BRENDA BLUNT - So the more we can focus on prevention and really look at what is healthcare versus just treating illnesses, we can get ahead of our healthcare costs. We can really begin to drive improvements in outcomes because we're going to avoid some of those diagnoses and that's really important.

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MICHAEL HOLTZ - Happy Wednesday and welcome to another episode of "Further Together, the ORAU Podcast". I'm your host, Michael Holtz and I'm really excited to have a relatively new member of the ORAU family on the podcast today. I have with me, Brenda Blunt, who is ORAU's director of health policy. Brenda, welcome very much to the podcast.

BLUNT - Thanks, Michael, it's great to be here.

HOLTZ - I'm really excited to talk to you because of my background in healthcare marketing and public health. I know there's a lot of intersection there, but tell us a little bit about your background and how you got to ORAU.

BLUNT - So I am really excited to be at ORAU, Michael. I joined ORAU about a year ago now from another partner of ours that we work with within the healthcare space, particularly with the federal government. Prior to that, I was with the Centers for Medicare and Medicaid Services, where I spent a lot of time working on health policy in a few different areas, including insurance coverage. So when the ACA went live and really helping people to get access to coverage that they previously didn't have, I also worked in ensuring that providers and participants in the Medicare and Medicaid programs were adhering to the requirements so that the beneficiaries, those individuals who received Medicare and/or Medicaid were receiving adequate care, that was safe, that was high quality care, so making sure providers adhered to those regulations and the quality standards for care. I am a nurse by background. So before my time with the Centers for Medicare and Medicaid Services, I spent time in the clinical space, both within hospitals and in outpatient programs. I was a clinical for a pediatric hospice program. I worked a lot with palliative care, really started to look at the quality and standards of care across our nation. So most aspects of healthcare have national standards of care that everyone aspires to meet, so really starting to work on a national level at looking at quality, looking at what should the standards of care be, making sure that the standards of care are applicable no matter what your background is, no matter how you identify, no matter what your culture says for care, and really making sure that we could apply the standards fairly and equitably across care. And prior to that, before becoming a nurse, I was a public health lab scientist, so also kind of saw that backside of healthcare when somebody's gotta be diagnosed, and how do the state labs work with regards to public healthcare and testing So kind of have a bit of a spectrum view across the healthcare landscape.

HOLTZ - That's a wide spectrum view actually considering your background and kind of everything you've been involved in. And on the one hand for ORAU, health policy is a little bit of a newer space, but health and medicine in and of itself is not. I mean we have a fairly rich history of medicine and being a sort of foundational organization in the field of nuclear science and nuclear medicine, having our own cancer hospital at one point in our history. So healthcare and currently now health communications has always been part of our organization. Why now is health policy something that is important for our organization?

