

HCT Podcast Transcript: Lessons Learned From Studying Healthcare Abroad

Aaron Carroll 0:00

Welcome back to the Healthcare Triage podcast. We have two guests today we're very excited about. The first is Julie Magid. She's the Executive Associate Dean of the Kelley School of Business in Indianapolis, also a Kelly Venture Fellow and a Professor of Business Law at the Kelley School of Business in Indianapolis. Our second guest is Nir Menachemi. He's an Executive Associate Dean of the Fairbanks School of Public Health in Indiana and more importantly for today, he's a professor and instructor of the Global Health Course for the physician MBA program and the Kelley School of Business also in Indianapolis. Both of you, welcome. Thank you. Thank you.

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We always like to start by asking our guests, you know, how did you get here? What led you to this focus this job? You know, what kind of education and schooling did it take to get here and sort of what is your day look like? So let's start with you, Julie. What is Executive Associate Dean and Kelly venture fellow and Professor of Business Law?

Julie Manning Magid 1:34

Well, it starts with I'm a lawyer by training. So I graduated from Georgetown University and then Michigan Law School and practice law for seven or eight years. And at that time, I realized that rather than the practice of law is still really interested in the research and writing about law and policy. And that led me to the Kelley School of Business, surprisingly, not a law school. But a business school where I found this wonderful community of people who understand the importance of law as part of business education, Kelley School has one of the largest business law programs in the country. And we include law, business law throughout all of our programs. And certainly that's true for our physician MBA program as well. After becoming a full professor, I became the Executive Director of the Tobias Leadership Center. And then just recently was asked to step into the role of the Executive Associate Dean of Kelley School Indianapolis. And in that role, I oversee all of the Kelley School operations in Indianapolis, we are a core campus, which means that we are one school two locations, and I work with the senior leadership team of Kelly overall to include Indianapolis operations as part of the Kelly, global brand

Aaron Carroll 3:01

Nir, can you do the same? And I'm gonna say I'm especially excited because listeners listen to me talk about health services research, but you are also a health services researcher and coming lately from a different angle than I do in the School of Medicine. And I'm hoping you'll address the differences there as well.

Nir Menachemi 3:18

Yeah, so I've always been focused on the intersection between health policy, medicine and business. And in fact, I'm a health services researcher with a market and organizational orientation, which is, you know, maybe a little bit different than other health services researchers on our campus, I've always been fascinated with some of the problems that the US healthcare system has. And it turns out that almost how to fix those problems are not taught in medical school or not taught in nursing school. And that's what really attracted me to this intersection between public health and business. Because it's probably public health schools, and definitely Business School graduates that are going to need to focus on solving some of these problems. And so when I think about the physician MBA program, it's really taking people who understand medicine and healthcare, and tries to prepare them to fix some of the problems in the healthcare system that are things related to quality improvement related to costs related to access, again, things that if you don't have an intense focus on, you're not going to be able to solve some of our problems.

Aaron Carroll 4:29

And so what kind of training gotcha here? What was your career like before this?

Nir Menachemi 4:34

I wouldn't ever trade my undergraduate major in the world. It was an anthropology at the time at least, it was not something that made it easy to find the job. I know that has changed since then. But I haphazardly found public health didn't even know it existed and really fell in love. And one of the courses that I fell in love with was actually A Business course in my master's degree in public health. And I did what anyone reasonable I thought would do is I called the textbook author who was the business professor and said, What do I do next I this is really one of the first tech books I've ever read cover to cover. And he invited me down to come and spend a few days with him in Alabama. And I ended up enrolling in a Ph. D program and health administration that was jointly offered by the Health School and the business school on that campus. And so felt very fortunate to be able to embark on a career that everywhere every university I've ever worked with, I've been in the business school, and in one of the health schools, and it's kind of worked, it worked out really well for me. Well,

Aaron Carroll 5:42

I mean, you're both clearly the perfect guest for what we want to talk about today, which is a program where we actually have physicians who are learning to be MBAs, traveled to other countries to learn about those healthcare systems. And full disclosure, I attended this year's trip, and I've been on other trips. Those of you who follow the show have heard me talk about this trip many times. And I've certainly written about it. But there's just nothing that compares to actually seeing, feeling hearing, looking at another healthcare system there. I'm hoping that you know that you'll you'll describe both the program for us and why the trip is so important. And then let's talk about what what you feel like we've learned from the most recent trip to London and Paris, so whoever would like to talk about the program, first love to hear your thoughts on it.

