

Fixing Healthcare Podcast Transcript
Dr. David Shulkin

Jeremy Corr: Hello, and welcome to season three of the Fixing Healthcare podcast. I am one of your hosts, Jeremy Corr. I'm 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, a professor at both the Stanford University School of Medicine and Business, and author of the bestselling book "Mistreated: Why We Think We're Getting Good Health Care—and Why We're Usually Wrong."

Robert Pearl: Hello everyone, and welcome to the new season of 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, our third season, we turn to the world of politics and the role of government in healthcare.

Jeremy Corr: This is our seventh and final episode in this series. We've heard from two presidential candidates, two people who have served in previous presidential administrations, two individuals who have battled with the government and a writer who has approached the problem of regulation through satire and parody.

We've received hundreds of comments from listeners on the role they believe government should play in fixing American healthcare and read over a dozen of the best on previous shows. Their diverse solutions have included congress reining in excessive drug and hospital prices, providing universal healthcare coverage, focusing on social issues like housing and nutrition, protecting the current private healthcare system and strengthening ongoing programs, including Medicare and Medicaid.

Today we'll have the opportunity to interview Dr. David Shulkin. He is a physician who served as the ninth United States Secretary of Veterans Affairs from 2017 to 2018. In this role, he was responsible for the medical care of over 9 million Veterans through the VA hospital system. Dr. Shulkin was dismissed by President Donald Trump over the extent of privatization of these services. He described his experience in a recently published book "It Shouldn't Be this Hard to Serve Your Country."

Prior to becoming the Secretary of Veterans Affairs, David served as the Under Secretary for Veterans Affairs for Health under President Obama, President and CEO of Beth Israel Medical Center in New York City, and Chairman of Medicine and Vice-Dean at Drexel University College of Medicine.

Robert Pearl: Welcome, David. It is a privilege to have you on our Fixing Healthcare podcast. You were both the Under Secretary of Veterans Affairs for President Obama and then you became the Secretary of Veteran Affairs for President Trump. In your

book you talk about the difference in styles of these two executives. Can you tell listeners about them and the advantages of one versus the other?

David Shulkin: I think most of the listeners understand that there's a big difference in style between President Obama and President Trump. Interestingly, I experienced them in very different ways. Both cared very deeply about veterans and making sure that we are doing the right things, but they had different approaches. President Obama was very thoughtful, analytic and careful in policy making and decision making where President Trump was much more willing to move quickly and take risks. And so for me since I had been in government and when I became secretary I had a plan.

David Shulkin: I had a formula for what needed to happen where I felt like we were being too cautious in the Obama administration and that worked well for me in the Trump administration. Because I would just say to the president that I felt like we needed to do the following things but there were some risks associated with them, politically. And he would say, "Well, look, if it's a good thing for veterans, go ahead and do it and I'll have your back." And both times were very productive, but I actually felt like we were able to move very quickly in the Trump administration to get a lot done.

Robert Pearl: You also describe in your book, in great detail, the difficulties of going through a confirmation process. You talk about two different experiences, each of which was somewhat problematic both in your first appointment as the Under Secretary and then the second one as the Secretary of Veteran Affairs. Can you summarize your experience and the lessons that you learned?

David Shulkin: I don't think that the confirmation process or the vetting that occurs with the presidential appointee is necessarily difficult. It is cumbersome, it is lengthy and I think the time that it often takes to get a Senate confirmation ends up leaving an organization without the leadership in place for too long a period of time. For me, I was in the private sector all of my career and when I was approached about joining government I had to make some pretty tough decisions in order to leave my private sector job. Not only moving to Washington but taking a significant salary decrease, divesting from all of my investments that could represent a conflict and then going through all of my public speaking and all my publications to make sure that there was nothing that would present a problem to their administrations. So it was a lengthy process about a year in the Obama administration and the Trump administration we've seen that process shortened significantly.

Robert Pearl: As someone who is an outsider to the government, what you wrote about in the hold process where a single senator can stop a confirmation for proceeding, that struck me as a very friction-generating approach to running a government.