BLUNT - So that's a great question. And first, I'll start off by saying, is that ORAU has been involved in health policy since its inception. Even though we may not have thought about it, and a lot of times when I'm talking to people, they think the work that they've done was not health policy, but it really was. So we do a lot of work with the Centers for Disease Control that is health policy related and helping to inform them as they look at what information, what data, what science should be put out that then informs other government agencies and providers on the healthcare. CDC does not set policy in the way that Centers for Medicare and Medicaid or CMS sets policy, but they inform policy, and they are a key part of getting the data together and looking at if this particular regulation was in place in 1959, and now we're seeing, particularly around our radiation studies, and now we're seeing individuals with this list of cancers, how did that regulation apply to that group or that population of individuals that now have these lists of cancers that were exposed to radiation, in accordance with the guidelines back in the 50's, but now we know more? So ORAU has always done some level of health policy, it's just not been kind of thought of in those ways. But right now, it's so critical because ORAU has such a strong history of being on the forefront and looking at innovation and looking at what needs to be done to help our country continue to improve, continue to meet that next hurdle. And right now, our nation is facing crises on multiple fronts across healthcare. Of course, affordability is something everybody thinks about. But as we look to quality of care and really improving health outcomes across the board for everybody, so looking at the diversity, the equity and inclusion in healthcare, those mean different things for different populations. They mean different things for different areas of the country. And ORAU has a great relationship with the minority serving institutions and the historically black colleges and universities, or HBCUs, that we can really leverage to pull them into the conversation in helping to guide our government partners, our other academia partners, accessing the data and the experiences of those communities that typically have been left out of research or very underrepresented. But we also have that sense of innovation. We've been trusted partners with the government since our beginning, and being able to really be unbiased, looking at what do we need and informing our partners, because that's what ultimately we are with the government when it comes to some of these projects. And to look to the future, things like we need to be looking at preventative healthcare. So it's not just is the doctor doing the right thing once somebody's diagnosed with diabetes, but we need to get ahead of the diabetes and how do we help people avoid type two diabetes? And are we putting the right emphasis on the quality of care and prevention? Is there enough emphasis in payment? Payment policies play a huge part in this. Is there enough in the sense of payment policy to direct physicians in that preventative healthcare? And it becomes a cycle. So the more we can focus on prevention and really look at what is healthcare versus just treating illnesses, we can get ahead of our healthcare costs, we can really begin to drive improvements in outcomes because we're going to avoid some of those diagnoses. And that's really important. And it's important that we look at that with that diversity lens, because much of our country, we're all different, we're not a homogenous society. Everybody's level of understanding when they go to the doctor is different. So making sure that we're meeting patients where they are with their level of understanding, talking about the goals of care for them is important because so often right now we set things up and doctors set up their goals of care based on what they're gonna be measured on, but that doesn't meet with what the patients necessarily want or what the patients can achieve, so there becomes this disconnect. So looking at that prevention side, looking at really treating health and maintaining health versus treating illnesses, looking at that diversity for how do we connect with patients who are different, who have limited resources, who have different cultural beliefs? We've come a long way in cultural competence and understanding different cultures that we see around the United States. We'll never understand all of them. It's way too much for one physician or one nurse to really understand, but we've come a long way as far as understanding that there are differences and trying to recognize our biases around those differences. The problem is we still have not addressed healthcare in a way to say, what are your goals for care? And then aligning how we treat patients to meet their patients' goals for care. So that's gonna be really important moving forward is how do we address that payment buy, because doctors only have so many hours in the day and they have to get paid, so they do things according to how they get paid. Looking at what do we as a society value when it comes to healthcare, and just understanding how do we treat different beliefs, different levels of goals, different levels of understanding. How do we apply that? And so it doesn't matter if we're talking about maternal and newborn outcomes. So we know that our maternal outcomes are declining. We moved the needle and then we've gone backwards. We can't keep doing what we've been doing, we'll keep getting the same results. So really, we need to dig into what's causing us to lose ground in maternal morbidity and mortality? And then how do we address that for those populations that's meaningful? We're really good at sitting up top and saying, "Well, if the patients would just do this." But we need to connect with the patients. And that's where working with our minority serving institutions, our HTBU partners, is gonna be really critical in being able to pull them in to help us understand the needs of some of those communities and just how do you engage and connect is really important. So I think using our universities and the expertise that we have across the nation through our universities is so helpful and that gives us a diverse expertise that's so different from other companies. And it's exciting to be able to talk with all these recognized experts, to look at the differences in research and what are things showing and make those connections. So rural healthcare is another frontier that just has not been served well. And in COVID, noticed even more challenges because as telehealth became such a popular aspect during COVID, not all rural communities have broadband, so telehealth is not available in all the rural communities. So it kind of made that divide a little bit worse. So being able to really understand that as well, and how do we get care to the rural communities, again, in a meaningful way that engages those communities and isn't just coming across as the outside pushing down? As different institutes look at oncology care, our background goes back to radiation and oncology. Looking at that, those rural health communities, their care looks different, their access to different treatments and modalities is very different. So making sure that we understand that and inform policies in a way that recognize that so that those providers aren't further left out, which then further leaves out the patients. So those are just some of those ways that all of these things are interrelated and ORAU has such a great base, both in our partnerships with the government, our not for profit status allows us to look at things and study issues in a nonbiased way, and then just the outreach that we have and the connections that we have across the nation with different communities, different organizations, different academia centers, is so important to being able to really help move us forward as a nation.

HOLTZ - Well, and you mentioned, I mean there are a lot of issues and they are interrelated. You've got the rural issue with not only broadband, but because of the payment issue, you have a lot of hospitals in rural settings that have closed because they just can't afford to operate. And then you've got just the disparities that, as you mentioned, COVID sort of laid bare with who has access and who doesn't have access. And where you live oftentimes dictates unfortunately if you live or how long you live based on the kind of access to treatment that you have. And it seems like in what I'm hearing, which is really exciting, is we're kind of uniquely positioned to help address a lot of those issues with not only our university partners and our MSI institutions in particular, but with our government partners as well. And I know that's just, in the work that I've done as a cancer advocate, I know all of the agencies are sort of talking about health equity and disparities and making sure that we're leveling the playing field for everyone, regardless of color, sexual orientation, gender, all of those things. So it's a really important time, but it's a really important time for us as well.

