

Mark Masselli (00:04)

16 years ago, we aired our first episode of Conversations on Healthcare. We're bringing back our first two guests to reflect on where we've been and where we're going.

Speaker Emerita Nancy Pelosi (00:14)

People always ask me if I ruled the world or whatever. It's what I would do if we were a new country, a brand-new country. I would carpet the country with community health centers.

Margaret. Flinter (00:26)

Those original guests were then Speaker of the House of Representatives, Nancy Pelosi and Dr. Mitchell Katz, who now leads New York City Health and Hospitals, the largest public healthcare system in the country.

Dr. Mitchell Katz (00:39)

We've done that. We've created the system that makes it very difficult, to look at your patient unless you're willing to spend two hours in the evening, charting after you've seen them. That's our, that's on us as far as I'm concerned. And, you know, I think we have to realize all of the stuff that is lost in that.

Margaret (01:04)

This is Conversations on Healthcare.

Mark (01:17)

Well, Speaker Emerita Pelosi, welcome back to Conversations on Healthcare.

Speaker Emerita Pelosi (01:22)

My pleasure to be here. It was my honor to be on your first show, again my honor and pleasure today. Thank you. Thank you, Mark and Margaret.

Mark (01:31)

Yeah. You know, you were our very first guest on that program 16 years ago, I think was September. It was just a few months before the great passage of, the Affordable Care Act. Wondering if you could just share with our listeners your thoughts about the sort of arc of progress that we've made since then, and certainly the challenges that we're facing now.

Speaker Emerita Pelosi (01:52)

Well, you used the term arc, and so I'll go right to Dr. Martin Luther King because he said, and he's been our inspiration all along. That of all forms of inequity, the most inhuman is that of inequality with healthcare because people can die. So we abused his exact words, which I paraphrase now, as our launch, to pass the bill, to save the legislation and to continue to organize around that vision and that concern that we have. So it is, pretty exciting though, to see how the public involvement in this has been so essential to saving healthcare and continues to be, we need to save it when we, when we pass the bill. Well, it's, I'll tell you this story probably said it that not yet that day. This'll be new for you, but not for me. When we were, pat working on the bill, and thank you all for your interest in all of this. And then, and now we were working on the bill. Then Senator Kennedy passed away, and then they had an election in Massachusetts. So when we came, when the election did not go our way for the moment, it did not go our way. The press said to me, well, you're a loser. It's over for you. I mean, that's what they said. It's over for you. So that's it, because you don't have 60 votes in the Senate. And I said, well, this is an opportunity of a generation. For a hundred years, presidents have tried to pass access to quality healthcare, starting with Teddy Roosevelt really, and then Franklin Roosevelt, and the list goes on. So this is an opportunity of a generation, and we do not intend to miss that opportunity. So whatever is standing in our way will not be an obstacle to us. If it's a big wall or a fence or something, we'll push open the gate. If the gate doesn't open, we'll climb the fence. If that doesn't work, we'll pull vault in. If that doesn't work, we'll parachute in, but we're not letting anything stand in the way of our passing this healthcare bill. So after we did, they said, which one did you do? And I said, we did the first one, which really gets to your question, we did the first one. All of our inside maneuvering was very important and essential to our success. But the outside mobilization made all the difference in passing the bill because we went up to that gate and we not only had the courage of our members, and it took courage to push it open, but we had the grassroots operations of the, the, the groups of people, whether it was cancer, heart, any issue that you could name, people with disabilities with us. Most importantly, we had the nuns because we did not have the bishops, but the nuns, they made it possible for so many of our members who usually are beholden to the bishops, but the nuns convinced them. So we were able to pass the bill because of the outside mobilization. And that is, that's what helped us pass it. That's what helped us save it. Obamacare cures, it cures, and we had 10,000 events where you all participated in it. 10,000

events around the country where people told their stories. My wife had breast cancer. Our baby was born with heart condition. My, my, brother is disabled. You know, whatever it happened to be, they told their personal stories. Nothing more powerful or eloquent than that. They didn't talk about provisions of the bill or, politics of this passage. No, they just told their stories. 10,000 events. And this was mobilized by different groups, protect our care, all of that around the country. And that's mobilization again. Help pass it and help save it then.

Margaret (05:59)

Speaker Emerita. Today, I am, in Chicago where thousands of community health center leaders and clinicians and advocates are meeting. You have been a longtime supporter of the Community Health Center movement. I wonder what advice and insights would you give to this vital part of our healthcare sector looking forward with a forward future for the country?

