

Maternal Mortality, Infant Mortality and Women's Health

8/1/24

David Burda:

Welcome to the 4sight Health Roundup podcast. 4sight Health's podcast series for healthcare revolutionaries, outcomes matter customers count and value rules. Hello again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, August 1st. Welcome to August! On last week's show, we talked about what a Kamala Harris presidency would mean for healthcare and for healthcare consumers. It seems appropriate we follow up that topic with a show on women's health. Did you really think we were gonna do a show on what a Trump presidency would mean for healthcare and for healthcare consumers? That would be a false equivalency. So let's talk about women's health, thanks to three new reports, with Dave Johnson, founder and CEO of 4sight Health; And Julie Murchinson, partner at Transformation Capital. Hi Dave, hi Julie. How are you two doing this morning, Dave?

David W. Johnson:

Well, I'm, I'm doing great. I did a little research and August 1st is National Planner Day. You know, those old weekly planners, pen and paper? I don't know anybody uses 'em anymore. But anyway, it's National Planner Day, and it's also National Raspberry Cream Pie Day. And I didn't even know there was such a thing as raspberry cream pie, but there you go. National Planner Day and National Raspberry Cream Pie Day. Welcome to August 1st,

Burda:

Dave. I just ordered my paper monthly planner for 2025 on Amazon. Oh my God. It should be delivered today. So you do know somebody who has a paper planner?

Johnson:

Oh, I wish I didn't. I wish I didn't. Yeah, okay.

Burda:

It comes in black or blue. I went with black.

Johnson:

Burda you never cease to amaze me. <Laugh>.

Burda:

Julie, how are you?

Julie Murchinson:

I am well. I might be dealing one in my family who's obsessed with Steve, the pommel horse guy from the USA gymnastics team. Have you seen this guy? The Rubix Cube Master. Oh, love him!

Burda:

Now, before we talk about women's health, let's talk about the fact that it is August 1st, Dave, you mentioned some important days and important events for today. How are you gonna spend these last lazy hazy days of summer?

Maternal Mortality, Infant Mortality and Women's Health

8/1/24

Johnson:

Well they don't seem particularly lazy. But I do expect that we'll be eating a lot of corn on the cob. And, you know, August, the, the dog days of August are upon us. But, you know, air conditioning has made life a lot easier in August, so there you go.

Burda:

Sure, it sure has. Thanks Dave. Julie, how about you? Any big plans between now and Labor Day?

Murchinson:

Oh, we are gonna be lazy. We have the, this, my husband has pronounced it. This is gonna be pickleball month in our family, <laugh> <laugh>. So, I'm kind of hoping that doesn't go under fruition, but that might be my late days of summer activity.

Burda:

Ah, not, not bad. Just watch those Achilles tendons, right?

Murchinson:

Yeah. Yeah.

Burda:

Thanks Julie. I'm gonna be spending a lot of time in my vegetable garden, which we'll start peaking about this time. That is, unless the squirrels and rabbits get to it, get to it first. So I will be enjoying the fruits of my labor, so to speak. And there's your transition into today's topic: Women's health. <Laugh>. It was a stretch. <Laugh>. We're going to talk about women's health in the context of three new reports. The first from the Commonwealth Fund on maternal mortality, the second from the CDC on infant mortality, and the third from the Commonwealth Fund on a state by state scorecard on women's health. I'm gonna give you the top line findings of each, and then I'll ask you for your takeaways. The first report from the Commonwealth Fund said the US had the highest maternal mortality rate of any high income nation in 2022 at 22.3 deaths for 100,000 live births. The lowest was Norway at zero second lowest was Switzerland at 1.2. Also, 65% of the US deaths happened one day and up to a year after delivery. And the US had the second lowest supply of OBGYNs and midwives at 16 per 1000 live births. The lowest was Canada at 13. The report from the CDC said the infant mortality rate in the US rose to 5.61 deaths per 1000 live births in 2022. That's up from 5.44 and 2021 and 5.42 in 2020. It's the second consecutive year that the rate went up. Also, the infant mortality rate was the highest for black women at 10.9 in 2022. It was less than half for white women at 4.52, the rate was the lowest for Asian women at 3.51. The second report from the Commonwealth Fund said the five best states for health system performance for women in 2022 were Massachusetts, were Massachusetts, Vermont, Rhode Island, Connecticut, and New Hampshire. The five worst states for women's health in 2022 were Mississippi, Texas, Nevada, Oklahoma, and Arkansas. The Commonwealth Fund used 32 measures in four domains, access, affordability, quality of care, and health outcomes to rank the states. Now let's ask our experts to tell us what it all means. Dave, what's your overall takeaway from these reports? Did one specific stat jump out at you?

