

Fixing Healthcare Podcast Transcript

James Carville

- Jeremy Corr: Hello, and welcome to season three of the Fixing Healthcare podcast. I'm one of your hosts, Jeremy Corr. I am also the host of the popular New Books in Medicine podcast. With me is Dr. Robert Pearl. For 18 years, Robert was the CEO of The Permanente Medical Group, the nation's largest physician group. He is currently a Forbes contributor, professor at both the Stanford University School of Medicine and Business, and author of the best-selling book, "Mistreated: Why We Think We're Getting Good Healthcare-and Why We're Usually Wrong."
- Robert Pearl: Hello everyone and welcome to our monthly podcast aimed at addressing the failures of the American healthcare system and finding solutions to make it, once again, the best in the world. In this season, we've turned to the world of politics and the role of government in healthcare. As always, we invite you, the listeners, to share your thoughts on this topic. Please take the new "Fixing Healthcare Survey," available on my website, RobertPearlMD.com. We'll be reading and discussing the best listener suggestions throughout this season.
- Jeremy Corr: In this episode, we welcome James Carville, one of the most recognizable figures in American politics. Carville came to fame as the lead strategist on Bill Clinton's 1992 presidential campaign run, coining the now-ubiquitous phrase 'it's the economy, stupid.' He has worked as a political commentator for both CNN and Fox News, and remains a powerful voice in politics today. Carville hosts now the "2020 Politics War Room" podcast alongside political insider Al Hunt. He's here today to talk about the 2020 elections and the role that healthcare will play in determining the outcomes.
- Robert Pearl: James, you've been one of the nation's most acute observers of the political process for three decades. I can't wait to learn from your expertise. Let me begin by asking you, for the past four years, healthcare has been ranked number one amongst the voters. Why do you think that is? And second, what are the implications for current elected officials, and those who will be running in November?
- James Carville: All right, well I'll start with just kind of being a college professor point here. There are two things that you talk about. What we generally talk about is how we pay for healthcare. Most of the time when people say healthcare is the biggest issue, we talk about paying for healthcare, is the government into the healthcare business? It's really into paying for healthcare. You know as a physician, a hospital or something like that. That's generally what the two issues are. And if anybody, traditionally, politically, anybody that moves on this issue tends to lose. So we moved on it in '93, didn't get it through. We lost politically. President Obama moved on it in 2009, was able to get it through and suffered politically.

James Carville: So, when you're dealing with this issue, you're dealing with something that people just don't hear about, that they have actual experience with. And it's, again, I go back to my thing is we got to, when people talk about it, you got to be sure if you're talking about cost or you're talking about the actual product of healthcare. I know they're related, but they are different.

Robert Pearl: So let's dive in specifically to Congress. What are your thoughts on Congress's ability to reign in drug costs?

James Carville: Well, I'm just going to go politically on this. This is a enormous issue. I know so many people and I still have friends in the business, a lot of them do focus groups and we talk from time to time, although I'm not directly engaged as I used to be. And it continually comes up and it's a real issue that really affects people's lives. My sister is a RN, a home health nurse. And of course, you don't necessarily see or deal with this all the time. People have high blood pressure, they have diabetes, they have multiple things. If they knock over their blood pressure medication, that's it. They're done for the month. It's not like you can just walk down to the drugstore and get a refill. And I think it's a terrible thing in a country of this enormous wealth where we have people that are priced out of getting the kind of pharmaceutical help they need when they're facing these challenges.

James Carville: Now, I would defer to your policy people, but one of the things that the pharmaceuticals say, "Well, we need this because we need to do ongoing research." I think there's a compelling case to make, public case to make, is let the federal government fund the research. You apply for grants like you do for anything else and you have a board of physicians that determine what's meritorious research or not. And then you say, "Okay, we'll pick up the research costs for you." If that's what standing between people living and dying, the amount of money, like I said, they can do the research. Let the tax payer fund it and they'll use that on the back end to excuse, to overcharge people.

