

THE ECONOMIC CLUB

O F W A S H I N G T O N, D. C.

Excerpts from the Signature Event featuring Kurt D. Newman, M.D., Children's National Health System, Paul B. Rothman, M.D., Johns Hopkins Medicine, and Craig B. Thompson, M.D., Memorial Sloan Kettering Cancer Center.

April 3, 2018

MR. RUBENSTEIN: What do each of you regard as the most serious health care problem facing the United States right now?

DR. ROTHMAN: [T]he expenditures. I think we're just spending 18 percent of our GDP on health care. [I]t's unaffordable now. And if you look at the Baby Boomers aging, it's just going to get worse. I think we really have to deal with the costs involved in health care, and at the same time, ensure that we actually improve the quality of the health care we deliver.

DR. THOMPSON: ...*[Health Care is]* two industries. It's providing quality care at a reasonable cost across the spectrum at one level of the divide, and it's maintaining America's innovation edge... [A]t one spectrum our biggest problem in health care is to maintain America's innovation edge as a leading industry. And at the same time, *[it can]* not drag down the American economy. We can't get above 18 percent of GDP. And yet, we need to deliver wellness to our population.

DR. NEWMAN: I think cost is obviously a big part of it, but I look at it in the sense that I don't think we're doing enough for children... [W]e're not investing in children the way we ought to be investing, so we're not getting the outcomes that we want. We're not doing the prevention, the access. Mental health is a big issue. So, we have this tremendous, varied constantly, health system. But we're not, in many ways, attacking and taking care of the fundamentals.

MR. RUBENSTEIN: Would you say for hospitals that Obamacare has been a plus or a minus?

DR. ROTHMAN: [I]f you had to look at what really the major positive effect that Obamacare has had on health care in America, it's access to care for 20 million out of about the 48 million people who didn't have access before it went into effect.

DR. THOMPSON: *[The]* expansion of access, so that people felt that they could go to a doctor because they had insurance, is the big positive that we got out of Obamacare... [I]t has driven down the death rate in *[breast, lung, and colon cancer]* because people got identified and diagnosed earlier because they thought they had insurance, if they did have insurance, they could actually go to their doctor as a right and do that. But there are many complicated things. It's not all a net positive. And there's still room for improvement in U.S. health care.

DR. NEWMAN: I think for children and families it was a big plus. And it is a big plus when you think about we used to have all the controversies around preexisting conditions. We don't hear that anymore. That's largely because of the rules that came in with the Affordable Care Act. Kids can stay on their parents' insurance till they're 26. That's huge when you think about the college age, all the things that go on, mental health issues and so forth. And then the lifetime caps – a child with a serious medical illness can run through a million-dollar cap in no time, which was very prevalent before Obamacare. So, in those three ways, it made a big difference for children and families.

“...[T]here is definitely a push to get people out of the hospital. The driver is actually not economic. *[It's]* because we think people if they can, will do better at home than they do in the hospital, if it's safe and

they're on the road to recovery... *[We believe that]* 80 percent of surgeries done in our hospital will be as an outpatient within a decade... *[T]here's a large amount of care that we think, because of technologic advances, we're now able to do in a different setting.*" – *Dr. Paul B. Rothman, Johns Hopkins Medicine*

"[Johns Hopkins Medical School] could fill our class threefold over with people with those GPAs. *[Simply doing well in school is]* not sufficient... *[W]hat we're looking for are people not just who do well in school, but have demonstrated they can make an impact, or want to make an impact on society and on the world. We want someone who has done something that demonstrates to us that they're going to utilize the resource of being at Johns Hopkins... [W]e're trying to train the leaders, the people going out there to change the world."* - *Dr. Paul B. Rothman, Johns Hopkins Medicine*