David Shulkin: Yeah. Probably most of your readers don't understand that when you're going through a Senate confirmation process, a single senator can raise an objection that's called a hold and that can stop the process of the confirmation right in its

tracks. In my case during the Obama administration I had four Senate holds all of them turned out to be Democrats and the issues really had nothing to do with me, personally, but were more issues that the senators were not able to get the White House's attention on. And so they used the Senate hold process as a way to bring attention to issues that had been important to them. Again, in the case in the Obama administration they mostly had to deal with the issue of Agent Orange, dating back 50 years to the Vietnam War, that the senators didn't feel that there were appropriate benefits being given to veterans who had been exposed to Agent Orange. So it gives the senator a chance to be able to get heard and have the White House address their issues, particularly if the White House wants to see their nominee get through in an expedited fashion. But it is a process that actually to me delays good candidates from getting their confirmation for unrelated issues. And so there has to be a better way of getting the issues addressed by the senators than for them to raise these objections just to get the attention of the White House.

Robert Pearl: For listeners who may not know, of course, in the end you were confirmed 100 to zero. It's almost impossible to imagine that getting through the Senate today on any issue would have that unanimous conclusion. So congratulations, sir.

David Shulkin: Yeah. Well, again, for me the issue of veterans should be a bipartisan issue. It should be outside of the traditional political divisions that we see so much in this country. And so I was very proud that I worked both as Under Secretary and as Secretary in a bipartisan fashion. And in fact, most senators and congressmen that worked with me had no idea if was a Republican or Democrat and that was exactly the way I wanted it. Because when you're dealing with improving the lives of veterans, that really should not be a Democratic or Republican issue.

Robert Pearl: You write in your book about D.C. gamesmanship and that it's not just the right plan, but the right alignment of interests. What did you mean by that?

David Shulkin: In almost everything that I had to do as Secretary, I had to make sure that I not only felt that it was the right decision and right policy for the veterans, but for the taxpayers. But I would have to make sure that there was a aligned interest between the legislative branch, the members of Congress that had to vote on almost everything that we wanted to do from a policy perspective, but also from the executive branch, which is the White House, as well as the veterans service groups that represented so many American veterans and the employees in VA, over 400,000 of them that were very powerful.

David Shulkin: And if you wanted to implement change, you had to make sure that your workforce supported it. So in everything that you did you really needed to make sure that you understood the perspectives and could explain the reason why you were trying to make change to each of those groups as well as the American public. Because the American public with 21 million American veterans out there care deeply about this issue and it's covered extensively in the press. So the job of Secretary really is to make sure that you not only have the right plan,

but that you have the support among the various groups to make sure that it can move forward and get implemented successfully.

Robert Pearl: Before you took these public service jobs, you were president and chief executive officer of Beth Israel Medical Center in New York city, president of Morristown Medical Center and had multiple other very senior roles, chief medical officer, et cetera. How do these leadership accountabilities compared to leading the VA?

David Shulkin: I think that leadership that is successful transforms the various environments that one is in. It's important to lead with transparency, it's important to lead with integrity and it's important to lead based on principles and to be able to articulate what those principles are and then stand up for what you believe in. And I think that the leadership positions that I've held throughout my career all helped prepare me for the public service that I took on in the Department of Veteran Affairs. The actual work that happens in government is actually very different than the work that happens in the private sector and one of the learnings I had to go through was to learn the various ways that you get work done in the federal government because it was so different than the way it was in the commercial sector.

David Shulkin: But general leadership principles I think are transferable. The specifics of the work and how you get things done in government are very different and it was a learning curve for me that took me awhile. By the time I became secretary, I had been in government for a while so that I understood the ways that things happen. I had a formula for fixing the VA that I thought was working and that allowed me to make significant progress during my initial time of secretary.

Robert Pearl: Could you expand a little bit on those differences in how work gets done in the governmental role versus the private sector?

David Shulkin: I think it really falls into two different categories. The first is culture. The culture of the federal government is very mission oriented, it operates much like the military does in the Department of Veteran Affairs where people often wait for the leader to indicate the direction. They're often called directives in writing that once I would put a directive of down on paper, it will be sent out across the system and it would be implemented pretty expeditiously the way that you would expect a military directive to be implemented as well. And so therefore there was considerable top-down power in the federal government where in the private sector, as the CEO of a organization, even though it was much smaller when the CEO said something it didn't necessarily mean it was going to be implemented that way.

David Shulkin: There were doctors who worked for themselves who have felt that they may not necessarily agree with that, there were other groups in the organization that interpreted things in different ways. So I think the cultures of the organizations were different, but actually the rules of how you operate the system are very different as well too. The government has very specific

procurement policies that you would not necessarily follow. There are laws and regulations about how you work in the federal government that the private sector doesn't follow. So it's actually just learning the specifics of what the rules and regulations are in operating a government agency using taxpayer dollars. How you have to get congressional approval and the executive branch approval over things that when you run a private institution you just wouldn't have those requirements.

