Mitchell Katz

[Music]

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, it seems like we are seeing daily changes to the narratives surrounding the Affordable Care Act starting with the White House. The President announced several important changes to the health law last week including cutting off the cost sharing reduction subsidies created by the ACA which allows insurance companies to offer more affordable premiums to lower income Americans purchasing health insurance on the exchanges.

Margaret Flinter: Well Mark, the President called the cost sharing reduction payments bail outs for the insurance industry, but the reality is those payments go directly to securing affordable coverage for low income consumers. And without these CSR payments as they are called, the congressional budget office reporting that as many as a million Americans would not be able to afford their coverage if the subsidies are eliminated. And all of this with open enrolment starting just a few days away on November 1st.

Mark Masselli: Well, a week later and there is a new wrinkle in the discussion, a bipartisan plan was announced in the senate to continue funding the cost sharing reduction subsidies for two years. Republican Lamar Alexander and democratic senator Patty Murray announced they were close to a final agreement on the bill. At first the President back pedaled it from his stance last week saying he could get behind the short-term solution to propping up the insurance markets, one day later though he is back saying he will not support the measure.

Margaret Flinter: The President is saying in a tweet that he cannot support bailing out insurance companies who have made a fortune with Obamacare and in the meantime, there are already a number of legal challenges being mounted against the White House over the CSR payments and we are still waiting for reauthorization of the Children's Health Insurance Plan or CHIP which puts health coverage for 9 million American children into question, so with all this uncertainty, one thing that is certain as that those most likely to be impacted negatively are the most vulnerable populations.

Mark Masselli: Healthcare for the most vulnerable populations is something that our guest today is a champion of. Dr. Mitchell Katz is the Director of Health for the city of Los Angeles. His innovations in population health have earned him many accolades. I am really looking forward to this conversation, Margaret.

Margaret Flinter: And he has been tapped to run the New York City health system, so we are really looking forward to hearing from Dr. Katz.

Mark Masselli: Lori Robertson will check in with us, the Managing Editor of FactCheck.org. But no matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Margaret Flinter: And as always if you have questions or comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter because we love to hear from you. Now, we'll get to our interview with Dr. Mitchell Katz 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 am Marianne O'Hare with these Healthcare Headlines. Confusion and compromise in Washington concerning the cost sharing reduction payments to offset insurance cost for low income Americans, days after the President announced in a late night memo that he was cancelling the cost sharing reduction payments created under the Affordable Care Act that pays funds to insurance companies, so they can significantly lower the deductibles and out of pocket cost for lower middle income people purchasing insurance. A bipartisan agreement has been reached in the senate that would help stabilize those payments for two years. Republican Senator Lamar Alexander and Democratic Senator Patty Murray announcing the stabilization agreement, attorney's general in several states were already lining up with lawsuits against the administration's efforts to eliminate the CSR payments. Meanwhile, the President's executive order to expand the creation of health insurance buying associations, allowing for small businesses to form partnerships to tap in to insurance pools has been met with a fair degree of skepticism. President claims this will offer an opportunity to buy cheaper options, but it has been tried before and has failed. A number of Federal watchdog agencies looked at these so called association plans. Often they failed on many occasions to pay legitimate claims for those who use them. The rules governing the management of these association insurance plans are still being worked out. As the death toll rises in the wake of the Northern California fires, another concern is mounting. Air quality in the San Francisco bay area and surrounds has been rated at its lowest level on record. The smoke cloud is covering much of the region and so many homes, businesses and vehicles burned in these blazes. That smoke is filled with numerous toxins and it is being compared with the poorest level of air quality in China's most polluted cities. I am Marianne O'Hare with these Healthcare Headlines.

[Music]

Mark Masselli: We're speaking today with Dr. Mitchell Katz, Director of the Los Angeles County Health Agency the second largest in the country overseeing the

regions forming hospitals a network of clinics and a billion-dollar budget. Before that Dr. Katz served as Director of Health for the San Francisco Department of Public Health where he implemented the first Municipal Universal Healthcare System in the United States. Dr. Katz earned his BA at the Yale University, his medical degree at Harvard Medical School and did his residency at UC San Francisco. He will be leaving Los Angeles at the end of the year to take over the New York City Health and Hospital system. Dr. Katz welcome to conversations on healthcare.