Julie Manning Magid 6:40

So I'll give the big picture perspective from why we do this. And then I'll let NIR comment on the specific trip, because I did not attend the trip to VeriSign, London this year. So the two of you are far more expert on that than I am. You know, Kelley School Indianapolis is at the center of physician leadership education. And we believe that one of those key differentiators is that we take physicians physically to a place where they can study in person with doctors from around the globe with healthcare leaders from around the globe, and locally, including our Washington, DC health care policy experience. So we think that that's a really important part of our physician leadership program is to bring physicians physically to a place where they can learn with others around the globe, but also, in this great experience that you all, both know that they get to interact with each other as they're learning, which is just such an important in person environment that we think is a real differentiator and of true value for our physician MBAs.

Aaron Carroll 7:50

How do you pick where we go?

Nir Menachemi 7:52

We typically want to find a place or two, that there's something to learn about that could be generalizable in some pieces to the US healthcare system. And so it's got to be interesting, it's got to be something that maybe we're considering in the US healthcare system at the policy level, or maybe have talked about. It might be something that we just want unadulterated real world experience with that sometimes on the ground here, big P politics might get in the way. I think you can read things, you can see things you might formulate an opinion, but there is no substitute to walk the halls of a hospital in another country. Talk to the experts there, talk to fellow physicians there talk to leaders, either at the Ministry of Health or that are CEOs of the hospital and really understanding does this issue work there? And if so, what pieces of it could work for us either at the organizational level or at the policy level. And it really equips I think the physician MBA students with an experience that you just can't get in the classroom. And I'll even add, you know, physicians are trained to do obviously in medical school coursework, but also in the clinic. And I think the experiential experiences that the physician MBA program has, whether it's the Study Abroad Global Health trip or the trip to Washington, DC, this mirrors the training that physicians are accustomed to of being immersed in a real world experience to fully understand that and become an expert in it after that experience. That's another thing we consider when selecting a location is have we been in this region in the last few years. Since we were just in London and in Paris, we probably will not be in Europe, again for another year or two. We like to go to other aspects and learn about other types of systems and other parts of the world. And so it's likely we will be in Asia next year after that we might go somewhere else, or maybe consider, you know, Western Europe or some other area just to keep it interesting and dynamic, especially since students can go on multiple trips, and then are invited to continue to come as a lumps.

Aaron Carroll 10:14

So before we get to the specifics of of this most recent trip, I would love for you to go a little bit further and talk to us about like, what kind of visits in each country do you think are important? I can imagine that, you know, a doctor might be interested in seeing, Oh, well, how does a doctor's day look like in another country, but obviously, many more aspects are important if you're going to fully get a sense of the healthcare system. So what are the types of experiences and visits? And who do they usually need to see broadly, when you're thinking about planning a trip like this?

Nir Menachemi 10:48

Yeah, so one of the key differentiators that we try to have when planning the trip is inexperienced that you couldn't get on your own without us. And so, you know, doctors can talk to doctors at national or international conferences and can get doctor to doctor interactions on their own. We want them to have a deep understanding of how the system is structured, why it's structured that way? What are some of the benefits to physicians and others because of how that system is structured. And as such, we try to and this depends on the country that we go to and what the main learning objectives are for that country. For us, we might have meetings with the Ministry of Health and have someone from very high level policy perspective, talk to us about what's trying to be accomplished. In some cases, we want might want to talk to a health insurance executive, or an HMO type organization to understand how they set fee schedules or how they contract with physicians or what role patients have in being responsible for different aspects of their health. At the same time, we'll talk to hospital leaders, including physicians who are in leadership positions, and separately, who are in you know, in the trenches caring for patients in that country, to get a sense of how does this feel like from all the different vantage points, in some cases, we'll even have opportunities to talk to patients, either purposefully or you know, as it turns out, one of the tour guides that we had overheard us debriefing from some of the business meetings that we had, and she then started opening up about her experience as a patient. And that ended up being an enlightening experience to really understand what all of this looks like, from the patient's perspective, in a non staged kind of, you know, situation where she really was sharing a lot with us. And it was, it was spectacular.

