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ALEX MAIERSPERGER: From the bedside to the boardroom, today we get the unique perspective of a practicing physician who also leads health equity work for a subsidiary of one of the US's largest health insurers. I'm your host, Alex Maiersperger of the SAS Health Pulse Podcast. And today, we welcome Dr. Pooja Mittal, Chief Health Equity Officer of Health Net. Welcome, Dr. Mittal.
POOJA MITTAL: Thank you. Great to be here with you.
ALEX MAIERSPERGER: So I've spent some time in health plans. And I think you're a rare case. You're a practicing physician while also in a role at a health plan. How did you get to this point? Can you tell us a little bit about why you are in the work you're doing?
POOJA MITTAL: Sure. Thank you for the question. So I actually grew up in Ventura County in Southern California. And that area is very highly agricultural.
And my mom is a family doctor. And she worked in a set of community health centers there, was initially a practicing doctor, and then worked her way up to being CMO. And she would come home and tell us stories all the time about her patients, right? She would talk about the joy and the resilience that they had as they cared for their families and navigated the health system.
And then she would also tell stories about the challenges that they faced while working in difficult conditions and being exposed to environmental toxins like pesticides, specifically suffering from high rates of asthma and pregnancy loss in the setting of being exposed to pesticides.
And so over the years, I really started to recognize the way that the health care system really does not care for everybody equally, right? And so through listening to her over the years and eventually going to visit the clinics, volunteering at the clinics, and then coming back to Ventura County to Oxnard to do my residency in family medicine, I was gifted by her a unique perspective and sort of lens on how the injustice in the way health is not equitably accessible for everyone really does impact people's health outcomes.
And so that really has been my lens since I was quite young and has influenced the way that I've navigated my career, both as a doctor but also in the administrative side and being able to have a role where I can directly influence the system and the structure that people get their health care in.
ALEX MAIERSPERGER: It's so commendable hearing the dinner stories and then taking action on it. And so I love that story. I think we talked about from the bedside to the boardroom. And maybe it's from the dinner table to the bedside to the boardroom.
Health equity is obviously in your current title. And it sounds like it's in your heart and has been for a long time. How much progress has been made in addressing equitable outcomes?
I guess if we just take today as that lens, how much progress to get to today? And then how much work still needs to be done? What does the future of health equity work look like for you?
POOJA MITTAL: I think we have made really significant progress in the last, certainly, five years. And I think in the health care system at large, we are finally recognizing the need to build trust in a different

way. We're recognizing some of the historical harms that the health care systems that we function in are built on.

And I think we're also finally recognizing the tremendous expertise that lives within the communities that we serve. And so although we're still quite early in that, I think that recognition of the need to build trust and partnerships with communities is at the forefront. And that's really where the change really happens.

And we had a project about three or four years ago at Health Net where we were looking at our data and noticing that in a particular clinic in the Central Valley, there were significantly lower rates of postpartum visit follow-up as compared to the other clinics in the area.

And when we dug down and explored more by talking to the patients and talking to the physicians, what we found was that that clinic had a really high number of El Salvadoran women who were part of that prenatal practice. And when we talked to them, we realized that they have a postpartum cultural practice called Cuarentena, or quarantine, which is they stay in the house for 40 days after delivery so that they have time to heal and connect with their babies.

And the providers, the physicians, weren't actually aware of that postpartum cultural practice. And so we're missing that question or that need to be responsive to that in that postpartum period. And so we were able to bring community members to the table and providers to the table to educate on both sides, the providers about the importance of this cultural practice and the patients about the importance of the postpartum visit.

And by relying on the communities and being able to put in a question in the EMR asking about whether patients followed this practice, we were able to improve postpartum follow-up rates by about 30%. So we went from 50% up to 80% plus of patients getting their postpartum visit. And so I think that's a great example of needing to go to the community and listen to the community and get people from the community sitting at the table to co-design solutions that are actually going to improve health.

ALEX MAIERSPERGER: Really incredible to hear and to hear you use the words, building trust in the community, and then to talk about the technology that affects that as well, building that into the electronic health record. You mentioned both in this story as well as in your mom's story, growing up, of the negative effects on birth rates and on individuals within certain communities.

One of the areas that's getting a lot of attention in the headlines lately is the disparities that exist in the experiences and the outcomes for mom and baby in maternal care, especially minority women. Does technology have a role in making outcomes better?

POOJA MITTAL: Yeah, absolutely. I mean, I'm glad that you called it out because there are significant disparities in maternal outcomes and infant outcomes as well, particularly amongst the Black community. And these outcomes really are based on historical harm, right? Their generations of exposure to racism that changed their DNA over time and really do have that stress related change on the way that people's health outcomes are, right? This is why we also see higher rates of chronic disease amongst Black communities and certain Brown communities.

And so technology, I do think, can play a huge role. And I would think about three different ways that technology can support. One is being able to access data that allows us to better characterize a population, right? That happens through technology. So the advent of HIEs or health information systems that we can connect to be able to get better data around who we're serving, that allows us to customize the type of work that we're doing.

So at Health Net, we stratify all of our data by race, ethnicity, language. But also, we look at things like rural versus urban, veteran status, ability, and neurodivergence, to understand better SOGI-- sexual orientation, gender identity-- to better understand who our patients are and how we can better serve them. So that's the first type of technology that I think is really important. The second is telehealth access. And so we saw a huge increase in the amount of telehealth used during the pandemic.