Dr. Mitchell Katz: Thank you so much for inviting me.

Mark Masselli: You've recently announced your plans to leave the LA County Health Department where you have been nominated to run the largest Municipal Health System in the country with a network of 11 hospitals, 70 clinics but before we get there, you decided to realign various departments in LA to create a more seamless process for continuum of care and I wonder if you could share with our listeners how you approach the healthcare system challenges in Los Angeles and how you brought about the transformation in the healthcare system there?

Dr. Mitchell Katz: When I came to Los Angeles, what I saw was that the patients were not being put first. To make any system work the people you are serving have to be at the center of the system. I think any system that doesn't put primary care as the linchpin for improving care is going to fail. The system that I came to in Los Angeles, nobody had their own physician or nurse practitioner as their provider. Patients saw who they saw. There was no continuity of care. I think so much is lost if people don't have strong relationships over time with their providers because we know that how we handle somebody who say comes with a headache depends tremendously on what we know about that patient. If it's somebody who never complains and is you know cheerful and happy and then all of a sudden, they tell you they have a terrible headache it has a different meaning than someone for whom you have cared for, for years. So putting primary care clinics first requiring that patients be empaneled to a specific doctor or nurse practitioner which was quite controversial at the time I think really was the single intervention that made the biggest difference.

Margaret Flinter: I know that you brought your training and education in your practice as a primary care physician an internist to that work, but you also learned so many valuable public health lessons in your early 90s working as an internist in San Francisco and a city that was a ground zero for the AIDS epidemic. You were out there trying to launch one of the country's first needle exchange programs at a time when I don't think it was even legal to do that, what did you learn from your efforts in that early needle exchange initiative?

Dr. Mitchell Katz: Well, I think there are really two lessons, one philosophical and one practical. I think the philosophical one is that while I love being a doctor and I love taking care of people, we have to recognize that medical care can't really

make a huge difference in most people's health. If you want to make a big difference, you have to go upstream, and you have to address the things that are affecting their health and in the case of needle exchange, it was recognizing that I'm an AIDS doctor but if I really want to make a difference I need to prevent the infection. So the needle exchange was a way of keeping people from being infected, keeping their partners, their children from getting infected. The one thing that makes me happiest is how much hepatitis C we prevented ---

Margaret Flinter: Right. We didn't know it then, yeah.

Dr. Mitchell Katz: We didn't even know it, it wasn't labeled. The practical lesson I learned is that if something is right, then you have to pursue it. Like when we did needle exchange, people said that it would be against the law to fund needle exchange and what we did is by declaring an emergency, we found a way to do it without winding up in jail ourselves. If it's right, then we have to pursue until we find a method of doing it.

Mark Masselli: Certainly you bring that this is sort of a practical very straightforward figure out what the barriers are, solve them in a program and then evaluate how well you've done it and you've adopted a pretty innovative approach. I wonder if you could tell us about the program you developed to combat chronic homelessness in Los Angeles. Talk to us a little bit about how you shifted resources to address the issue and how that might be scaled nationally as well?

Dr. Mitchell Katz: What I saw working in San Francisco in a public hospital was we would admit patients who were homeless. They would come in dehydrated or with mental impairments and people would spend two or three days running all of these tests and when it turned out that the person was addicted to drugs, they would then just discharge them to the street and I would look and say do you know we just spent $40,000 on this person, we could have housed them for the rest of their life and so we started the idea that we would take the sickest people, the people who were suffering from mental illness and we would house them and over 10 years in San Francisco we housed over a 1000 people in here and in Los Angeles since 2012, we've housed 3500 people and the big paradigm difference was we said we will use health dollars. It's a good investment on health dollars and it returns us back to the issue of social determinants what sense does it make for me to give medications to a homeless person if they don't even have a place that they can take it.

Margaret Flinter: Well, I think one of your many accomplishments that we've read about in Los Angeles has been to integrate the departments of health and public health and mental health and you know it seems kind of obvious to us that if you integrate at the level of the leadership, then you ultimately have a good chance of integrating the care and the services at the level of the patient. We would be really interested in hearing how you've made that work in a health

system as large as the one in Los Angeles?