Robert Pearl: You talk in the book about your experience learning about the 350,000 veterans who are waiting more than 30 days, 31 categories of relative urgency for the visits and how you very quickly made the changes to take it down to two categories and be able to address the problems in one day. As an outsider, you're appalled by these delays, access problems we'll talk about quality a little later on. And yet when I think about the physician culture, the medical culture, same things often happen we just don't notice it as much in the day to day practice of medicine in the various communities and hospitals. Do you have thoughts about how similar or different this process of delay is in the physician culture versus in the governmental culture?

David Shulkin: I think the listeners need to understand that the reason why I came to government in the first place was because of the wait-time crisis that really was receiving national attention. Where veterans were being alleged to have been harmed, some of them dying because they weren't able to get access to care. So when I entered government, I had a mandate to fix that and I certainly was committed that-that was going to be my top priority to make sure that every veteran that needed healthcare was getting it in a timely fashion. So I was able to quickly assess the situation and make a determination that we needed to act quickly. That once I was able to identify those that had urgent medical needs to make sure that we got them seen immediately. And then we put in place same-day services across every VA medical center in the United States and then published all of our wait times publicly.

David Shulkin: Still the only large healthcare system that I'm aware of that publishes its wait times in a public fashion. And I do think that the difference of not only having this mandate but also having a responsibility for a defined group of patients. The Department of Veteran Affairs has responsibility for over 9 million veterans and we take that responsibility very seriously. That allowed me to be able to say that we had to solve this problem. When you're running a private sector hospital and you don't have any access, you have long wait times, patients often have other options in the community. They can go to other hospitals or they can find other healthcare at alternative locations but the Department of Veteran Affairs cannot delegate this responsibility and needs to make sure that it solves the problem. And that's the responsibility that I took seriously.

Robert Pearl: What I was thinking when I asked the question, quality is a great example. As you say, you posted the outcomes for all to see. I don't think very many physicians would like to have their quality outcomes posted easily available to patients as well as anyone else who's interested in where the best medical care

was provided. That's what I meant, it seems to me that the physician culture is equally reticent about public disclosure and educating patients. Do you have thoughts after having been in both roles?

David Shulkin: Well, this sense of that healthcare is different than other types of consumer demands has been something that's been very central ever since I started my career in healthcare. That many in medicine felt that healthcare was too complex to be able to describe outcomes to patients and I've just never believed that. I've always believed that the change and improvements that happen in almost all industries are because consumers are educated and demand better value for their purchasing decisions both in quality and costs. And I think that this has been way too slow in the coming in healthcare so that wherever I have been able to throughout my career, I have pushed transparency of explaining differences in quality and value to patients, because I believe they're ultimately the ones that had the biggest outcome of the decision about where they get their care.

David Shulkin: And so they should be the ones in charge of their healthcare decisions. And in order to do that, they have to understand the differences in quality among the different providers. So the ability to publish our quality data, to publish our access data for veterans I felt was one of the more important things that I could do as secretary to try to move improvement within the Department of Veteran Affairs.

Robert Pearl: I have the privilege to teach at both the Stanford Graduate School of Business and the Medical School and so I'm very interested in this issue of leadership. Did anything in your medical school in Philadelphia, your internship at Yale, your internal medicine training at Pittsburgh prepare you for the leadership roles you've had both in the commercial sector as well as in the government?

David Shulkin: I think when most people look back upon their careers, they look upon the people that they've had a chance to work with and many people describe them as their mentors or their bosses throughout their career. And I've had the great privilege of working with many great leaders. I would say that if I look back on my own leadership style, probably influenced by many of those leaders and mentors where you often learn from your boss the things that you admire and have worked well, but you also learn from them some of the things that didn't work so well or styles that you do not want emulate or replicate. And so I think that when you look back upon the years of experience, it really has been enriched by so many people who have contributed parts and pieces to the style that you now call your own. And so each one of the experiences that I had in my training, in my management jobs, in my different positions I think all contributed to allow me to be effective in the role that I had in public service.

Robert Pearl: In your book, you talk about arriving and finding out that there was a 10 month delay or wait to organize a summit on veterans suicide a problem that became very obvious. You pointed out that during that time, 6,000 veterans would take

their own lives. Why do we treat mental health so differently than everything else and what does that imply about the governmental view on the subject?