Speaker Emerita Pelosi (06:23)

Well, thank you for the question because I, I love the community health centers federally and all that, but, here's the thing. It's always been bipartisan, so let's keep it that way. The support for community health centers always been part of the forgetting what they're doing, not forgetting, acting upon what they're doing right now, but remembering that they're there. They've been there, and we want them to be there. Now, people always ask me if I ruled the world or whatever. It's what I would do if we were a new country, brand new country, I would carpet the country with community health centers, have an occasional hospital when needed, but carpet, the country with healthcare, this is so important, and I've been obviously working with our community health centers.

Mark (07:10)

You know, another best dollar spend is the investment we make in our veterans healthcare. You are a longtime advocate for veterans and veteran healthcare. What's your concern about the current administration's management of the VA?

Speaker Emerita Pelosi (07:23)

So, I think that what we have to do is, I mean, the Veterans Administration writ large and Veterans, veterans' health, so important, I would put it in the form of the PACT Act. We are very, very proud of the PACT Act that we passed. The PACT Act is the Compact Act we have with our veterans. When the battlefield, we leave no soldier behind, and when they come home, we leave no veteran behind. The PACT Act was a bill that we passed, and it took a lot because it took a lot of money to address the needs of vets who had been exposed to burn pits. The burn pits, I don't even go into what's in a burn pit, it's so foul. Some of them were as big as a, a football field, or two or three football fields of all this crap symbolically, and actually in there carcinogenic to people who are exposed. We passed the bill in the house. We, we were fighting for hundreds of billions of dollars. Everybody said, you're over promising. I said, this is what the need is. You know, that's what we're promising that to fulfill the need, the Senate had \$16 billion in their bill. Poor babies. I mean, were we really ever gonna go for that? No. So, when we passed our bill in the house, 34 Republicans voted with us, which means about 170, voted against it, some number like that. 34 voted with us, big blah, blah, blah, Republicans for that 34 for the PACT Act. Then we sent it over to the Senate at, with a big, our big number. They wouldn't pass it. They were not gonna pass it because you need 60 votes, because they're still who they are over there. And we had to sleep on the steps of the Senate. We had the families there, and the rest, John Stewart, John Field, you know, people like that with high profile out there fighting for it. And finally they took up the bill, they sent it back to the house because, but they made a couple little changes. And the, then we got more Republican votes, but not, you know, not universal as we had on that Democratic side, but we went beyond the 34. but public sentiment, those people lobbying outside the Capitol in the dark of night, the families telling stories and the rest, and we were there to listen to them, but they were the stars of the show. And John, the two, John Stewart, John Field, they made it, more, public sentiment, making sure people knew. But if you saw the figures for the veterans who've signed up, it's remarkable. And the ones, first of all, who've signed up. Now, the beauty of it is you are there, you're diagnosed, you are in, it wasn't one of these circuitous conforming things that you had to, you know, do in order to qualify for the, for the benefits. And then you sign up for the benefits, this, that, and it's in the millions in Multimillions, who have, who have taken advantage of it and, and will more quickly be receiving benefits than they would've before the bill.

Mark (10:45)

Well, Thank you Speaker Emerita Pelosi, for joining us today. But also thank you for your service to our country and spending time with us today. We appreciate you.

(10:54)

Joining us now is Dr. Mitchell Katz, the CEO and President of the New York City Health and Hospitals. Dr. Katz, welcome back to Conversations and to our Sweet 16 anniversary show.

Dr. Katz (11:05)

Well, thank you. And I'm just so honored to be a speaker along with Nancy Pelosi. What an amazing person she is. What a phenomenal career. I can't think of anyone who did more to advance equity and healthcare than Nancy Pelosi.

Mark (11:21)

Well, Margaret, we're, we're, we're fans of both of them. Absolutely. And they're both gifts to our country. Yep. I, you know, I remember Dr. Katz came in 2008, I think, to the Weitzman Symposium. Out from San Francisco. I was telling us about this incredible thing called eConsults, which we e referrals. E referrals at the time. which we immediately stood up and, developed our own program, caring for about 4 million lives only because of the inspiration that you provided us. So it's been 16 years. You were in San Francisco, the Director of Public Health. Wondering if you could just tell us a little bit about the journey that brought you all the way back, I think I should say, to home. 'cause I think New York was, also, a place where you all this started.