BLUNT - It really is. And the other aspect of this that's really crucial about ORAU, is it's not just our expertise in healthcare, but we have expertise in the climate and environmental sciences. And now we are recognizing as a nation, the importance of what is climate change and environmental health, how does that relate to our health outcomes? So we have a research project going on right now to create an indices that combines climate change, water quality and health outcomes for different areas, and being able to measure the impact that the climate change has on water quality and then the further impacts on health outcomes for different areas. So being able to research things like that, because ORAU has such a diverse expertise across health, across environmental sciences, it's so important because that's another area that we have to look at, especially if we look at where there's inequalities in health outcomes, because where we live, as you just said, plays such an important part on what is our health. So we have to be able to look at those extraneous factors as well.

HOLTZ - And I know our internal research program, what we call ODRD, ORAU Directed Research and Development, priorities have shifted in large part because of issues like health equity and climate change and the impacts on diversity and just the various populations. So it feels like we're on the cutting edge with all of those issues, right, at the same time, which as you mentioned, we always kind of had them. We've always been innovators in the world of healthcare and epidemiology and other areas. And it feels like we're continuing to do that, sort of ride that early wave, so to speak.

BLUNT - Yes.

HOLTZ - So it's a good time to be part of ORAU. And certainly, we'll be looking to our internal subject matter experts, but also our university partners to do some really incredible work. And I know Dr. Davyda Hammond and others have some great work going on right now related to climate change and health outcomes, and really interesting things are happening. So it's a good time for us.

BLUNT - It really is. And that's why it's so exciting for me to be here with ORAU, because we do have this expansive diversity in our expertise that we can really pull together to look at the issues that we face as a nation today related to healthcare. Healthcare is my passion, but there's so many things that play into what does our health look like and how is it different for different communities, for different individuals? What is impacting them? Because we have to get to some of these root causes, and we have to recognize that in health policy, one answer will never solve any particular problem because there's too many, we are people at our hearts so there are differences that will always come into play, but being able to understand that will help inform policy in a way that we can move our nation forward.

HOLTZ - Right and from my knowledge of health policy and from a more legislative perspective, sometimes those wheels turn slowly. So policy happens at different levels, obviously, CMS and other agencies can sort of make rules, but then you've got the sort of larger legislative picture. And sometimes those wheels take a long time to turn and take a lot of work and evidence and support from constituents to make happen. So there are many levels at work.

BLUNT - There are. And the great thing about ORAU is we understand that and we're in all of the levels. So from agencies like CMS that have authority to try different models and demonstrations for payment policy and care delivery, being able to help support them in that journey, to look at what are the things that are going to work so that payment policy can be adjusted as we find, healthcare's ever evolving. As technology evolves and our science and the level of data that we have changes, what we know changes. So we've got, our healthcare policy has to be able to keep up with that. So CMS has this authority to do those things and make, try out different models of care, try out different models of payment, and then make them policy without kind of waiting on Washington.

HOLTZ - Right.

BLUNT - CDC has a great avenue to kind of put information out as we get data about particular diseases, whether it is environmentally related, whether it's COVID, whether it's something across the world, CDC can put out that information and kind of let people get informed and make their own decisions and have the conversations with their care providers. NIH is at the forefront of research. We're engaged with all of these agencies and we're engaged in ways that provide meaningful support to these agencies as we look to improve our nation.

HOLTZ - Well, and I want to go back to what you said about healthcare is ever evolving because I think it's important, given what we've just come through and on some level are still going through with COVID and the pandemic, healthcare is ever evolving. The science that undergirds healthcare is ever evolving, too, so it's never a static thing. And not to make any of this political, but we heard a lot of shifting messages as we went through the pandemic, but that's because as we learned more, there's more to share. And the same thing happens with heart disease and diabetes and cancer. We know a lot more about all of that today than we did even five or 10 years ago. So how we talk about that from a patient perspective has changed. And it's important for us to keep up with that, but it's important that people understand that as well. I mean there's a level of education I think that as patients we need to understand as well, but things change. Things are not the same as say when my grandmother was diagnosed with diabetes.