Jeremy Corr: So what do you think of the role in the media when it comes to effecting healthcare policy? Even though healthcare is probably one of the hottest topics, if not the hottest topic for voters, it doesn't have that same sensationalism as say, talking about impeachment or what's going on with Iran right now. Do you think it's the media's responsibility at all to kind of come back and cover some of these issues that are very important to the American public that don't get covered as much?

James Carville: Well, first of all the media, I don't quite know what it is, but I guess a conglomeration of people that cover the election. Maybe you guys are in the media for all I know. It's like anything else. Some of the reporting on healthcare's been I think good and admirable and some of it is just... and a lot of the horse race... But I think you're referring to is the idea that these are what's driving... The thing in Iran is an immediate issue. That's right there. It's something new. It's fresh. We haven't seen this before. The healthcare access, costs, quality debate has been with us forever, forever. So it'll take... We have a

healthcare debate 365 days a year. There's 366 in this year. Impeachment is a much rarer thing.

James Carville: Now, I think there's real political value in a Joe Biden standing up and saying, "Look, the president, we definitely have to focus on this, but we can't forget what our primary ..." take them back to the thing that they're really concerned about on an everyday basis, and that is healthcare. You can't talk to anybody that doesn't do focus groups anywhere: urban, rural, race, ethnic, anything. That always comes up. It does because it's horrendously expensive. And as you guys pointed out, it under performs. It costs more and delivers less than most anywhere else. And people instinctively know that.

Robert Pearl: So one of the responsibilities of Congress from my viewpoint at least, is to prevent monopolistic consolidation and billing. They've passed legislation around that for almost a full century. And yet we see hospitals, just an article in the New England Journal of Medicine talked about how hospitals are consolidating for market control to raise prices. How can Congress or what should Congress do to reverse this process?

James Carville: I know enough to know this is a huge thing. And I live in New Orleans and maybe there's something here that Ochsner hadn't bought, but it's kind of hard to find. And I just have to believe based on just everyday experience that the reason that they gobbling all the people up, becoming consolidated, is because they want some price power like that, which is what we're talking about today. But it seems to me being here and in reading and looking around the world, there's consolidation going on everywhere. And it's not that, I didn't realize this, but you do. They're buying up a lot of medical practices. They're everywhere. And they're not buying it because they... I know all the people at Ochsner, I think they're fine people. But they're buying it because I think they think they're getting pricing power.

Robert Pearl: Absolutely. That's what's been going on. And this article in New England Journal of Medicine talked about how quality has not gone up, and service has gone down, and prices have soared. So you're absolutely right in your conclusion. I think the real question is how does Congress break apart this monopoly? If it was an almost any other industry, they would ...

James Carville: The answer is very unsatisfactory, but necessary. It is because as the industry has consolidated, it's also consolidated its political power and its fundraising powers. Do you know that when Harry Reid, who I think is one of the great members of Congress of this century, was the democratic leader, they were not allowed to even bring up drug pricing because the pharmaceuticals were so powerful in their fundraising arm? And as you have consolidation you have increased political might. So they're going to be more formidable now than they were five years ago. That's just a fact.

Robert Pearl: We're the only country that I know of in the industrialized world where the government is prohibited from negotiating prices with drug companies.

James Carville: That's correct.

Robert Pearl: Shouldn't surprise anyone that we pay two to three times more for drugs.

James Carville: The amount of power that they have is staggering. And they're not going anywhere.

Robert Pearl: There's no question about it the legacy players, insurance companies, the hospitals, the drug plants, and for that matter, too, the physician specialties have massive influence and power in shaping legislation and preventing any real change from happening. Maybe we can take a step back though, because you spent so much of your career in the executive branch, obviously also in the legislative branch. Where is the real change, if it comes through the government, likely to happen? Is it going to come out of the executive office or out of the congressional area?