Maternal Mortality, Infant Mortality and Women's Health

8/1/24

And from a policy perspective, what would you do to point the US in the right direction on women's health?

Johnson:

There's a quote from Hubert Humphrey that I've always found very powerful. Hubert Humphrey, the former senator from Minnesota, and, and vice President under Lyndon Johnson. And the quote is, the moral test of government is how it treats those that the dawn of life, children, the twilight of life, elderly and the shadows of life, the sick, needy, and handicapped. Honestly, Dave, it's hard to read these reports and not conclude that American society today just fundamentally fails to meet this moral test. There's nothing new or surprising in these dismal results. We've become inured to the on the ground reality and human impact of the statistics they chronicle. And just to, just to try to put the right perspective on this, of all that's wrong in US healthcare, and we all know that's a lot. The system's inability to take care of babies, mothers, and children's is far and away. Its single biggest failure. It's just unacceptable. Yet, where's the moral outrage? Why do we tolerate such dismal results? And until America can answer and act on these questions, I believe we're doomed to continue being a significant outlier among high income countries as it pertains to maternal health, maternal mortality, infant mortality infant health, child, you know, childhood health. It's just shameful. You asked for one statistic, I'm gonna give you two. They're both from the Commonwealth Fund study. The first is that 8 million; 8,000,000 American women of reproductive age don't have health insurance. Let that one sort of sink in for a second. And more broadly, just over a quarter, only a quarter of Americans have access to paid family leave through their employers or through the state they live in. Clearly caring for mothers and babies and children isn't a priority in these United States of America. So if you wanna talk about policies, I mean, this isn't rocket science. We need to improve access. We need to expand family leave. We need to guarantee that everyone has access to really basic primary care services. I've been an advocate for a while of something I call Universal four P. We should just pay for it <laugh>. It will generate an enormous return to society. But the four Ps are: primary care, prenatal care, postnatal care, and palliative care. I can tell you without a, without another massive study from one of the foundations that if we as a society invest significantly in these areas and make these types of basic care available to everyone who lives here our statistics will improve. Here's where I'm gonna conclude. So we've got a, a monumental demographic challenge in this country by the year 2030. So six years from now we will have more people over age 65 than under age 18. So we we're an increasingly aging society that has a double barreled impact as when it comes to healthcare. First. You know, healthcare expenses increases people age. So we gotta figure out how to accommodate the natural aging of the population and provide adequate care. But the other thing is, we're gonna have fewer workers to pick up and pay for that care burden. And in America today, Medicaid pays for almost 50% of births in the country. And even if people don't care about equity, and of course they should, should care about it passionately. We're, we're talking about our future workforce. So 50%, just let that sink in for a second. We're talking about a future workforce where we don't fund in anywhere near adequate fashion maternal and childhood care. And these are, these are going to be the people 15, 20, 30 years from now that we're gonna be depending on to, you know, keep the country up and running. So let me just end with this observation: Unleashing human potential has the highest return of any investment that companies and or

Maternal Mortality, Infant Mortality and Women's Health

8/1/24

societies can make. And there would be no higher return to the United States of America, bar none than investing expansively in maternal and childcare. Just, we just need to do it.

Burda:

Yeah. Basic economics, right? Yeah. thanks Dave. Excellent assessment Julie, any questions for Dave?

Murchinson:

Dave, you know, you and I agree probably on every point along the way here, but when I looked at the date of this data 2022, I had to ask myself, is this really covid driven? Because these numbers have been going down since Covid hit. Do you think these 2022 numbers are materially off because of the covid, or do you suspect that we're in a downward trend and we'll see this, you know, same, you know, behavior in 23 and 24?