David Shulkin: The single top priority that I had as secretary that I established as the top priority for the Department of Veteran Affairs was to reduced veterans suicide. With 20 veterans a day taking their life it was and still is a epidemic in the veteran population as well as the greater American public health issue that we see today. I think that the Department of Veteran Affairs has really been a leader in trying to reintegrate physical care with behavioral health care. And in part because it's freed from the reimbursement barriers that we see in the private sector where mental health care and physical health care are often paid differently by different payers. The Department of Veteran Affairs gets all it's money from the U.S taxpayer and so therefore healthcare is delivered in an integrated fashion. where primary care and behavioral healthcare work together.

David Shulkin: Often when I was seeing patients as primary care physician I would see them in the team with psychologists and psychiatrists. And so I believe that the VA has shown how to effectively integrate behavioral healthcare into the general healthcare environment. But still there are many problems that exist that lead to this issue of so many veterans suicides and part of what a job of a leader is, is not only the set priorities, but to set the pace of how those priorities are addressed in the organization. And the clear message that I was giving to the organization when I said that I would not wait 10 months to create a summit for us to develop action steps was that we needed to act much quicker. We needed to act with urgency like this was a true emergency because I believe that it was. And if we had waited 10 months for us to develop a plan, that would be 6,000 lives that will be lost to suicide and so we're able to do that in 30 days. And really that required changing the way that we do business in the Department of Veteran Affairs.

Robert Pearl: Yeah. Samuel Shem who is the author of The House of God and most recently Man's 4th Best Hospital talks about the problem with electronic health record and points to the VA as a possible solution. You've had a lot of experience both in the commercial world and then in the VA world of different electronic healthcare records systems. What can we learn from the VA EHR?

David Shulkin: I think when The House of God was written the Department of Veteran Affairs was one of the first systems in the country that was using a paperless system. It had developed a open-source solution well before the rest of the industry. And I think that has led to many of the significant advancements that the Department of Veteran Affairs has been able to demonstrate in population health over the past several decades. One of those examples is, when I was secretary, I declared that I wanted to end hepatitis among all veterans in the United States and we were able to quickly determine that we had 167,000 veterans that had positive serology for hepatitis C. And then we were able to identify those 167,000, do an outreach program to them to offer them the medications that are almost

certainly curative and today there are less than 10,000 veterans who have not been treated for hepatitis C in the Department of Veteran Affairs.

David Shulkin: And we would not have been able to do that without having a integrated health record and the ability to keep our data in one source and place of information in order to achieve results like that. So I do think that the Department of Veteran Affairs has demonstrated the value and utility of the electronic health record. Having said that, I did make a decision, a very controversial one, to move away from that original health record to a commercial systems so that we could begin to tackle the issue of the interoperability of data. And even with our own electronic health record we were not able to seamlessly transfer data with the Department of Defense, which is our single most important healthcare partner. And so I made a decision to move towards a commercial system where we could interoperatively exchange data with the Department of Defense and move towards interoperability with our private sector partners, as well.

Robert Pearl: And how's that going?

David Shulkin: It's going to be a long process. The implementation in a system as large as the Department of Veteran Affairs will be at least 10 years. The VA today is working very hard at this. They've just announced a delay in the implementation of their first hospital that they're transferring from their old system over to the new system. And I think it's the recognition that when you do a exchange of information systems at this scale, it needs to be done with the proper planning and taking into account how big of a management and behavior change initiative this is. And so I'm glad to see that the Department of Veteran Affairs is taking this seriously and wants it's implementation to be successful and I'm optimistic that it will be.

Robert Pearl: It was fascinating reading about a decision that you made that employee termination agreements could not be done at the local level, that it would require a very senior signature up to the Under Secretary level and that after you put this in place these problematic termination agreements disappeared. What can we learn from that experience?

David Shulkin: Well, overall, my biggest concerned about the future of VA is that in order to implement the type of systemic changes to modernize this system that need to be done, there is going to have to be a continuity of vision and leadership. And when I say that for the listeners the Secretary position has turned over almost every two years for a number of years. And you can imagine in a large organization where the top leadership continually is turning over, it's like a restart over of what plan for the organization. And so when it came to issues like making a big decision like it's electronic health record decision, I felt that as the secretary I needed to make that decision not only very carefully, but I needed to make it expeditiously so that it wouldn't drag on for years and years and then have a restart over when the new leadership team came in place.