James Carville: The monopoly power that's being wheeled by the healthcare providers is so powerful that we need to have a Congress that's willing to stand up to this behemoth, leviathan, or whatever you want to call it. And what I would say to you and people that think like you, is get the authority of an election behind you. Get the next president to say, "If I win, and this is what we're going to do. And I'm not going to be able to do it by myself. I'm not going to be able to do it by just cajoling members of Congress and promising things. I'm only going to be able to do this if they know that the public supports it. And the way we're going to support it is we're going to win this election and we're going to go forward and try and do this." Only way you can do it. You're not going to do this without the authority of an election behind you. And without a clear statement from a candidate saying, "If you elect me, this is the job that you sent me there to do, and you have to help me when I get there, continue to do this job."

Robert Pearl: I've written about the fact that I don't believe that Medicare for all, despite all the candidates who have proposed it, can possibly get through Congress. Do you agree or disagree?

James Carville: 100% agree. And why would you want to try? I think it's like 140 million people. And the idea's not... Look if we were going to start from scratch, we'd do a lot of stuff different. All right. I wish I could start from scratch. I'm 75. But this is all in there. It's embedded. It's part of it. I don't think there's any chance that... And another thing they're going to face, opposition everywhere, particularly from the unions. You going to tell a Alameda County firefighter in California that you don't have your health insurance anymore? That you're in Medicare? I don't think that's going to work.

Jeremy Corr: One of the things I'm curious about is based on your background, when you see politicians running on healthcare issues and they kind of promise things like Medicare for all that may not be able to realistically pass through Congress,

what are your thoughts on politicians kind of promising some of these pie in the sky type things or if they are pie in the sky?

James Carville: Well, everything started as a pie in the sky thing, at some level. The civil rights movement was a pie in the sky thing at one time. The women's rights movement was a pie in the sky thing at one time. Gay rights was a pie in the sky thing, and it was effectuated by people working hard and bringing about social change. Before we had social security, when it started it was a pie in the sky thing.

James Carville: The problem with Medicare for all is you have to unring a bell, and I mean you have to unring a bell in terms of people's lives. You have to unring a policy bell. You have to unring the entire way that something is paid for. I have no idea of what happens to the market cap of all these health insurance companies, but somebody has a lot of money in that. A lot of pension funds, for all I know The Little Sisters of the Poor have their pension fund tied up in there. So who knows.

James Carville: But you're not starting from scratch. You're starting from a point, and what Obamacare showed and same thing that CHIP showed in the '90s and earlier. You can make real improvements within this system. You're probably not going to get to change it. It's too inbred. So you want to affect it and move it into a better place. But I'm a little... It's okay to dream, but your dreams have to be at least somewhat realistic.

Robert Pearl: So you're often credited with President Clinton's notion that, it's the economy stupid. And I'm sure you had a lot of input into that phraseologies that happened. As you look to 2020, will healthcare be the economy issue that it was when you were leading the Clinton campaign?

James Carville: Be more. Look at what a huge issue it was in 2018. It was probably the biggest issue in the 2018 off-year election, which by the way generated the largest turnout we had since women had the right to vote. I don't have any doubt the decision's going to be, unless between now and then everybody stops getting sick, which I don't think is very much of a chance either. [cross talk].

Robert Pearl: To that end, we still have 30 million uninsured in this country. What role do you see them playing in this upcoming election?

James Carville: Well, there's probably a correlation between being uninsured and voting. And a fact that people that have health insurance vote more often than people that don't have health insurance. But I think, the probably more productive argument is focusing somewhat on the uninsured, but more how many people have insurance and insurance not any good. Or how many people want to expand it? How many people want to get things covered that's not covered on it. That's probably a fruitful area, too. If you just focus on people that don't have insurance then you sort of sending the signal like you think everybody else is

okay, which is not the case. So it takes some political skill to navigate between the two.