Aaron Carroll 12:45

So I'm struck by the fact that I don't think doctors get any kind of education or experience in talking to these types of people in the United States, in education at all, you know, what they're just taught clinically. And so again, I know we're gonna we're gonna get to this trip. But you know, asking, Julie, actually, I'm curious, do we do we try to structure any kind of educational experience? Or do we need to for physicians so that they understand even the US healthcare system?

Julie Manning Magid 13:12

You know, that's a great point, Aaron, and we and Kelly are part of that discussion. Now. Because we are involved in other programs with the IU med school and other hospitals and organizations throughout the country, to help make sure that physicians have access to this really important information, physicians are so well trained in their specialty. But when I see them come into my classroom, as part of the physician MBA experience, what I know is that there is a lot of the external world that they haven't been trained in, that directly impacts their practice in ways that are really important to understand. So obviously, my area is business law. And a lot of doctors want to come in and talk about med mal. They think that's the world of business law. And guess what, that's not what they really have to worry about. If they're physician leaders, they have all sorts of policy issues and liability issues. It's a highly regulated industry, and they need to understand those regulations. So that's part of what's great about this program and how it impacts patients today and patients in the future and the healthcare system in the future, because it brings a new way of thinking to our physician leaders. And I just want to sort of underline a point that NIR made earlier about how the trips really are comprehensive in how you experience the country's health care system. I was lucky enough to experience Cuba with the program and it was everything from standing in a doctor's office. office that's just part of where people live in Cuba to, you know, their education system. So it was really a fascinating look.

Aaron Carroll 15:08

So let's talk about the National Health Service in the UK near having just gotten back got job weeks ago.

Nir Menachemi 15:17

What did you learn? We learned a ton. And I'll even add that when we travel to any of these countries. Yes, we have business meetings, yes, we have all those meetings with the types of individuals that I described before. But you absolutely need to understand the culture of the country to fully understand why their health care system might be designed and function in the way that it does. And so it's important to mention that that's part of the learning. It's not just, oh, have fun and do quote, touristy stuff, it's figure out why the culture and the healthcare system by design work for this population. And so one of the things that we learned about the UK healthcare system is, you know, you can read about this in the books, they have a relatively inexpensive on a per capita basis health care system that's highly regulated by the government. And the government plays a particularly large role in the healthcare system, employing physicians, etc. What we got a good sense for is how ingrained the pride is in the national health care system in the UK, in its people, when London hosted the Olympics, and had a national audience, with the very limited time that they had to showcase what they're most proud of about their culture. They showcase their national health service, and they had an H s and big lit up letters in the stadium that can be seen from the aerial view. And it was so amazing at how, you know, you compare that to most other countries, the US especially, I don't think the average American takes a lot of pride in, for example, Medicare, or Medicaid as an example. And so, you know, understanding that piece of the culture helped us understand why they're willing to deal with some of the maybe not so great aspects of their health care system, because of how the populace is aligned with what it does. They see it really as something that their society does for people who live in the UK. And they take a lot of pride in what they're able to achieve. They focus on making sure that it's low cost, and they do a pretty good job at that. Their outcomes, when you kind of compare on an national on the international stage are mediocre. They're probably in many cases, similar, better or a little bit worse than us on many of these things. But they do so for about 40 cents on the dollar compared to what we spend in this country. And it was fascinating kind of walking in understanding how they're allowing some of these sub optimal aspects of their healthcare system to exist, in part because they're so prideful of what their Society offers its people,