David Shulkin: So I made that decision in an unusual process. I made sure that I followed the laws and regulations to make it in a correct way but I made it in a very small group of people so that we could keep the process going and bring it to a conclusion in a time period that I felt that the VA needed to do. And so sometimes when you're leading an organization, you need to not only make sure you're making the right decisions, but you need to do it in the right time frames and do it in a way to set the course for the organization over the next couple of decades.

Robert Pearl: On one hand, the government reflects the will of the voters and the needs of the citizens and at the same time you pointed out in detail in your book, you have crosscurrents with small segments or self-focused areas or individuals interacting with that process. It's very clear you got caught in the crossfire. What can we learn about that both specific to you and more generally?

David Shulkin: I think that the times that we're living through right now are showing the ways that government can work and sometimes doesn't work that well on behalf of its citizens in a way that has never really been seen before. And what we're seeing is the power of political appointees throughout the administration to influence decisions that are really somewhat more political in nature rather than necessarily what is good public policy. And when it comes to the Department of Veteran Affairs, I experienced many of these political appointees trying to influence with what I would call their ideology of how government should work rather than necessarily what was the right thing to do for the veterans that we served. And I've come to believe that when it comes to running a healthcare system which the VA is responsible for 9 million veterans' lives, that we need to look towards taking this out of the political process and running it like a healthcare system.

David Shulkin: And that would mean removing the political appointees from the decision-making roles and creating what would be more the health system board the way that government works in some other areas like the way that it runs Amtrak or the Internal Revenue Service. Where there is a board that oversees its operations, where there is a leader that has a term appointment rather than a traditional political appointee. So that it can actually respond to the needs of the people that it serves rather than to the political wings that are happening in government at the time. And I've really come to believe that this is too important an issue to not only our veterans but to our country to continue to run it in the context of that this is just another political organization. The Department of Veteran Affairs' mission really needs to be shielded from some of those political forces that we see on display throughout our government right now.

Robert Pearl: One of the things that very much impresses me about you David is your sense of urgency, whether it's in the commercial area around quality, the VA around access, the changes that need to happen. Where does that sense of urgency come from in you? And to some extent, why is it missing in others?

David Shulkin: Even though I've run large organizations in an executive level throughout most of my career, I still primarily define myself as a doctor and that's why I continued to practice medicine. And even as Secretary, I would put on a white coat and stethoscope and go and take care of veterans. And when you're a doctor, you're really just looking at the patient who is sitting in front of you and you're trying to make a decision that matters a great deal to that person that sometimes can affect their lives. And to me that is an urgent situation, that is a situation where one cannot delay or sort of deflect on decisions that are important for that individual. So whenever I've been in an executive role, I've always first thought of myself as a doctor and thought about my responsibility to that patient and that's really where that urgency comes from.

Robert Pearl: In reading the book, there's two conflicting narratives. On one hand, I think you experienced uncertainty, frustration, ultimately dismay, and at the same time in your role you had tremendous fulfillment and satisfaction, sense of mission and purpose. How do these two interact with each other? How do you come out of that? How do you look back at your experience having had both?

David Shulkin: Well, I think that dichotomy of feelings and emotions that I had clearly is accurate. I believe that when I entered government I didn't think that this was going to be easy and when I left government I had the same feeling that the future leaders are not going to find a easy environment in which to operate. But my inspiration for working so hard and never giving up hope and for remaining optimistic, were the veterans and the families that I got to know during my time in government. These are people that when the times got tough and the environments were tough in the battlefield, they never gave up.

David Shulkin: Many of them sacrificed their lives and have never come back and so whenever I would feel that it was getting tough or I was beginning to get frustrated, I would think about them and realize that if they're not giving up and they didn't give up, that I wouldn't give up either. And so that sense of mission carried me through all of my time and it was really a privilege, an honor to be able to advocate on behalf of our veterans and their families and to honor those who did not make it back. And that's the way that I still reflect on it. And I've said that I will continue to advocate and fight for our veterans and their families as long as I live. And I will continue to be a advocate for them and a spokesperson as long as I feel like I can make an important contribution.

Robert Pearl: One last question before I turn it over to Jeremy. I love the title of your book, "It Shouldn't Be This Hard to Serve Your Country." A lot of our listeners are in medical school, they're in their twenties, they're beginning their life. What's your advice to those who are interested in serving their country?