Robert Pearl: So you were directly involved with President Clinton and his efforts to pass healthcare reform and I know you followed very closely president Obama's. How do you see these, the two directions they were heading, they basically very similar? Or do you think they were-

James Carville: The idea again is health insurance. So the Clinton approach was most people get their health insurance from their employer. So we'll build on that. So therefore, we'd give all kind of subsidies and things to employers. The employer was going to be the person who would pay for the extra people that were covered. President Obama took a different thing and did more of the individual. But both had the characteristic of basically keeping the same system in place but expanded. One wanted to expand through employer based coverage and the other actually did expand it by more individuals participating in a marketplace.

Robert Pearl: How are you or would you advise current presidential candidates to position themselves relative to addressing these shortcomings?

James Carville: I would say that the way... What the country needs and what the country wants and the way that we're going to win is we're going to expand the reach of the Affordable Care Act. We're going to make it more available to people. We're going to get more things covered under it. And because the democratic voter thinks Medicare for all is a kind of illusion. They're worried about the politics of it. And that's something new where voters are into the political ramifications of a candidate's decision. But you can tell like Senator Warren came out for it. Now she doesn't talk about it, because she sees that this is a political loser. For Bernie, look, he's got his X percent, then they're running off our debt. He's not going to be the nominee, but he could potentially be the key once they get to Milwaukee. It could be a big issue.

Robert Pearl: I have in the material that I've written, I've spoken or written a lot about the fact that every payment system fails, if the delivery system keeps driving up costs without equivalent quality or other improvements sitting in play. Do you see any role for the government, the president, elected officials, anywhere in it changing the delivery system, not the finance system?

James Carville: Well, give me an example, that you would be talking about.

Robert Pearl: So as an example, you could on a legislative basis say that hospitals with insufficient volume would have to either consolidate with others for higher performance, meaning not just consolidate to control the marketplace, or would have to send patients to centers of higher excellence the way we do right now in trauma care. You don't get taken to the nearest hospital, you gets taken to the one that has the skill able to take care of you. You could pass a legislation that would actually change the delivery system. Medicare funds the number of

residents. We train more specialists and not enough primary care for what the nation needs. They could change the funding of that process. These are very fundamental pieces inside the delivery system, not at the insurance level.

James Carville: Well, I know that Obama, the Affordable Care Act, had a bunch of things there to improve outcomes, and metrics, and things like that, and I'm not familiar with all of them. But I know that there was some of that included. I have no reason to think that your idea doesn't have a lot of merit. But I know distance matters to people. I think a big crisis I hear is there's a real crisis in rural healthcare where these hospitals are basically being kept open by Medicaid expansion a lot of places. I know this is true in rural Louisiana. I don't think healthcare providers are strategically placed around the country.

Robert Pearl: That's a great example, because you know what the military found, you may remember from the old days, the MASH hospitals, and they said, "No, soldiers who were injured do better if we can stabilize them and transfer them to a hospital that has the right facilities." Possibly most of these hospitals in rural Louisiana would do better in terms of patient outcomes, not the local town economics, but patient outcomes by stabilizing, basically a 24 hour ED, and then transferring. Very good transfer system, a transport system that is not overly expensive, that would have tremendous political shortcomings.

James Carville: For the sake of argument, and I don't know if I want the Washington Parish Medical Society to get on me, for the sake of argument, let's say that there's more specialist care and you can do a better job. A lot of people just don't want to make that move. But there gain, there's a huge story about how the number of murder deaths in New Orleans has dropped precipitously, like as low as it's been in 50 years. One of the reasons is, not total, but one of the reasons, we just really good at trauma care. If you got to get shot, get shot in a place where a lot of people have gotten shot before you. It sounds cavalier, but you know exactly what I'm saying.

Robert Pearl: I guess the question I'm really asking is the role of the government versus the role of the business. Because businesses could say we insure a lot of employees, you make a lot of money from us and these are the changes we want the delivery system to make. Similar to what's happened, as you know with Haven, the Amazon, Berkshire Hathaway, JP Morgan Chase. And we're going to demand it of you, that's one way a change could happen to the delivery system. Will the government have the political will, or willingness, or courage, to make the changes?