BLUNT - You are absolutely right. And I think the other part that we need to remember is that as science, healthcare as science does evolve, we will always get new information. But part of that is always questioning. So when we go to our doctors and they say something that we haven't heard before, it's important that we question, that we do our own research, and that we, as part of the education that we're giving our citizens is how do you do that research? How do you judge what your doctor told you or maybe what a nurse or a dietician has told you or your neighbor? Sometimes your neighbor can give you great advice or bad advice. How do you judge and research what they've said so that you can make the right decisions for yourself? And unfortunately, those are part of the resources that we lack right now, that we have not educated people on, that we have not, we don't use our libraries enough. We don't use kind of our questioning attitude enough when it comes to this, because ultimately that's what helps drive improvements too. If a physician has patients coming in and constantly questioning, "How come you're saying I can't eat butter?" The physicians don't always have the time to go do the research, but if they're getting the same questions over and over again, they're going to go and look it up. So it's imperative that all of us have a questioning attitude and that all of us kind of have this research mentality of let me verify what somebody just told me. Before I just incorporate it or I just dismiss it, let me verify and do some of my own digging to see what do I think about what science is telling us today?

HOLTZ - Right. And one of the things I love that you said earlier talking about CMS, and all agencies do this in different ways, but they don't just make a rule to make a rule, right? CMS tries a payment process in a pilot study or with a small group of providers. Does this method work, is this easier, is this better, does it drive patient care outcomes? Before they say, okay everyone, here's what we're doing, right? I mean there's a level of research that goes on. And the same thing happens with the CDC and the NIH. They don't just throw something out there 'cause hey, we're just gonna change the message today. They've done some work, they've done some research. And oftentimes, from a peer review perspective, we're part of that process as well.

BLUNT - We are, and our peer review process is a great area that we can pull in that expertise for our partners and help them look at, does this make sense? What do we think? If we're looking at research of other universities, really getting that peer to peer interaction, the other thing is, and it's not just the federal government, I want to make sure we capture, our state and local governments do the same thing. States are partners with the federal government when it comes to Medicaid and they have authority, they have the ability to ask for authority to try different payment policies within Medicaid. And so CMS works with them on that and approving that and there's rigorous evaluations and monitoring that happen to make sure what the impacts are to beneficiaries and that beneficiaries are not being harmed through doing some of that research. But it's ultimately all directed at getting the best possible care at a cost effective price.

HOLTZ - Right.

BLUNT - We can pay a lot for care. It doesn't necessarily mean the care is gonna be better. And we don't have infinite health, we don't have infinite resources. So we have to look at what are the costs and what is the value or the quality coming from that cost? So really being able to match those things and look at that. And the federal government partners with states, states partner with local governments, we all partner with academia and large health institutes to be able to look at that and bring together the data to try these different things.

HOLTZ - And just for folks who are listening or watching, Tennessee is one of those states that has a waiver to do things a little bit differently than the federal government does with the Medicaid program. We call it TennCare, but it's the Medicaid program, it's just operated a little bit differently with Medicaid approval, of course, but, and the rigorous testing we've talked about to make sure that the best possible care is provided, but Tennessee is one of those number of states actually, that kinda has their own program.

BLUNT - And the majority of states do have different and they're all trying different things. There may be some similar policies, but they're trying them in different ways. It was one of the areas I worked in at CMS and it's amazing. It allows states to address the needs of their population without it having to be a national policy and to really try some different things. And we saw some great results. There's always things that people can say, this didn't work or I don't like that policy, but you have that no matter what. But states really did, they used this ability to ask for the authority, they're called 1115 Demonstrations, they used those to really try and meet their needs based on what does their provider population look like? What are the specific health outcomes that their state is struggling with? So maybe our national policies aren't helping. So what did we need to do at the state level? And really looking to incorporate some of those things at the state level and help their people within the state.

HOLTZ - Which goes back to what we were talking about earlier about where do you live and the differences and we're not all, we're not all the same. There are differences state by state, location by location. We've talked about a lot in the short time we've been together, but I want to wrap up with a personal question for you, Brenda. What brings you joy?

BLUNT - Oh, so many things. And I thought about this question, you know, I always get joy when I can talk about healthcare and kind of help share my passion for, 80% of our health starts at home, it starts in our kitchens, it starts with us moving. So anytime I can share that and engage with people and help them with that, that always brings me joy. But really at the heart, I would have to say, if I can spend time with my kids or grandkids and the dog, that's always a way to kind of recharge and brings a smile to my face.

HOLTZ - Awesome. Brenda Blunt, thank you so much for spending time with me today. I really appreciate it.

BLUNT - Thank you so much for having me.

HOLTZ - And I hope we'll bring you back for another conversation in a few months or so.

BLUNT - Great, thank you, Michael.

HOLTZ - Absolutely, have a great day.

BLUNT - You too.

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