Aaron Carroll 18:19

I was also struck by how they had a clear guiding philosophy. I mean, they were very, you know, they were focused on that everyone healthcare is a human right, and that everyone should have access to health care with literally no cost at the point of care that you should never have to worry about paying when you go to get care, the taxes and everything else, but there's no no cost, the the only the only copay that exists is a tiny one that a very small percentage of the population pays for for drugs, outpatient drugs, otherwise, no cost. You just walk in, everything's free. There's no bill, there's like leave and no billing department. And they can articulate that. What also was shocked me was that, you know, of course, everything is relative because our tour guide in Scotland was complaining that that anyone even has to pay that couple of bucks copay for drugs, because in Scotland, they don't even think you should have any kind of payments at the point of care. So you know, one of the questions that always comes up and I you know, why is there a private system? What is the role of the private system in England? And what are they doing with that? What did you learn?

Nir Menachemi 19:26

Yeah, so the public system works well with the values that I think you nicely articulated. And the private system exists to be almost a blow off valve for some of the perhaps delays that might you might experience in the public system. And if you're able to afford it, you have options that you can bypass the public system and get something faster or sooner. But what was so amazing is that the UK cities Since would not consider a physician in the private sector, if they didn't also practice in the public sector, it was almost like a litmus test on why are you a doctor? Is it to make more money on the side? Or is it to provide a service to society that we are collectively proud of. And so that was also a eye opening way to think about things that if you were just a private Doc, you would not be attracting a lot of patients, because that's kind of what they look for in how they select the private doctor.

Aaron Carroll 20:36

So if you follow the news in the United States, you would think that the UK system is continually on the brink of collapse, and that, that there's a constant war going on between the private and public sectors and that, you know, more and more people are going to the private sector, and eventually, it's all going to fall apart. And they'll just go to a private that that is what you feel when you read the Wall Street Journal or even the New York Times. But what did you sense when you talk to people there,

Nir Menachemi 21:03

we I got a sense that the two systems are in harmony, communicating on a regular basis, and figuring out how to not duplicate efforts and still provide value to society and customers. You know, you mentioned before about how in the UK, it was clear that health care is a human rights, whether or not, that would be the case in the United States, I would sort of defer to the, you know, politicians and the experts and the voters to determine, but what struck me was that we don't even have a forum to have that conversation, we might believe it is, or we might believe strongly that it is not. But I haven't seen enough opportunities for us to engage in in discourse about it. And it seemed to be such a unanimous sort of thing in the UK. And one of the things that I kind of scratched my head and said, What opportunities do we have to learn about how they have their public discourse about issues that affect everyone?

Aaron Carroll 22:12

So today, I'm hoping you relate the experience that we had, when we met some of the physicians in the UK, especially the neurosurgeon as how it was sort of, you know, it captured the spirit of what they're doing.

Nir Menachemi 22:23

Yeah, so sort of describe some of the pride that the folks had there. And maybe contrast that with some statements that we learned about how they view the US healthcare system from the UK lens. Recall that they have, you know, a pretty inexpensive system that allows everyone access, and they're pretty prideful about that. And their outcomes are, you know, okay. Our, you know, system is very expensive on a per capita basis, not everyone has access, and our outcomes are okay, but in some cases, you know, indefensible. And so you take, for example, in the United States, infant mortality, this is the number of babies that died before their first year before their first birthday, is much higher than most of the developing world. And we were in the UK. And it happened to be a neurosurgeon that we were talking with, and we were having some kind of fantastic dialogue. And he kind of stopped and, you know, just wanted to understand how, like, from our perspective, our society allows babies to die at the rate that we do. And he further sort of was trying to understand how we ever consider whether or not a patient can pay when we provide services, and he said something akin to I'm a doctor, not a banker, why would I care how much money you have in interacting with you. And it was just a really humbling and experience to sort of be in a position where I'm not sure we had a good answer in that moment. And, of course, we invited him to come and do a reverse experience, maybe in our healthcare system and immersing himself in our culture. But this kind of bi directional exchange of ideas, again, cannot be replicated in a classroom or by reading an article and not being on the ground interacting with people.