Dr. Katz (12:07)

I, I am Brooklyn born, but, so I left San Francisco, because happy as I was there, I felt that Los Angeles needed me. they had gone two years without a director. They're the second largest public system. And, because of Nancy's success, Obamacare was coming. And I knew that if they did not do the necessary actions, they would never be a success under, Obamacare. So, to me it was a very important, trip to go. and I had, you know, great years there, wonderful people and was able, I think, to transform the system, from a system that took care of people well, but only those people who had no choice. the big thing that Obamacare did is it gave people who are low income a choice, and then systems have to respond differently to people who have a choice. If people have a choice, you have to make sure that you have good customer service, that you don't just tell everybody to arrive at nine o'clock and have long lines of women waiting for pap smears, which was what I found when I went to Los Angeles. It needed to become a more, friendly system for the patients. So, then, I was very happy in Los Angeles. I had, elderly parents. It was important to me that especially my dad, never have to go to a, a nursing home. Nursing homes are needed. There are people who don't have families who can take care of them for whatever circumstances. I knew he would hate that. and, one of my life, great achievements is that my dad died at a hundred years old in his own bed. He slept next to my mom the, the night before. and that was what I wanted. No hospitalization, no nursing home, no unnecessary care. and, also, of course, getting to lead the, the largest system, public system in the country, a historic system with Bellevue, the, longest running public hospital in the us. Other great hospitals like Harlem and Elmhurst. Each of them, each of our 11 acute co hospitals have an amazing history of people they've cared for. so it has been a great, been a great set of years.

Margaret (14:44)

Well, that's a, a beautiful story. about your parents, about your dad, and, very, very consistent with what we know about you, but a beautiful story, and I'm glad you had that ending with him. it's always interesting, to look back at moments in time, and when we spoke with you, in 2009, then President Obama as well as then speaker, Pelosi we're working hard to pass the Affordable Care Act as, as we all were, I think at that time. it was difficult. So I'm wondered if it could be done, but it did occur. You've got the, arc of history, to look back over your own professional history. When you look at a national level as well as the systems you've been involved in, what do you think the clear successes have been from what we now often call Obamacare, in the country? And I think it's important we look at this moment in time at what those successes were.

Dr. Katz (15:39)

Sure. I think the big successes are getting people involved in primary care, and chronic disease management. that in our country, because of the Tala laws, even before we had, Obamacare, people can go to an emergency department, they can be cared for in extremists. What they can't get is diabetes medications. What they can't get is hypertension medicines. What they can't get is a relationship with a great primary care provider like you, Margaret. That's not something that you can get in an emergency room. And, and that in and of itself, those primary care relationships are incredibly healing. and so what it did is give people the right to healthcare as opposed to, you know, the right to arrive in an emergency room and extremists and get temporizing care. I think the data is quite impressive that, it increased the utilization of outpatient care, decreased the utilization of un of unnecessary care, and help people economically, because they didn't have the large debts that can be so crushing for low-income families.

Mark (16:59)

Margaret, I want to pull the thread on what you were talking about, the arc of history and, and, obviously Dr. Kat's well aware of it. If we look over those past 16 years, certainly what looms large, is COVID, and, I know during the pandemic, Dr. Katz, you had to triple the ICU capacity at your 11 hospitals. We recently had some experts on who said, the country is simply not prepared for the next big pandemic. And I'm wondering what you think about that and what do you think the pathway forward to get us up to the readiness we need? Because there certainly will be a pandemic at some point.

Dr. Katz (17:39)

Yeah, It's a tough question. I, I think you know the answer when people say, are we prepared? The reason people know we are not, is that people across America are in emergency rooms on Fridays and Saturday nights waiting for beds, right? On a normal day, yeah. Yeah. Right. Right. 24 hours, 36 hours, people are waiting for beds. The existing system has no excess capacity. The existing system at Good Times meets the needs at difficult times, like weekends is overwhelmed and doesn't fully meet the needs. So of course, what if you have an explosion of need, right? The, there is no way that the current system response. So, you know, I think figuring out how better ways to take on, additional, load is critical. I think, for example, having doctors, why do we still have doctors license and credential by state? The only reason we do is because the state medical, professional organizations make a lot of money off of that license. That's the only reason. Right. All states currently in the US require the same credentials to get a medical license. It's only about money. Right. Well, that, that's a barrier in, in an emergency. I can't have doctors who are non-New York licensed doctors working for me. Right. So, you know, I mean, I think trying to look at what are, you know, the pain points. we, the, in the worst times of COVID, we had 10,000 additional people working at health and hospitals from all over the us and we were somewhat lucky that the pandemic tended to move across geographies. Right. So then we went and helped California, when California had more cases. so we were able to draw whether that's, that will be the same, unclear, but certainly trying to increase flexibility, and enable, you know, better systems of communication, so that you can care for people when you are not necessarily in the same room.

Margaret (20:14)

Well, you talked about Friday and Saturday night, the, the well-known, backups that occur in emergency rooms, but the whole year has a cadence to it. And we're now in the cadence of flu season about to be on our doorstep. And of course, we're expecting there'll be COVID to deal with as well. this year, maybe a little bit unlike other years in terms of the availability of vaccines, the discussion about vaccines. What's it looking like from your perspective in terms of your ability to have flu and COVID vaccine available to stand up the clinics that you have, in the past? And what kind of guidance are you giving your staff and patients?