David Shulkin: The title of the book "It Shouldn't Be This Hard to Serve Your Country" really has a dual meaning. It's about and for veterans that are just really incredible people, less than 1% of Americans now serve in the military and the rest of us rely upon them to go out and protect us. And when you go and you have an injury or you're disabled during service when you come back, it really should not be this

hard to get the care that you need. This should be a system that provides the very best that our country can for these Americans.

David Shulkin: But the second meaning of the book is about public service and I believe that our country relies upon people who have had experiences in the private sector who are willing to go into spend a few years serving their country in public service. And I worry that with the environment that we all see today where the environment is so toxic and people who go serve are personally attacked and their reputations are ruined by going and serving in public service that people may no longer be willing to do that. And that would really be a loss for our country in the way that government operates if people are not willing to serve their country by serving in these roles.

David Shulkin: So I very much hope and the reason why I wrote the book was to make sure that we have a chance to have a reset of the environment in Washington. That we create an environment that respects and honors those who do public service, whether it's in the military or in the government and that we create an environment where people can succeed in these roles because it is vitally important to the way government operates today.

Jeremy Corr: Do you feel it's easier overall to drive change in the government or the private sector and what changes are easier to make in the government sector versus the private sector? Like which changes are easier to make at the private sector?

David Shulkin: Well, I think that in government, in the public sector, change is often slower and more laborious but when change is made it can have a much greater impact. And when it comes to healthcare in particular with more than 50% of healthcare being paid for by the public sector and regulations being set by the government, the private sector in many ways waits and sees what government does before they commit and move in a clear direction. So I think that the public sector changes, the government changes, while often difficult to accomplish are very important and are watched by the rest of the industry.

David Shulkin: The private sector still has the ability to move quicker and to move in a more nimble way that allows innovation to happen. So I think that a lot of the experimentation and new discoveries in the way that we manage healthcare will continue to happen from the private sector. And that's why I think it's so important that there be public-private partnerships so that one can take advantage of what each of these systems has to contribute to the overall improvement of health for the citizens of the country.

Jeremy Corr: How do you think opinions of the VA changed when you were an office and when you had your role and even since then?

David Shulkin: I took very seriously the issue of being transparent, of making myself available to the press and to the public, to getting out there and explaining not only what was working in the VA, but what the problems of the VA were. Many of the

problems that faced VA were problems that spanned administrations so that you can't blame them on any particular political party, but they were decades in dealing with. And so part of what I hope that I contributed was a awareness and openness of what the problems were, but also what the plan and solutions were.

David Shulkin: And that the progress that was being made needed to be publicly reported and be transparently reported whether it was good or bad. And I believe that is the way that public organizations in government need to be running and I hope that set a course that is hard to reverse. One of the reasons why I wrote the book was to make sure that future leaders could understand what I was thinking, where I was making progress, what this formula for modernizing the VA looked like and the areas that I continued to struggle in with recommendations on how we might approach this in the future.

Jeremy Corr: If you had some lasting advice for veterans and their families in regards to their healthcare and how they approach it, and even the mental health aspects of it, what would that be?

David Shulkin: I think that the advice that I give to veterans and their families is similar to the advice I give to my private patients and that is you really need to be your own advocate for your own healthcare. You need to control your own healthcare decisions and get as educated as possible and make sure you have control of your data. And that you need to be able to speak out when you're not having your needs met and you need to be able to ask for help when you're not getting the type of help that you are seeking.

David Shulkin: And so being passive in today's healthcare system and environment is usually not a good thing. And in particular when it comes to mental health needs, I think that that advice of asking for help and finding people that are willing to help and saying when you're not getting the help I think is even more important. Because the behavioral healthcare field just is not nearly as advanced as we see in some of the more physical illness parts of our healthcare system.

Robert Pearl: David, your dedication to those who've dedicated their lives to the safety of our nation is powerful. Your commitment to mission and purpose, inspirational. I hope that all Americans will have the chance to listen to this podcast and hear your words and read your book. Thank you so much for all you've done for our nation.

David Shulkin: Thank you. Appreciate it.

Jeremy Corr: Before we go, let's take a few minutes to hear some of the many suggestions we've received from our listeners who weighed in on the question: "How can the US government best improve healthcare?"