And those rates, although they have decreased a little bit, have sustained, even post pandemic. And what we see with access to telehealth is that we're bringing health care to where people are. And we're making it easier for them, so they don't have to miss an entire day of work to come into the clinic. So I think technology plays a huge role in the telehealth arena. And we also see a lot of new telehealth providers that are culturally focused, that provide culturally congruent and relevant care.

And then I think the third is just technology that's really there to support certain populations. So when we're thinking about Black and Brown birthing populations, there is some really incredible technology there that's really built to support those particular patients, both from providing additional nursing support, additional support around doula care virtually, and also providing more intensive screening that fits a particular population. One telehealth vendor or technology vendor that I like to always talk about is the IRTH app.

So it's IRTH, which is birth without bias. This was started by an incredible woman named Kimberly. And she is a marketing professional. But she created this app that is a Yelp-like app for Black and Brown birthing families to review the care that they've received, both during the prenatal period and in the hospital.

And by doing that, it really allows health care patients or people within the health care system-- patients-- to take control as consumers about who they see and where they get their care. And what they've shown is that it does allow people to choose better what providers or what hospitals they may be able to deliver at based on the reviews of other people who are in the same situation as them. And so I think technology can play a huge role, specifically in supporting patients who have unique needs and have a unique set of circumstances.

ALEX MAIERSPERGER: Absolutely that data access, telehealth, and then culturally sensitive technology were built together with the communities that you're serving is really key, it sounds like. I appreciate that perspective. And you do have such great perspective because of that broad range of roles and responsibilities. And so on that one side of practicing physician and there in the care and the other side on the financing side, on the health insurance side, I mentioned I've spent some years on that side of the health care ecosystem on the insurance side.

And I know that health insurance and health insurers receive some negative press in US culture as maybe being more part of the problem. What do you think about that, especially on the cost, quality, experience side that health insurers maybe are more part of the problem than the solution? And how are you as Chief Health Equity Officer and your teams working to help improve that, maybe, reputation?

POOJA MITTAL: Yeah. You know, it's interesting because I was on the provider side before coming to the health plan full time. And I was actually faculty at a family medicine residency. And before I came to the health plan, I didn't really understand anything about what it's like to be at a pair. And when I got here, what I was so happy to see and to be a part of was that just like in the system that I worked in previously on the physician side, I was amongst a group of people who really are trying to improve care for the people that we serve.

And in my space, I'm very fortunate to be with a group of mission driven leaders and colleagues. And so as we think about doing work like setting up a doula benefit or a street medicine benefit across the state of California, I'm in solidarity with our contracting teams, with our provider-facing teams, with our community-facing teams to really try and get these benefits to the members that we serve to improve the health of the communities that we serve. And that's been my experience across the board.

Now, from a financing perspective, certainly, if we improve outcomes for people, we also improve the bottom line. But I also don't believe that the business case is the only case for health equity work, right? It is a small part of the reason that we do that work. But really, the main reason is we do want to improve the health of the people that we serve. And that's why we're in this business.

I think part of what we have learned over the years in doing this work with communities is that we do really have to intentionally share power and elevate the voices of the communities that we serve. And when you are at a health plan with the tremendous amount of power that we have with this big institution, with the money, with the ability to influence health systems, we have to be very intentional about power sharing and bringing that lived experience in into the work that we do and elevating the work of those in the community who are changing outcomes.

And so part of what I do and part of what my team does is really help bring those voices to the table in the places where we have privilege and power to show up. So when we're meeting with the state or we're speaking at conferences, we bring community members with us that we partner with to also elevate their voices and bring their experiences to larger audiences and to people in power so that they can also hear what we're hearing.

ALEX MAIERSPERGER: We've talked about some of the challenges to health, whether it's historical, structural, individual-- some of those barriers in health equity. What makes you optimistic that we're going to be able to create a healthier future for all?

POOJA MITTAL: Yeah. You know, I think the fact that we're talking about this is really important. And the conversation around health equity has really been at the forefront in the last few years. I think one of the things that we're seeing now that makes me really excited is the recognition that having a team of nontraditional providers to also support primary care and primary health care is becoming more and more mainstream.

So in the state of California particularly, we have a new suite of benefits that the Medicaid plans are offering that include nontraditional providers where we are able to influence in two different ways. And the providers that I'm talking about are community health worker-- promotora providers, and also doula providers.

So one, we're able to bring community members in a sustainable way into supporting our clients or our members in navigating the health care system, in getting the equitable care that they deserve. And at the same time, we're elevating these folks to have a sustainable employment, right? So we're creating a pipeline of health care providers through a sustainable set of employment.

And I think this is really exciting. When we think about really being able to engage people who are not currently engaged in the health care system, people who are not seeing their doctor or not getting their preventative care, I think community health workers are a huge asset in getting out into the community, connecting with their peers, and bringing them back into the health care system because they are people that our patients trust. And so for me, I think that's a really exciting change in the health care system that we're bringing these nontraditional providers into the fold of what's considered mainstream health care.

ALEX MAIERSPERGER: You've talked about that blend of technology, people, trust, and power. And you've done it so masterfully. Dr. Mittal, we've been so fortunate to have you here. Thanks so much for spending a little bit of time with us.
POOJA MITTAL: Thank you so much for having me. It's been a pleasure.
ALEX MAIERSPERGER: And as a listener or viewer, we'd love for you to join as a guest or to join the conversation. Send us an email, thehealthpulsepodcast@sas.com. We're rooting for you always.
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