now paying \$3 trillion a year for healthcare in America." Total national healthcare expenditures were \$3.5 trillion in 2017 according to the National Health Expenditure Accounts, we don't know how much Medicare for all would ultimately cost nor do we know how much Harris's new healthcare plan which preserves a role for private insurers would cost. Many details of these plans are yet to be determined, but two estimates for Medicare For All, said the federal government's cost would be 32 trillion or 32.6 trillion over 10 years. The government would have to raise taxes or fees or cut other spending to cover the cost, but as Bennett and Biden left out, current healthcare spending by private insurers, employers, individuals and states would be reduced or eliminated shifting to the federal government. That's my fact check for this week. I'm 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](mailto:www.chcradio.com), we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

- Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Currently, about 2 million people around the world are suffering from end stage renal disease. There are basically two options for these patients kidney transplants, which are costly and severely lacking in available donor kidneys or dialysis, also costly as well as time consuming, requiring patients to undergo lead filtering treatments at medical facilities lasting up to five hours per treatment, costing about \$90,000 per year. A Montreal team science project just may pave the way for another solution. Anya Pogharian developed a portable homeless dialysis kit that costs about \$500 to produce far less than the \$30,000 dialysis machines currently in use. Her idea inspired by her high school internship working at a dialysis center in Montreal.
- Anya Pogharian: You wouldn't have to make your way to the hospital, which is a problem for a lot of patients. I mean, it's not necessarily easy to go three times a week to the hospital, especially if you have maybe limited mobility.
- Mark Masselli: Hundreds of hours of research led her to build a prototype of the dialysis machine, which is about the size of a typical gameboard, but pumps and purifies blood just as large scale dialysis machines do. Her invention has earned her numerous awards and scholarships, and the attention of one of Canada's key hematology labs, now supporting her continued research. She hopes this device can be developed throughout the world, especially Third World countries, where a significant percentage of the population doesn't have access to either transplant surgery or dialysis.
- Anya Pogharian: 10% of patients living in India and Pakistan who need the treatment cannot afford it or can't have it in any way, it's not accessible. So that's really what motivated me to continue.
- Mark Masselli: A cheap, portable, easily assembled dialysis machine that could alleviate the cost and treatment hurdles of ongoing dialysis, keeping patients healthier longer, allowing them to be treated at home. Now that's a bright idea.
- 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 [www.chcradio.com](http://www.chcradio.com), iTunes, or where ever you listen to podcasts. If you have comments, please e-mail 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



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