Each of the listeners wrote about their own medical problems and experiences. We heard from Jessica Haig Jones who has been receiving expensive epilepsy treatments for more than 20 years. She said she would not be here if not for her doctor who treated, quote, the patient and not the illness. Jessica urged the government and insurance companies to reimburse doctors appropriately for the time it takes to care for patients as individuals.

Stacie Lampkin told us that she would have gone bankrupt from her cancer treatments had she purchased a high-deductible health insurance plan through her employer. She hoped that the government would ban these low-premium plans that don't adequately cover worst-case medical problems.

Finally, we heard from a physician, Murali Talluri, who was hospitalized in 2015 for a cardiac procedure in the same facility where she had worked for 20 years. Following the procedure, she needed assistance to go to the bathroom and had to ring for two hours for help. When the nurse came, she said she was too busy documenting to assist. She concluded that this is the only healthcare system in the world that is run by accountants and attorneys. She urged the government to return control to physicians and patients. Robbie, what are your thoughts on these suggestions?

Robert Pearl:

Patients are becoming increasingly unhappy with the American healthcare system. Like Jessica, I recognize that the best medical care takes time, particularly for patients with chronic and complex medical problems. As a nation, we overpay for interventional procedures and underpay for spending time delving deep into the medical issues people have and the impact it has on their lives. The government can play a role by altering how it reimburses doctors who care for patients covered under Medicare, but its efforts will be opposed by various physician specialty societies.

Like Stacie, I believe that these low-priced, reduced-benefit options work great until you become sick. Then the out-of-pocket expenses and drug co-payments can drive you into bankruptcy. That is why I believe we need to, as a nation, implement approaches to not only improve quality, but lower cost. And that will demand that we change how healthcare is structured, reimbursed, technologically enabled and led.

Finally, I sympathize with Dr. Talluri. Having been hospitalized after I fractured my leg in an accident three years ago, I too needed help getting to the bathroom. Feeling helpless is a terrible sensation. I concur that the current healthcare system meets the needs of just about everyone, from drug companies to hospitals to insurance companies, besides the patient. And changing that will require governmental legislation.

Jeremy Corr:

Robbie, as we end season three, what are some of your observations and reactions to what we've heard?

Robert Pearl:

Jeremy, it's been an amazing seven months. We've had some truly remarkable people on our Fixing Healthcare podcast. Let me offer three observations from this season:

First, healthcare remains a huge issue for Americans and the problems will get worse without governmental intervention. For over half of this nation, the cost of medical care now exceeds their ability to pay with a growing number of bankruptcies happening as a consequence. Out-of-pocket expenses, drug co-payments and surprise out-of-network bills leave families at tremendous risk. With the epidemic of chronic disease growing and infectious disease epidemics looming, people are afraid. As our guests explained, there's much the government can do, but little that is happening.

Second, the political process today has become excessively partisan. None of our guests were optimistic about bipartisan legislation designed to improve the health of our nation or efforts to make medical care affordable for the average person. It is clear that the progress is being impeded by lobbyists from what I like to call the legacy players, or more specifically the drug industry, the hospital industry and the insurance industry. Physicians, through their national specialty societies, are just as guilty, although as individuals, doctors are being negatively impacted and patients harmed. My best guess is that things will need to get worse before voters become so irate that elected officials have little choice but to take action.

Finally, there's reason for optimism. As this season's guests proved that there are people willing to take action, even at personal sacrifice to address the healthcare issues of today. To that end, I'd like to thank David Blumenthal and James Carville for their efforts to educate Americans and their decades of dedication to public service. I'd like to thank John Delaney and Eric Swalwell for stepping forward on the debate stage as candidates for the Democratic nomination and telling the nation the truths it needed to hear. I'd like to recognize (Samuel) Shem for helping generations of doctors understand that they needed to speak up and take action on behalf of their patients and their profession. And I'd like to offer my admiration for the courage Tyler Shultz and David Shulkin showed in standing up for what they believed. Ultimately, as President Lincoln said in his Gettysburg address, our nation needs a government of the people, by the people and for the people. When it does that, our country heals and becomes strong.

Jeremy Corr:

Once again, thanks to Jessica Haig Jones, Stacie Lampkin, Murali Talluri and everyone who has participated in the Fixing Healthcare survey on robertpearlmd.com. Next month we'll begin season four. In it, we'll bring in guests with big names and big ideas. We hope you'll join us.

Robert Pearl:

Please subscribe to Fixing Healthcare on iTunes or other podcast software. If you liked the show, please rate it five stars 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.