Dr. Katz (20:50)

Sure. I'm pretty worried about what the winter looks like. all of the negative talk about safe vaccines, I think just increases people's fears. And I think that there, I mean, we're already seeing increased COVID cases. that's a given, the, willingness to take a vaccine, even among my own primary care patients, very low people have a lot of fear, lot of concern have the sense, well, they already got the primary series, they don't need a booster. You know, if they get sick, they will get over it. which is overwhelmingly true, but a few of them will not. and certainly they will be sick and they will expose other people who may not. I'm very concerned about the sort of triple threat that we will have c influenza and RSV all at the same time, and that that will overcome, our hospital's abilities to care for people.

Margaret (21:53)

I've been wanting to ask you this, because I recently came across a reference to New York City Health and Hospitals having a Food is Medicine program. yeah. And it was noted, it was noted that it was the first lifestyle medicine program in a safety net setting. So we'll have to acknowledge, which may have gotten there before us, but we'd love to hear about it. what, inspired your team to create that, and what do you think other, particularly healthcare systems that are focused on, the underserved can learn from it.

Dr. Katz (22:22)

We now have clinics that are focused on sort of planned forward diet, stress reduction exercise. and, you know, even, even in my regular practice, I always tell people that that movement is the most effective medicine we have. and that, you know, people should try to figure out how in their daily life they can move more. So we, we do in our hospitals, the default meal is plant, based. So you can still get a hamburger, but you have to request a hamburger. If you don't request a hamburger, you're going to find out how tasty plant forward food can be.

Mark (23:04)

That's great.

Margaret (23:06)

You know, I wonder, Mitch, if I can ask you to share, with our listeners, you've had a long, history in practice of medicine and in public health, certainly a very distinguished history or one of the public health, physician leaders in the country. Maybe share with our listeners more about what first attracted you, to this kind of public health work and public health leadership work. What were the motivators along the way, to taking this path?

Dr. Katz (23:36)

Yeah. I had the good fortune in residency to, have a residency that included working in a public hospital along with working in a university hospital. And it was so clear to me that the needs were greater for the patients in the public hospital, and that their needs were for a system. Middle class people generally have a system around them. They have the ability to take off from work because they have sick leave. They have the ability to transport themselves because they have cars when they need a procedure, they have a family member who can take off from work and take them to a procedure. low-income people often struggle with daily life in ways that make it very hard for them to get the care they need. And so, you know, to me, you know, the point was to be useful to use my skills in ways that are helpful. And I think also because I am a primary care provider, and I've always wanted to be even as a, as a primary care provider for low-income people, I feel we are more valued because, they don't have as many positive relationships, as middle class people have. they often are live, many of my patients live by themselves, live in substandard housing. They need help on a variety of things, and that makes it worthwhile.

Mark (25:07)

The person to person, connections are so important, Margaret, but also, the world's changing. And I'm wondering, AI looms large. I'm wondering, are you using any elements of AI? Are you thinking about it? What's the path forward to provide the support that the health system needs? And is AI a tool that might be in your, toolkit?

Dr. Katz (25:34)

I'm very hopeful that AI could take up many of our administrative functions, and could make it easier to get some of the paperwork of healthcare done. one of my, you know, life frustrations is I, I believe that I care in the US is too complicated. That really what it should be about is a patient in a room with a doctor, with a nurse, with a social worker, getting the care they need. And we have made it so bureaucratic, so many forms to sign, so many, boxes to check, and that perhaps AI can help us, you know, to get some of those tasks done. I mean, you, you've probably heard yourself, or maybe you've even experienced patients hate when they're, clinicians stare at the computer instead of looking at them a hundred percent. But we've done that. We've created the system that makes it very difficult, to look at your patient unless you're willing to spend two hours in the evening, charting after you've seen them. Yeah. that's our, that's on us as far as I'm concerned. and, you know, I think we have to realize all of the stuff that is lost in that. And so if we could get to a point where, you know, I could have ambient ai listen to my visit with the approval of my patient and write my note, I'm good with that. Yeah. but I don't, I don't, I don't see ai, you know, hugging my patients. I don't see AI necessarily, you know, responding in a loving way to, you know, people's life stories. And that is, you know, some of the special sauce of primary care.

Margaret (27:31)

I think that's a good note to end on. And we want to thank you, Dr. Mitch Katz for joining us again after 16 years. And thank you to our audience for being here. Just a reminder, be sure to subscribe to our videos on YouTube, find us on Facebook and X, and please share your thoughts and comments about this program. Take care, and be well.

(27:54)

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