Dr. Mitchell Katz: Margaret, to those of us in the field it makes total sense. You know the patients come fully integrated. They may present with bad stomach pain as their expression of their mental illness. They themselves don't come and say I have a mental health problem, I have the physical health problem, they come, and they say that I have a stomach problem. So, the people we care for they are fully integrated. The problem is the clinicians have all trained in a particular field and everyone wants to practice in their field forgetting that it's absolutely impossible for patients to have multiple different paradigms when they are just one person. I think we can say that people are getting better care because we have improved access and so more people now who come to one of our physical health sites with a mental health problem or are getting mental health treatment. The seriously mentally ill live 20 years less than people without serious mental illness they're dying because of sedentary lifestyle, of smoking, of heart disease, issues the primary care providers know well how to care for.

Mark Masselli: We're speaking today with Dr. Mitchell Katz, Director of the Los Angeles County Health Agency. Before that Dr. Katz ran the San Francisco Department of Health. At the end of the year, he will be taking over the New York City Department of Health and Hospitals. Dr. Katz you are a Brooklyn native, heading back to your home turf and after decades in the West Coast so a very political question - San Francisco, Los Angeles, New York what sports teams are you rooting for?

Dr. Mitchell Katz: You know that's too conscious sort of joke, I couldn't possibly reveal that.

Mark Masselli: But you are facing very difficult times the looming deficit, so where do you anticipate your biggest challenge is going to be in the physical area or is it really about establishing the culture?

Dr. Mitchell Katz: Well, I think the Mayor and the prior Director have already set out the right plan to move to a much more outpatient primary care system and I think that's part of why they chose me, it's all in the operations - helping people. I've always worked in a hospital setting to find out the joys of being a nurse case manager in the outpatient setting. It turns out that many of the nurses who were once working in a hospital you know have really enjoyed you know their new practice as nurse case managers and have seen what a huge difference it can make so what I'm hoping to do is to be adept at operationalizing that vision.

Margaret Flinter: Well, Mitch as you return to the East Coast you know have a universe or a domain of New York but we all live in this larger context of what's going on with healthcare and with health policy changes still so many ways the law could be undermined in terms of access to health services for millions and we of course are ever mindful that it doesn't address the needs of undocumented

persons in this country that have no access, what are your greater concerns as we look towards all this uncertainty in America for people who gained coverage as well as the millions who still aren't covered and what are you hoping to see this next wave of health reform play out?

Dr. Mitchell Katz: Well, the idea of taking away coverage when we really should be extending coverage to people who still lack it in our country is awful. What I would love to see and what we haven't seen is people trying to address how do we improve the current system. We can see ways that it could be improved but what I'd really like to see us do is move to a place where we're addressing how do we fully extend coverage and how do we improve care. There is a reason that the US ranks at the very bottom of the health measures for countries and we should be actively addressing that and sadly instead, we're trying to hold on to the games we've gotten.

Mark Masselli: You know I just want to say as an aside here with resources of the Affordable Care Act, you really revolutionized the public health system in Los Angeles so and also an exemplar for what those types of investments can lead to and you know the health industry is going through lots of transformation in part by the scientific advances in the areas like genomics and there's a blooming data analytics and health data sharing environment out there, and I'm wondering how important getting a hold of that information sharing is going to be part of the platform as you think about rebuilding or improving upon the system that you are about to inherit?

Dr. Mitchell Katz: I think information sharing is a key part. I think that at every level, we need - we need good information when we're seeing somebody - patients need better information themselves in order to make good decisions to be more active as consumers of health care. My only reservation is that I really believe that at its core healthcare is about healing people, and doctors heal people and nurses heal people and pharmacists heal people, computers I'm not sure heal people so.

Mark Masselli: They give them headaches.

Margaret Flinter: Well, Mitch I know that you have been very focused on transforming the way primary care is organized and delivered in the LA County Health System taking full advantage of an integrated system where everybody's incentives hopefully align in the same direction. You must have in that LA County system been making a huge contribution to training the next generation of healthcare providers and workers across the board and I am curious how you approach training the next generation to this new model of care?