Johnson:

I get where you're going. I wish we could blame covid for the decline. But it, it was still around in 2022, but it was far less virile than it was in 2020 and 2021. So unfortunately my conclusion that it's, it's not based on, you know, deep research, but my conclusion is that COVID hasn't really affected these statistics for 2022 in a material way. The reason they're going down our, our statistics are going down, relate to inadequate access issues re relating to race and structural racism, lack of insurance coverage, really basic building blocks of societal health. Even high income black women who present in hospitals with great insurance and everything else going for 'em, don't get the same attention that other women receive. White women, Asian women, so on. So that's a problem, <laugh>, that's a real problem. And until we kind of come to terms with that, Julie, I, I don't really think we're gonna see these numbers move a whole lot.

Burda:

Thanks Dave. Julie, it's your turn. What's your big takeaway from the reports? Did one specific stat make you spit out your coffee? And from an innovation perspective, what do you see happening in the market to reverse some of these alarming numbers?

Murchinson:

Sadly, having spent two days with a diverse, highly experienced, amazingly creative group of industry leaders focused on health equity, none of this data surprises me. And unfortunately, so much of it comes down to trust. Shout out to Jan Berger here, I said the T word, you know, the relationship scene among the data from Medicaid expansion, race and ethnicity, Roe v Wade impact workforce differentiation. It's literally like a perfect storm to me as I look at all this together. And the finding that caused me the most pause was really about the workforce. The data found that in most high income countries, midwives, far outnumber OBGYNs, but the us, Canada, and Korea were the only countries where OBGYNs outnumbered midwives, and were the lowest total supply of providers, 16 midwives and 13 OBGYNs for every thousand births. So these health equity conversations I participated in last week, and big thanks to Amond Robinson and for bringing together health equity and digital leaders from health systems, health plans, the innovator community. And shout out by the way, to Cam Matthews from City Block, incredible

Maternal Mortality, Infant Mortality and Women's Health

8/1/24

thought leader and listener. She's making it happen. You know, I thought I knew a lot from years of working in community health, health centers and public hospitals and philanthropy in this area, but I was beyond humbled and educated last week, to be honest, because these discussions really focused on the critical role of doulas and midwives in maternal and infant mortality, or really to put a positive spin on it, we talked about it. That's the obvious goal of maternal and infant health and doulas and midwives. You know, it's just a different experience. They come to your home to provide care. They, you know, they create a deeper relationship over time, and they are a trusted resource in the community, and in many cases share similar racial and ethnic background and experience. And all of this has been proven to build trust. And if you think about our workforce, our workforce is literally upside down. So, you know, the, if, if we don't have trust in the traditional western medicine workforce, then these issues are, are headed in a bad direction, which is why I asked you the question, Dave. The good news for me, I guess partially good news is that maternity care is seeing a wave of innovation. They are, you know, transforming care delivery and payment models and rethinking how to really build models with outcomes for what baby scripts call as an under-resourced maternity population. There are many other kind of wraparound innovators wrapping around the traditional system, trying to just provide a virtual kind of coaching care model all the way along to support companies like Pomelo doing this focused in Medicaid. Delphia has an AI spin on their model Marani, which I think is how you pronounce it, also has an AI spin. Cabo is a maternity navigator. And if you look on the website of all these companies, they all have bipoc, mothers and couples. So they're all looking at the population that we're talking about. It's affected here. There are other broader models. Diana Health quilted Health has been focused on midwives specifically poppy seed, kind of looking at the full spectrum of the experience. You know, there's been a lot of extremely thoughtful innovation in the space, and there's some serious hills to climb here. I mean, reaching these target populations is, is challenging. The workforce supply, I noted earlier, might be one of the biggest issues, not just whether or not the workforce exists, but how that workforce can be organized in a way to actually provide a different kind of care model. You know, it's, it's not a small task. And by the way, health plans, health plans are used to contracting with OB-GYNs to get a health plan to really recognize the, the role of dualism, midwives, and to pay for it. It's happening. But this is a brand new concept in many geographies. So, you know, this is a, this is part of the industry that is, is <laugh> not well served? Because it's not because, but partially because there's a lack of organization reimbursement. And these models, all these models I just talked about, they need to grow and we need to add on to them, extend them before and after birth to make sure that maternal care is strong and solid, and to make sure that the mother and the child and perhaps the broader family is really healthy and well supported afterwards. And it can be done if we just get out of our silos and build some trust.

