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ALEX MAIERSPERGER: Today, you'll hear some stories that have never been told. You get a little bit of the behind-the-scenes view because I've had the good fortune of working for our guest as she led strategy and innovation at a large health insurer. And I have tremendous respect, admiration, and love for her as a leader, an example, and a friend.

I'm your host, Alex Maiersperger, in season three of the Health Pulse Podcast. We get to celebrate those changing health care and life sciences for the better. And today, we get to welcome and celebrate Bryony Winn, president of Health Solutions for Elevance Health. Bryony, thank you so much for being here. And we're excited to jump into the conversation.

BRYONY WINN: Alex, thrilled to be here today. Thank you so much for having me.

ALEX MAIERSPERGER: So I've been fortunate to work on your team as you led strategy and innovation at a Blues plan previous to your current role. And I don't if you know this is said about you in hallways and in conversation. But it's part of the legend and myth of your early career. And so I'll have to ask, did you intern under Nelson Mandela? And if you did, because it's told in hallway conversations, how did that impact your view either on health care or the world as a whole?

BRYONY WINN: Alex, great question. So I was really lucky enough to work with the Mandela Rhodes Foundation early in my career as an intern. They are one of Nelson Mandela's three named charities. He only has three and was lucky enough to work with him or meet him a couple of times. Obviously such a legendary leader. And a number of things stick out. One is just tenacity, like, insurmountable problems can absolutely be overcome. And the other is pragmatism.

Nelson Mandela at his heart was a leader and a politician. And how do you create great change within a system and be pragmatic about that is something that I have always held with me. In terms of working together, I love working with you, Alex. I'm not sure it was always a privilege on your part. I remember our hours being somewhat crazy around then.

ALEX MAIERSPERGER: Right, and I look back on it fondly. I think we still have a text message thread between all of our friends during that time frame. And so I think all of us reflect very well on the magical time that we had. And so talking about just internationally, so you're raised in Africa, educated in the UK, went to university in the UK, acted as a consultant across Europe, and then here in the United States, have made a few stops along the way.

Health care spending in the United States right now is about 20% of GDP. So you've seen so much of health care both here in the United States and abroad. What are we doing right, or what are we doing wrong?

BRYONY WINN: Yeah, it's a great question, Alex. And one of the things I will say is health care is deeply cultural. And many different types of health systems can work. They have to work within the culture of the people who experience them. I have a deep respect for European health systems. I worked with the NHS for a long time.

I lived in Oxford in London and experienced it for a long time. And there is a lot about nationalized health, the integrated set of services that comes from a single payer across behavioral, social, pharmacy type care that is very compelling for a member. It's really nice to go in and not pay anything out of pocket. I will say, though, that the entrepreneurial drive of American culture permeates through health care as well. And I think there is a lot more innovation here. Just across a bigger population of multiple cultures, I think we get more personalization a set of genuine consumerism that I don't think you feel elsewhere. And honestly, I think the innovation, particularly in the pharma space and the amount of that that's driven in the US, is quite special.

All of that being said, a country as wealthy as ours should have no one that doesn't have access to affordable health care. And we have huge work to do. And certainly in my role as leading a big chunk of a payer and as we transition into a much more health-focused company, I take that affordability challenge incredibly seriously. It is no good having exceptional health care for only a few. We have to have really great health care for everybody.

ALEX MAIERSPERGER: I love that. I love the viewpoint of how much culture matters and of how much-- and I think you heard it in that response of the pragmatism of like, no challenge is insurmountable. And so it's sometimes seems to many of us in health care that there are insurmountable challenges. But being able to pinpoint sort of the innovation and the culture and adapting to that personalization and consumerism, I think really is a positive opportunity for all of us.

So where you're at from a health insurer standpoint, Anthem is now Elevance. Does that name just roll off the tongue of every employee now? And does it roll off your tongue? Is there still adaptation to it? And then what is the-- why does the name matter? And what does it mean for consumers?

BRYONY WINN: Yeah, it's a great question. I could not be more excited to be Elevance Health because for me, it is the epitome of a strategic shift from a traditional health insurer. And if you looked at Elevance Health or Anthem or even Wellpoint before then 10 years ago, a traditional commercial health insurer to then a multi-segment commercial Medicaid/Medicare primary insurer and now, Elevance Health, which is that and a broader player in the health care system.

If you look at Elevance Health strategic shift over the last three years, it is to be a lifetime trusted health partner. And I think our new name reflects that. What's really important is that the name Anthem is not going away. In our 14 blue states, health insurance will be sold under the Anthem brand. And it's really special. It's a brand that means so much. It's deeply partnering in the communities that we're privileged to serve, both with our members and our care providers equally importantly.

Elevance Health is really the overarching brand under which that very strong health insurance brand will sit and will house a number of our other capabilities, our Carelon capabilities. Think of that as CareMore, as Beacon. A number of the integrated health assets that we can bring to our members will be housed under that Carelon brand. We're getting there. I'm rolling off the tongue.

ALEX MAIERSPERGER: Yeah, right. Thank you for explaining that. And that makes sense from a big brand standpoint to the health insurer and the differentiation there. And you mentioned the whole health aspect and the strategic nature of a brand name that combines elevating and advancing.