Aaron Carroll 24:30

How did that differ from France? What you know, if you're, I think one of the problems that I always find with our discussions of healthcare in other countries that the people in the United States tend to believe in general that there's two options in the world. It's a single payer, or what we have right now, and that there's us and everyone else is single payer, it's like that it's just socialized medicine that what it is and ironically enough, arguably, England is UK is socialized medicine, but France is not. Can you tell us a bit about France? ants.

Nir Menachemi 25:00

Yeah, so France was fascinating as a standalone country to visit but particularly fascinating to compare, right after visiting London and understanding the UK system. So France arguably has some of the best outcomes in the world, they probably spend on the higher end on a per capita basis, but still much lower than, than us here in the United States. And they achieve a lot for what they spent, right, I would argue, if there's a culture that needs to be prideful about what they have accomplished, France ought to be at the high end of that list. And in contrast, I felt like most of the folks we spoke to took for granted what they've been able to accomplish, especially in comparison to how the UK folks talk about their system. So in France, there's a public system and a private system, there's a lot of coverage of just about everything you can expect or want. And there's a lot of price transparency, if you went to the doctor, you know exactly what you would pay, I think it was 25 euros,

Aaron Carroll 26:15

then everyone knew every single person in the country knew, like, this is where I'll talk. So Julie, what does it cost to go to a doctor's visit in the United States?

Julie Manning Magid 26:24

No idea.

Aaron Carroll 26:26

No one knows. Like, even they asked the physicians there. And they were like, I have no idea. But you stop someone on the street, and you say, hey, what's it gonna cost to go to see your, your, your doctor, they'll be like, Oh, 25 euros, and they pay, they have to pay that at the point of care. totally opposite from the UK, they demand payment at the point of care, and you have to give it and then so so what else have what else is different in France?

Nir Menachemi 26:51

Yeah, so one of the things that struck me about how they're organized. So we spoke to executives in a health insurance organization. And what struck me was that they knew the insurance business, they didn't consider themselves healthcare experts, like health insurance executives, rightfully consider themselves in the United States. And they were equally comfortable talking to us about auto insurance, that they sell maritime insurance, you know, homeowners insurance, this was just an insurance product that they sold, and really conceptualize that in the pure sense of what the business of insurance is about doing. When we spoke to physicians, they spoke like physicians, they didn't really concern themselves with the larger picture, business issues of running a facility because they had administrative leaders in those roles. And so it just kind of scratched my head on how, in the United States, sometimes all of these players, each of which plays an important role in our system are frequently pitted against each other. Sometimes physicians against administrators sometimes, you know, anyone in a provider organization against health insurers, you know, over there, everyone did their role, and happily so and didn't realize how much harmony is achieved when everyone is, you know, specialized for what they do and are trusted and focused to do it.

Aaron Carroll 28:25

So why is there a private system? Given that obviously, the public system sounds so incredible, are they better at it,

Nir Menachemi 28:31

the private system in France also, I think, complements the public system. There's more blurriness across the public and private system compared to the UK, whether you're clearly in the NHS, or you're clearly in the private sector. So patients have the choice to go wherever they want private or public with their coverage. And they're going to pay their 25 euros for their doctor's visit, regardless of where they go. But what that allows for is the private sector is able to compete on amenities that isn't necessarily going to impact the quality of care, but maybe the comfort of care as patients navigate through the system. And so there's a nice system there where you get more choices. It's regulated a little bit more than it is in the United States, but the private sector still gets to be the private sector. And the private sector also caters to non French citizens, where people from all over the world, we went to a hospital that this describes to us some of the you know business they have from different Middle Eastern countries and where they fly people in for different medical tourists type of interactions, and the private sector is encouraged to compete and have amenities for that clientele, but it doesn't interfere with what they do for the locals.

Aaron Carroll 29:54

How does this resonate with what you might have learned on previous trips, Julie? You know, I very specifically mentioned Cuba, which, you know, Mom would be interested to hear about, but any country, what are what are like similarities and differences that you might have seen there, we've gone

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