Dr. Mitchell Katz: Sure well first, the question needs to be what is it we're trying to teach them. One of the most disheartening things I heard when I first came to Los Angeles was that the residents couldn't have a panel of patients because

after all they were residents, they were rotating, and I was like well how could you possibly learn to be a primary care provider if you don't have the panel of patients. So we were able to empanel them. Second when I talk to medical students, I asked them what do you think from your mentors really smart medical students become, and the answer is always specialists and I really remember that too, I remember that the idea is that if you're really smart, you become a specialist and of course my view is that the thing we most need is really smart primary care providers whether they be doctors or nurse practitioners, physician assistants we need the best people to go into primary care because it's the most important and frankly it's hard to know whether or not when somebody comes in with chest pain you know whether they are having a heart attack or do they have a broken heart, so you know I think that demonstrating the joy of primary care of developing long-term relationships of taking responsibility for people is the best way to have a new generation with a similar philosophy.

Dr. Mitchell Katz: So I think that demonstrating the joy of primary care of developing long-term relationships of taking responsibility for people is the best way to have a new generation with a similar philosophy.

Mark Masselli: We have been speaking today with Dr. Mitchell Katz, Director of the Los Angeles County Health Agency. He will be leading the New York Department of Health and Hospitals in the New Year. You can learn more about Dr. Katz's work by going www.healthagency.lacounty.gov/leadership. Dr. Katz, thank you so much for joining us on Conversations on Healthcare.

Dr. Mitchell Katz: Thank you both.

[Music]

Mark Masselli: At Conversations on Healthcare, 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 issued an executive order in October related to the Affordable Care Act. The order instructed the Department of Labor, Health and Human Services and Treasury to consider proposing regulations on Association Health Plans, Short-Term Insurance and Employer Health Reimbursement Arrangement. The order said that those items were alternative to insurance under the Affordable Care Act that is subject to mandates. The ACA requires insurance on the individual or small group market to cover certain benefits and limit out-of-pocket cost and the law limits how insurers can vary pricing based on individual factors like age. Trump's order also mentioned selling insurance across state lines. We looked at the issue of selling

policies across state lines before and what impact it might have on premiums on the individual market were those without the employer plans or government plans like Medicaid by their own coverage. If insurance companies could sell across state lines and the state regulators didn't have to follow ACA requirement, would premiums dropped significantly?

Joseph Antos, a healthcare expert with the American Enterprise Institute told us that while there could be some reduction, insurers would still be locked into the cost of health services in a given geographic area. Linda Bloomberg with the Urban Institute said that some people could see a big drop in premium if insurers significantly curtailed benefit selling plan without much insurance protection to healthy people, but that would also drive up premium for those wanting comprehensive insurance and in states that want to have insurance regulation. Aetna CEO said earlier this year that the idea is outdated because insurers now are aligned with networks of providers that they create in certain area. The American Academy of Actuaries said this year that cost savings from negotiating provider networks can be larger than savings glean from differences in benefit requirements. But it may be difficult for insurers entering a new state market to negotiate with provider and that's my fact check for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

[Music]

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, e-mail us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

[Music]

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Pregnancy is normally an exciting time for most women, but according to the research an estimated 10% of prenatal women experience some kind of depressions during their pregnancy, and many are reluctant to treat their depression with medication for fear of harming the fetus.

Dr. Cynthia Battle: In fact, a higher percentage are experiencing lower-grade depressive symptoms and left untreated those mild to moderate symptoms can progress and in some cases lead to a more serious postpartum depression.

Mark Masselli: Dr. Cynthia Battle is a Psychologist at Brown University. She and her colleagues decided to test a cohort of pregnant women to see if a targeted prenatal yoga class which combines exercise with mindfulness techniques might have a positive impact on women dealing with prenatal depression.

Dr. Cynthia Battle: And it was a typical kind of Hatha yoga and we enrolled 34 women who were pregnant, who had clinical levels of depression and they would come to classes and we measured their change in depressive symptoms over that period of time.

Mark Masselli: Not only were women able to manage their depressive incidents, they also bonded with other pregnant women during the program and found additional support from their group. A larger study with control groups is being planned with the assistance of the National Institute of Mental Health.

Dr. Cynthia Battle: Women who are depressed during pregnancy unfortunately do often have less ideal birth outcome. So one thing we are interested in seeing is when we provide prenatal yoga program, can it improve mood, and then can we even see some positive effect in terms of the birth outcomes.

Mark Masselli: A guided non-medical yoga exercise program designed to assist pregnant women through depression symptoms helping them successfully navigate those symptoms without medication, ensuring a safer pregnancy, and a healthier outcome for mother and baby, 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.

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