For a long time, we've treated our teeth and our brains and our addictions completely separate than the main medical benefits. And so talking about having two names, we've done that very much as just how we've dealt with health insurance in America. How does technology maybe play a part in getting those

systems integrated or the way that we think about our mental being and our physical health starting to be the same?

BRYONY WINN: Yeah, I think it plays an absolutely massive role. The role of digital is forefront in certainly my own strategy here at Elevance Health. But really, I think should be across the entire country. You're exactly right, Alex. We have treated human beings as a set of conditions somewhat in isolation as opposed to the whole person you see yourself as.

Hey, I feel a bit down today. I happen to have a baby. And I'm going to the dentist shouldn't be three separate things. It's all part of how I see myself. I think very pragmatically, we should look at digital in a number of ways. How do we share data really seamlessly across the different care provider types who are treating a member?

What I don't want to lose in the whole health crusade is the specialization and actual expertise brought by different medical professionals across our system. I think that's a real strength. We have some of the leading cardio surgeons. We have gastroenterologists. We have really strong primary care providers who don't want to be psychiatrists. And we shouldn't have the push of mental health and all the challenges they're put on them.

So I think there is a big digital role in sharing data so that everyone has transparency and insight into the whole person. And I would go beyond traditional health. I think into the social needs of human beings, as well, their family situation, their transportation, their food security, their physical safety. All of those are equally important to the whole health equation.

And then secondarily, I think we should provide care on a continuum. So when you think about digitalization, I don't think people see themselves as I am an always want to see my doctor face to face. Or I never want to see my doctor again just in the same way that people don't think about their work lives anymore necessarily as I want to be in an office five days a week, or I never want to go to a building again.

It's somewhat of a continuum. And we need to provide the right set of health services in the right format at the right time. And sometimes that will be digital. And sometimes that will be in person. And we've got to be flexible on that continuum.

ALEX MAIERSPERGER: You mentioned the health care aspect of being a mother. A story that no one has heard. When I came back from paternity leave, my wife and I had just had our third child. And we came straight back to a strategy retreat, kind of a leadership retreat. And we were sitting at the same table at breakfast. And you had leaned over before the retreat was about to start. And you said, how is it having three kids?

And just fresh back from paternity leave, I think my original quote was like, super terrible and tiring. And I think I told the story. I was like, I'm pretty sure my two older daughters ate frozen hot dogs for breakfast. And it wasn't like they were frozen hot dogs that were warmed up. It was like, I was busy dealing with one kid. My wife was sleeping or helping feed. And the kids, I'm pretty sure ate like, actual frozen hot dogs. So it's pretty awful. And that was the quick story.

And then you stood up immediately. And to start off the meeting, you announced, I'm pregnant with my third child and stared directly at me. And so I guess it's a two-part question of do you hate me? And how is being a mother of three kids in your role? Is it something that is manageable, handleable? I think you have three kids and 13,000 people reporting to you. Is this something other moms can do? How is all of that working?

BRYONY WINN: [GASPS] Great question. I remember that vividly. It is not the best thing to say to a mom who's about to have three kids. I do not hate you. It's a great question. It is not super awful and terrible. I say that now almost three years in and having had at least a few weeks of full night's sleep under my belt. So very different to how it would have been three years ago. But it's a really serious question, Alex. And it's a serious question, particularly in health and health care.

Our industry is disproportionately women. And we have just been through 2 and 1/2 years of one of the biggest health crises and public health crises in the history of the country of the world. And this disproportionately affected the employment of women. And we saw a massive decrease of women in the workforce because they had to handle caregiving responsibilities with schools closed, caregiving responsibilities of adults and elderly parents on the other side and really keep families together.

Personally, I am incredibly blessed and thankful for a very supportive work environment, a very supportive spouse, and a lot of privilege that doesn't come to everybody. I do want to say a number of things. One, it is possible. And we should absolutely as workplaces, as companies respect the role of all of our caregivers and the personal lives of our colleagues and employees, men or women.

Secondarily, I encourage, beseech all women who want to do great things and have impact in employed work or working inside the home to really take what they need. We live in a much more flexible environment now in hybrid workplaces post-COVID. You need to be at home, be at home today, get your stuff done on your time. There is a whole world of flexibility that has been opened up to us that way.

And then finally, I'd say everybody should give themselves a little bit of grace. I don't if it was still working together when I used to say if I come to work without spit up down my back and having a good day. And I'm going to take that as a win. And I think it's just really important everybody gives themselves a bit of grace here.

But certainly if you are a woman in health care and you are looking for thoughts, guidance, a little bit of enthusiasm, feel free to contact me because it's really important to have people who believe in you and who believe you can do it. And there is a fantastic group of leaders-- female leaders in health care now for you to be able to see that this can be you.

ALEX MAIERSPERGER: Love that answer and glad your family is doing well and not eating frozen dogs maybe anymore.

BRYONY WINN: --say that. I didn't say that. That still might happen.