James Carville: And my answer is constant. It only will, if they sense that this is something that the public is behind. And to the extent that you are an influencer, if you influence the opinion, the politician will follow. Between now and election day, I think we should devote our energies toward getting people to be very clear what they want to do, how they want to affect this, and then when they stand up on election night said, "This is what the American people voted for. They voted for a delivery system that incorporates X, Y, and Z." You have that, then

you have political power. But you have to go, if you lose the election, it doesn't do you any good. If Mitch McConnell is the majority leader come January 2021, all of this is just an idea. If you have a democratic president and a democratic Congress, then some of these ideas are going to get implemented. But they have to be implemented with the imprimatur of, not just the imprimatur of public, but where the politician know the public's supporting this, that this is what they were voting on.

James Carville: When I go to these town halls, you be careful with this stuff, man. I hear this all the time. That's the way you affect political change. We want to affect political change by saying, "Well, from a policy standpoint, this is the right thing to do. Experience teaches us we should do that." That may all be true, but when you go against actors of this kind of power, you have to have political power for yourself and that means that one thing, and that's strong public opinion. That's my view of it.

Robert Pearl: So you're an expert, not just in politics but also in economics. Today healthcare consumes 18% of the GDP. It's the leading cause of bankruptcy. Out-of-pocket costs have risen twice the rate of overall inflation. Is there a breaking point that you can see, a time when we can say, no matter what, this will be the end?

James Carville: Well, I'm going to keep coming back to the same answer. And that is all of this is going on, the public opinion on this has to be marshal. It has to be galvanized and it has to be articulated. And I'm not an expert on economics, but I follow debates. It's 18% of GDP. It affects this. It does that. When they start seeing it in town halls and they start feeling it in letters and they start getting the sense, then they'll move. The thing that persuades them are votes. A vote, that's it. And they have no... They rely on a lot of these people's campaign donations, a lot of these boards are really powerful, really are part of the community. These some powerful people. And the only way that you can really change it is you have to have the authority of an election, an election that was clearly delineated as to what you want. That's what it is.

James Carville: That's not like a satisfying thing that the chaplain's going to give a prayer and everybody in the Congress is going to say, "You know what? We're just going to do the right thing by people." That's not going to happen without a very strong, clear intervention on the behalf of, by the public. That's what it is. That's what politics is, is building coalitions, is articulating a position, and showing people that you can really make a difference in their lives and the lives of people around them.

Jeremy Corr: So climate change is something you've been noted as being extremely passionate about. When it comes to climate change, and pollution, and things like that, how do you think that should affect public health policy?

James Carville: Well, again, I'm not an expert, but boy, you could have any of these people owned. I mean the public health ramifications of climate change are beyond comprehension. And of course, as you would expect, as always the case, is

disproportionately going to affect poor people. And this, I can tell you, we have so much water and it's coming our way in Louisiana. It's horrific. And I am very depressed and skeptical about the ability of the world to deal with this issue.

James Carville: What has struck me is I think that the climate issue is somewhat of an example of elite arrogance. Let me try to tell you why I come to this conclusion. I teach at LSU and I taught at Tulane, and we're ground zero for all climate issues here in the United States because the Southern Terminus and Mississippi River. So we accurate... If you were going to give the lower 48 a physical, the first thing you would do is look at the little Mississippi River because that's drains almost two-thirds of the country.

James Carville: And I asked a friend of mine, who is an eminent historian Sean Wilentz, he used to be chairman of the history department at Princeton. He's still very active. What's a time in history where people acted against their perceived self interest, short term self interest, immediate term? And he said to check out the British anti-slave-trade movement. And he was right. It's something. There's a book called "Bury the Chains" by a Berkeley academic named Adam Hochschild. It was just elegantly, beautiful written book that tells you about this. And so after I studied it and thought about it, it really hit me like a bolt.