Burda:

Dave, any questions for Julie?

Johnson:

Well, Julie, I mean, just great analysis and I'm, I'm really glad you focused on, on midwives and doulas. I'm gonna give you a softball here, Julie. According to the Commonwealth Fund study states with abortion restrictions tend to have the fewest number of maternity care providers. And

Maternal Mortality, Infant Mortality and Women's Health

8/1/24

I didn't even know you were gonna focus on that, but just shows how much in sync we are. These states also tend to have higher levels of maternal and infant mortality. The science of statistics warns that correlation isn't always causation, but often it is. So the question is, is it here? What are the implications for health outcomes among women and children of the recent Supreme Court decision overturning Roe and granting states more autonomy to re to restrict abortion access?

Murchinson:

Yeah, you know, similar to my question to you about covid. I, yeah, I would love to think that we're just in a, a phase, but given workforce and all these other issues, I think we're, I mean, so much of this is so systemic. There's just so many people who don't have the levers. So I, I worry about this, this workforce. And, you know, people can't just pick up and move necessarily. It's a problem.

Burda:

The health of women and children is the future of the country, as you guys have argued that I think that's true. Unfortunately, some people wanna take that away, right? Others wanna preserve and improve it. So vote accordingly, people. Now let's talk about other big healthcare news that happened this past week. Julie, what else happened that we should know about?

Murchinson:

I think I went down the rabbit hole of perhaps fake news yesterday. I don't know what happened to me, but I read two steps that I found interesting because I think a lot about now growing old, I don't know why I am obsessed with this and, and dementia and Alzheimer's and all my friends who are struggling with their parents, I think are impacted me. But two facts, maybe. I mean, maybe not facts. Wild smoke, wildfire smoke can increase risk of dementia and mental health issues. Okay, good to know. Glad I left California. Might have to leave the west. Second fact, Ozempic-like weight loss drugs may protect against Alzheimer's. So maybe I should find myself an ozempic-like weight loss drug.

Burda:

<Laugh> <laugh>. Well I think a paper planner is in your future, so I think it's coming back. Dave, what other news is worth mentioning?

Johnson:

Well, Julie, I also saw that high cholesterol levels are related now more directly to onset of Alzheimer's too. So get out and exercise every day.

Murchinson:

Working on it.

Johnson:

Dave, your, your comment about women and the children are our future. I just, that Stevie Wonder song just popped into my head. I believe the children are our future. Treat them well and

Maternal Mortality, Infant Mortality and Women's Health

8/1/24

let them show the way. Maybe that should be the theme song for this week's yeah. Episode. That's great. But in terms of news the FDA last week approved a blood test that identifies early signs of colon cancer. It's not quite as accurate yet as a colonoscopy <laugh>, you know, fast forward 3, 4, 5 years. I think we're looking at one of these preemptive p re-disease markers that can have a dramatic effect in terms of reducing colon cancer in the country. Easy to do. And as the a results get more and more accurate more and more people will have access to the tool. Now I don't know what that does with the Colonoscopy Industrial Complex, which is massive. But I hope it all goes away that in the not too distant future, we'll have a blood test that will tell whether or not you're at risk for colon cancer. And you can act on it while there's still time.

Burda:

Wow. I like Dr. Patel, but I won't miss him in the future. <Laugh> Thanks, Dave. And thanks, Julie. That is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show, please visit our website@ 4sighthealth.com. You also can subscribe to the roundup on Spotify, Apple Podcasts, YouTube, or wherever you listen to your favorite podcasts. Don't miss another segment of the best 20 minutes in healthcare. Thanks for listening, I'm Dave Burda for 4sight Health.