"[U]nfortunately, [the incidence of cancer in the United States is] increasing. But it's increasing for an important reason to recognize. A hundred years ago the cancer incidence was significantly lower than it is now, but we lived 20 years less long. So the major driver *[of]* the increase of incidents is our ability to live longer, healthier lives. Unfortunately, cancer is a disease of aging. And the incidents of cancer doubles with every decade of life. *[A]s Americans are living into their 80s with great success, we're seeing a higher incidence of cancer on that basis. Our ability to prevent cancer is also getting better. So, the actual ability to deal with complicated cancer, the improvement in survival is 1 percent a year. It has been that 1 percent approximately every year since 1990. So, mortality from cancer has gone down almost 30 percent in the last 25 years."* – *Dr. Craig B. Thompson, Memorial Sloan Kettering Cancer Center*

*"Of the 200 well-recognized different types of cancers that we now diagnose by pathology, the two that are relatively common, that have almost no effective therapies, are pancreatic cancer, because it's in the back of our abdomen... and glioblastoma, brain cancer, it's actually on an incidence right now. And oddly, it tracks with socioeconomic status in a positive way. So, the better your socioeconomic status, the more likely you are to get brain cancer today. The adult forms of brain cancer, as opposed to the childhood forms, we still have no effective therapies for... No one has any real idea *[why that association exists.]* We don't really understand why there's been an increase in brain cancer, and particularly this particularly fatal form of cancer. So, we need more research in that particular cancer area."* - *Dr. Craig B. Thompson, Memorial Sloan Kettering Cancer Center*

"Cancer, in the end, has its root in the fact that we regenerate our body all the time. We make all our blood cells over every 100 days. We make all our skin over every two weeks. We make all our hair over about every 100 days as well... [E]very time a cell divides, it has a chance of making a mistake and copying the information that makes you up, that you inherited... in your DNA. And cancer arises out of those errors. So, there's a natural rate of mutation that occurs just in repair for us as organisms. [U]nfortunately, that natural rate probably does set that there'll be some incidence of cancer in all of our tissues as we grow older forever, no matter what we do. But we know 85 percent of cancer today is preventable. It's because of things we have done to ourselves – environmental toxins like tobacco,

exposure to the sun. Today the biggest preventable identifiable risk of cancer is obesity. We don't really know why, but it's passed tobacco as a leading cause of preventable cancer. And that is something we can affect." – *Dr. Craig B. Thompson, Memorial Sloan Kettering Cancer Center*

"[P]hilanthropy is a big part of my job. I have to really be out there in telling our story. *[Many people]* have supported us because they believe in our mission of taking care of all children, no matter who they are... [W]e have some real problems here in Washington, D.C. with some of the health disparities, infant mortality, and asthma. These are not where they need to be. Our hospital takes on that mission. And it's a big lift. We're trying to do it as best we can. We couldn't do it without philanthropy. So, there's a direct correlation with *[philanthropy and]* all the great things we can do." – *Dr. Kurt D. Newman, Children's National Health System*

"[T]he opioid crisis is actually one of the great tragedies in America ... the tragedy goes back to the fact that opioid deaths from overdoses and the opioid epidemic... has been present in this country for a while. [I]t isn't until it started to hit suburban America and middle-class America at the level it is now that it's risen to the heights it has in terms of public view... [T]here's a huge complexity to why it has. ...[O]ne of the issues is physicians prescribing enough opioids. But that was driven by this idea that pain is the fifth vital sign, and the fact that if you don't care for someone's pain you might get binged by some regulators who are measuring patient satisfaction and pain scores. [T]here was a drive of it through regulatory bodies to try to decrease everyone's pain level...[T]hat led to a lot of the overprescribing. But that's only one reason... I don't think any of us could tell you why there's an opioid epidemic." - *Dr. Paul B. Rothman, Johns Hopkins Medicine*

"*[The issue of obesity is a]* complex problem... look at the simple things from the size of an average meal that we eat... One interesting *[fact]* - the average American eats a meal in nine minutes... The *[synthesis of the]* hormones that signal between your stomach and *[brain, which]* determine whether when you ate something... takes 20 minutes... the average French family eats a meal in 38 minutes... It really could boil down *[to a]* sufficient explanation... the time it takes socially that they eat a meal to actually get to satiety, not to overeat." - *Dr. Craig B. Thompson, Memorial Sloan Kettering Cancer Center*