James Carville: Do you know that climate is the only major political or social movement that I can think of that uses no art? The British anti-slave-trade movement had a decent song. It was called "Amazing Grace." It's considered to be maybe the most moving song in the English language. They used art. For nefarious reasons, people use art. They use symbols. I'm going to the LSU game. We got the alma mater, we got purple and gold. I've got shirts, we got logos, we got Mike the Tiger. How is it that two people like us that know what's happening in climate that know it has... How can we communicate with each other in a artistic or emotional fashion? We can't.

James Carville: And I think this is a kind of an arrogance that we know what's best for you and you should just read, if you just read the temperature charts and the tidal tables, you would know what's going on. You have to give people an emotional component. You have to give people a sense of comradery that they're coming together to do something. The reason that the politicians... Because we don't have a bumper sticker. We don't have a flag. I was in the Marine Corps, everybody knows what the anchor and globe is. Even if I drive a pickup truck with a Confederate flag sticking out the back, I'm communicating with you. You know exactly what I'm saying. There's no way that people who are mortified by this issue can communicate, or do anything, and be part of a larger community. And I think that's a real drawback. Give me a song. Give me a lever, I'll move the world. Give me a song, I'll move anything. I need a song.

Jeremy Corr: So do you think climate change should be... I mean obviously, yes, but how do you think we could communicate that climate change is a public health crisis?

James Carville: Right. That wouldn't be the argument I'd make. Although it is, and if you look at the scourge of what 2.3% degrees centigrade means, it's beyond sickening. It's catastrophic. But you're not going to... You got to get people emotionally involved in the issue. You got to bring them in. Mike Bloomberg could run \$100 million worth of spots saying that, "Unattended, we'll be responsible for 136 million deaths." It probably will be, or more, may be a good number to get out with.

James Carville: You got to give people a sense that there's something here that is bigger than themselves and they can join and be part of a movement. Then you can get some kind of action. We've got no action. We've got nothing. It's horrible. You look what's going on in Australia, if that doesn't convince you. A lot of people, it doesn't convince that it's real, and they need convincing. Some people it's real, but there's nothing you can do about it. Then I don't know. What else can I tell you? These people are like running into the Pacific Ocean. There's not a magic solution to any of this, other than education, and moving people, and trying different ways to convince people about what they need to do other than tell them that they're stupid.

Jeremy Corr: I guess the final question I would have for you is, I saw a quote from you from back in the '90s about how you felt the best way to get people off of welfare was to provide universal healthcare. Do you still feel that way and kind of what are your thoughts around that?

James Carville: I don't know if I... I think daycare is a really good thing, really affects women, obviously disproportionate, is a really good way. I believe and I still do believe that the really good thing for people to be doing is to either have a job or be training for a job. And to the extent that we can... We encourage that and give people more opportunities to do it. I think that's a good thing and that's why I liked the idea of, I like Senator Warren's daycare plan. I like expanding healthcare for people that are working because it incentivizes them and it's good. We need more of that. That's a good thing about society and we're able to do some of these things. But that's just a general kind of belief that if we're going to expand anywhere in this country in opportunity, I like to expand it to lower rungs of the employed.

Robert Pearl: Let me close by asking you, let's assume that your, I'll call it your hope since I know a lot about your background, that the next Congress will be dominated by Democrats. The next president will be a Democrat, and it's four years from now. What do you think will be different about healthcare at that time?

James Carville: First of all, you would have real strengthening, deep strengthening of Obamacare. You'd have a pretty significant expansion of the number of people that actually had health insurance. I think that you'd have some of the improvements that you're talking about in terms of consolidation and expertise. I don't know if it'd be like to the extent that you would hope, you'd want it to be. But I think you'd have some movement there. And I don't think there's any doubt, they would have a hard time not dealing with the prescription drug issue.

Because if they win, that's going to be a big thing that's easily going to propel them into. Now, once you get there, how different that your solutions are or something different, but they would definitely almost certainly address this issue in some way.