ALEX MAIERSPERGER: All right, good. We're in the same boat. I feel validated, I guess, in my parenting skills and so appreciative of the offer and generosity. There's been a lot of online discussion and so I think in the LinkedIn and Twitter verse of the world lately around value-based care. And lately I've felt some of the negativity towards value-based care of like, hey, this isn't really working even in some of the most aggressive of cases.

And so there's a little bit more debate I'm seeing. And it usually centers around it's hard to define value. And so you're looking at who defines this? And how is it defined? And then that it takes effort to track and report and the administrative burden that goes into value-based care. So is value-based care the solution to our problems? And if it's not, what comes after it?

BRYONY WINN: Yeah. Alex, I'd start with very few worthwhile things on hand. So the fact that this is difficult to do does not surprise me at all. I've seen a lot of that discussion as well and actually from some of the really thoughtful leaders across our industry. And my personal perspective-- and I think it bears out in the data from Elevance Health is that they're wrong.

Value-based care absolutely works. It drives affordability for consumers and employers. We're seeing across all three of our segments, Medicare, Medicaid, and commercial, higher quality and experience scores from value-based care. And we're seeing our highest performing care providers financially rewarded. And that's really important as well.

What I would say is two things. One is I think the industry took a very narrow view of value-based care initially. And that was it's just the change of a payment model. And payment is not a significant enough tool in isolation to make substantial change. And the way that I think about it more broadly now, is value-based care needs infrastructure around payment. We need to change the way we pay and show that it is sense what we value.

Secondly, it requires partnership between payers and care providers, deep and meaningful partnership to make sure that you are both successful on achieving those goals. And that's administrative partnership. How do you think about utilization management and trials and making that more efficient? It's data sharing. And then it's actually around care delivery as well. How can we help you with best practices, deliver better care? How can you help us remove some of the burdens to that you're seeing? And then the finally, third part is integration. I said before that not every primary care provider should become a psychiatrist or a behavioral health specialist. How do we help bring the right tools and resources to our care providers that they can't do themselves, whether that's around behavioral health, crisis treatment, palliative care, potentially, some data and analytics, some transparency tools? What are the gaps that our care providers have today? And how can we help integrate some of industry-leading solutions into the way they practice care?

So I think when we think about value-based care, the payment model is not a silver bullet. It is a pay partner integrate philosophy that will collectively move us forward. And so I think that is the way we have to think about it. I also want to be really clear. There are compelling facts here from CMMI, who is the leader in really understanding the impact of these programs. Clearly, not every value-based care program works. But a significant amount of them do. And I think we have to look to now, 10-year-old studies and literature to show that this makes sense.

ALEX MAIERSPERGER: Do we have permission to take the transcript and use that on Twitter? Can we combat some of the online discussion?

BRYONY WINN: You definitely do. You definitely do. And I think we need to be very careful here, especially those of us with positions of influence are throwing the baby out with the bathwater. Saying value-based care doesn't work is just like saying health care in America is fundamentally broken and a mess. Obviously it's not. There is huge pockets of innovation and amazing care delivery and nurses and care providers on the ground doing incredible things.

We had people helping and comforting people at some of the toughest times in their and their loved one's lives during COVID. There is masses of joy and optimism in health and health care delivery in this country. And yes, there are significant challenges. And we need to see both of those things and address them appropriately.

ALEX MAIERSPERGER: We've touched on a quite a bit of those challenges of the impact of multiple crises on women in the workforce and women health care leaders. We've touched on just GDP of health care and what the cost is that we're delivering and how inequitable it is. And then you mentioned optimism. So seeing all that, some of those unsurmountable challenges or seemingly unsurmountable challenges, what is something that really makes you optimistic about the future of health care?

BRYONY WINN: Alex, it's honestly seeing the incredible care providers that I am privileged to work with every day. In this new role where I work where that I'm working at now at Elevance Health, I really get to be much closer to the care delivery system. And there is incredible work going on across independent practices, across specialties, across hospitals in this country of people who really care about the members they serve. And I see it-- I see it every day. And I'm really inspired to partner with all these people to deliver care better.

ALEX MAIERSPERGER: I love that. I share that sentiment. We're so fortunate to work amongst health heroes that are there 24/7, 365 delivering care and being present and in front of the people that need the care the most. And I think you mentioned it of just such difficult times that people find themselves in. And you're face to face with another human being. And oftentimes, we're treated very well. And so it can be easy to blame the big bad system. But usually when you're in front of that care provider, they really care about you.

Bryony, this was wonderful. Thank you so much. I know there's infinite demands on your time. And so thank you for spending a little bit of time with us today.

BRYONY WINN: Alex, absolutely. I love being here. I'll end with a quote from Nelson Mandela since that's where we started. One of my favorites of his is he says, "It's always seems impossible until it's done." And so let's make sure we get it done even if on some days, it seems impossible.

ALEX MAIERSPERGER: Thank you for that. I love that. And to all the listeners and viewers, thank you so much. We know there's demands on your time. Thank you for spending a little bit of time with us today. We'd love to hear your feedback and comments and questions. And Bryony generously offered her time. And so if you want to get in touch with us, thehealthpluspodcast@sas.com is our email address. Or leave us a note here in the comments on YouTube. Thanks so much.

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