Robert Pearl: Well, thank you James. It's really been fascinating to hear someone with your background, enthusiasm, and expertise. And we appreciate you being on the show.

James Carville: It's good. And get me a song, by the way. I need a song. Okay.

Robert Pearl: Probably Bruce Springsteen could write it for you. Why don't you just give him a call and ask him?

James Carville: Hey, Bruce. James here. I need a song. There you go. All right. Take care, guys.

Robert Pearl: Thank you so much.

Jeremy Corr: You can't get any more of an insider's perspective than James Carville. As a physician, what are the take-home messages from his comments?

Robert Pearl: James provided the reality of the political process. First for candidates, healthcare is an area of both political opportunity and risk. Second, the power of lobbyists is huge, but even more so is the potential for voters to sway legislators. As physicians we often believe that facts, data and information are effective in implementing change, whether relative to an individual's health or the nation as a whole. He pointed out how emotion, along with images and songs can produce vital and essential change. As doctors, we may not like his message, but we would be wise to learn from his experience.

Let's move to listener feedback from the current Fixing Healthcare survey. This season we asked for listener answers to this important question: "How can the U.S. government best improve healthcare?" I encourage anyone with additional innovative ideas to submit them on the website robertpearlmd.com. We still have a couple of shows on this topic this season.

Jeremy Corr: For this episode, we heard from listeners Steven Magagna, Ryan T. Mackman and Jennifer Sear who all agree the U.S. government should do more to address social determinants of health. Robbie, for those who may not be familiar with this term, what are "social determinants?"

Robert Pearl: The social determinants of health include demographic factors like where we're born and raised; the zip code where we live and the places where we work, play, and socialize. They also include economic factors and access to healthy foods. Together, they exert a tremendous influence over our life expectancy, as well as our mental and physical well-being. In fact, researchers estimate that social determinants of health are six times more likely to affect our risk of

premature death than the medical care we receive. I'm eager to hear what our listeners had to say about this topic.

Jeremy Corr: Steven Magagna says the government should focus on providing safe housing, reliable transportation and better educational opportunities for low-income populations. Ryan T. Mackman points out that ride-sharing companies like Uber and Lyft have already started working with Medicare Advantage to offer beneficiaries non-emergency medical transportation. He thinks the government can expand ride sharing services in ways that benefit enrollees, such as delivering their prescription medications and transporting them to social events to combat the growing epidemic of loneliness. Finally, Jennifer Sear says the answers lie in preventive medicine and mental health reform, with an emphasis on addressing the social determinants of health.

Jeremy Corr: Robbie, you've written and talked extensively about social determinants in the past. What do you think about our listeners' suggestions?

Robert Pearl: All too often, we fail to understand the impact of social determinants when we think about ways to improve health and longevity. But the data is indisputable.

I remember speaking at a national event in Washington D.C. two years ago on improving healthcare in underserved communities, particularly for people with chronic diseases. One of presenters reported the results of a survey she'd conducted among users of a free clinic in the community. When these patients were asked about their biggest healthcare issues, none of them mentioned medical problems. Instead it was the lack of safe housing, heat, food and reliable transportation. We will not be able to address the healthcare needs of our nation without a coalition of leaders from businesses, the government, social services and traditional medicine.

Jeremy Corr: Once again, thanks to Steven Magagna, Ryan T. Mackman, Jennifer Sear, and everyone who has participated in the new Fixing Healthcare survey so far on robertpearlmd.com.

Robert Pearl: Please subscribe to Fixing Healthcare on Apple Podcast. If you enjoyed this episode, please rate our show and leave a review. Visit our website at fixinghealthcarepodcast.com. Follow us on LinkedIn, Facebook, and Twitter @FixingHCPodcast. We hope you enjoyed this podcast and will tell your friends and colleagues about it. Together, we can make American healthcare, once again, the best in the world.

Jeremy Corr: Thank you for listening to Fixing Healthcare with Dr. Robert Pearl and Jeremy Corr. Have a great day.