

Central Line: The AAHA Podcast Transcript

Episode Title: Approaching Access to Veterinary Care in New Ways

Guest: Michael J. Blackwell, DVM, MPH

0:00:03.5 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Dr. Katie Berlin. It's wonderful to be here today with a distinguished guest that has been a subject of conversation with many previous guests actually, when I've been getting to know them, and so it's really an honor to meet him in person. Dr. Michael Blackwell, welcome to Central Line.

0:00:23.4 Michael Blackwell: Thank you. I'm happy to be here today.

0:00:26.5 Katie Berlin: It's fantastic to see you and I'm very excited to talk about all of the stuff we have on the docket today, we have some really big questions to talk about. And obviously we're not gonna solve the fate of the veterinary world today, but I think this is just such an intriguing topic, we're gonna be talking a lot about access to care and spectrum of care, and I love that these conversations are coming to the forefront now, so very excited about that. But before we get started, would you mind giving us a little introduction to yourself, who you are and what it is you do?

0:00:58.0 Michael Blackwell: Sure. And Katie, thank you... Dr. Berlin, thank you for doing this. It's important to continue to educate and to share this information, because I think most people really appreciate receiving better insights into what is a national crisis, and that crisis is lack of access to veterinary care for so many families. I'm a veterinarian, I've been in this profession my entire life. My dad was the first veterinarian in Southeast Oklahoma, so I've seen a lot over the years and I have really had a wonderful, wonderful career because I've had the opportunity to do a few things. Currently I'm director of the program for Pet Health Equity, which again is on a mission to improve access to veterinary care. But prior to this work, I served as Dean of the Veterinary College at the University of Tennessee. And then prior to that, I was Chief of Staff for the Office of the Surgeon General of The United States, and spent 20 years with the Food and Drug Administration. So a varied career, I've been on and operated two practices, and let me just say, I feel very, very blessed, very fortunate to have been on the path I've been on.

0:02:18.1 Katie Berlin: That is such an intriguing story, I feel like we could spend an entire podcast just talking about all the things that you've done and the different aspects of medicine that you've seen. I'm just... Chief of Staff for the Office of the Surgeon General is pretty amazing. That's not something you hear in someone's bio every day on this podcast, but...

0:02:36.2 Michael Blackwell: No. Not usually.

0:02:38.9 Katie Berlin: Yeah. But also just... That just shows how interrelated these things are, human healthcare and veterinary care are inextricably entwined and we just think of them so differently, but as we all know, we are better and healthier people for having animals in our lives, and that speaks a lot to what we're gonna be talking about today. So I'm really excited, but I have to ask you the personal question, 'cause we always start off with the personal question. I would love to know what the title of your autobiography would be, or at least what the subject of it would be. [chuckle]

0:03:16.0 Michael Blackwell: I think that title would have to do with a servant leader, if you would, being called maintaining one's bearing on an unfolding path, these are some conceptual

[chuckle] things that I would try to find a way of wrapping up in a title somehow, but it would be about leadership and about the dynamics of having our lives unfold, we don't know the end from the beginning, in other words. Yeah.

0:03:58.9 Katie Berlin: Yeah. Oh, I love that so much. When I think of someone's autobiography, I think of this is the story of my life, but... And when we talk about veterinary medicine and veterinary care, so much of it seems to be this desire for control. We wanna control the outcomes of our cases, and we wanna offer best medicine every time we can, and we want to serve the clients that we know can pay for our services and who want to listen to our recommendations, and unfortunately, this is not life, and things unfold so unpredictably sometimes, and we have to really go with the flow, I feel like, in this profession, even so more than others, and so I love that. That that's a theme for you.

0:04:42.9 Michael Blackwell: This whole deal about surviving in nature and adaptability, a dynamic world really does demand that we are adaptable, but that said, remaining firm with core values, because without those then we are just meandering around and maybe not on a consistent path towards some outcome.

0:05:12.7 Katie Berlin: Yeah, love that. Servant leadership too is a big topic of discussion. I feel like in veterinary medicine in terms of culture and management, and I really love that too, that we're thinking now about leaders being more how can we serve the people that we lead, rather than how can we tell them what to do effectively. So yeah, so many good themes there, and that just reinforces the fact that you are somebody who I think is affecting the veterinary profession in a lot of different and extremely positive ways, and one of them is with AlignCare. And I'd love for us to start off there and have you tell us the story of AlignCare. How was it born? What is it? Where did it come from?

0:06:00.9 Michael Blackwell: Yes. Well, I sure appreciate the opportunity to talk about AlignCare. The root word in AlignCare is A-L-I-G-N, align. It literally is the concept that we are a blessed nation, a nation with lots of resources, lots of capability, we're not a poor nation. But we see many examples of inequality, mal-distribution of resources and so forth, and just the idea of doing a better job of aligning the resources we have, we can achieve better outcomes. This is the concept behind AlignCare. But you know how I got here, I remember it like it was yesterday.

0:06:50.9 Michael Blackwell: The euthanization of a veteran's best friend, this dog had been injured, no fault of the dog or the veteran, by the way, but dog had been injured and it resulted in euthanasia and you know I grew up in veterinary medicine, as I said a moment ago, so I've been seeing this procedure have to be done over and over and over again. I've done it many times, and I know that we, in order to protect our soul or being, we can rationalize these decisions because no legitimate reasons why that procedure is needed, but on this day, it was all very, very wrong. And what made it wrong was watching that man stand there in his pain, and what I actually saw was someone who had served our nation in a very, very special way. Military service. He saw conflict actually in the Vietnam war, and it just struck me that what are we doing? Those were the very words that came to my mind. Maybe that's my autobiography topic. What are we doing? [chuckle] But I...

0:08:18.9 Katie Berlin: [chuckle] I could pick a title for today. [laughter] America today, what are we doing? [laughter] I'm sorry, go on.

0:08:27.1 Michael Blackwell: Here we are in the 21st century because this was around 2010, 2011. Anyway, how do we get to the 21st century and we're not ensuring health care is available, especially for those who have served our society, and who do we add to this list? Well, pretty much most public servants, most of whom don't get paid big salaries, our school teachers would be an example, our fighters, people who literally are giving their lives for the benefit of others. So I thought right then and there, no, we can't just continue business as usual, and especially given the trends and one of those trends, well, a growing what's traditionally called working class or poor class and a shrinking middle class America. So the challenges are worse today than they were when I had that epiphany. So that's what this work is about. Vulnerable individuals who deserve access to healthcare, whether they're human or non-human. And we have not done the job that's needed on the veterinary medicine side. Lots of programs to take care of the humans, not so much for the non-humans in the families.

0:09:54.3 Katie Berlin: Yeah, so I feel like we've all been... Everybody listening probably can identify with how you felt in that situation, just feeling so powerless that this was the decision that had to be made because alternatives didn't exist, and you wanted to give this person their friend back, and that is at the core, I think, of so much of our hard days in this work, is that moral distress between knowing that we can help and not being able to. And I love that your mind went to, how can we solve this problem? Not poor me, poor us, but how can we solve this problem for people who really deserve to have access to care for their animal friends? So AlignCare is a program that pet owners can qualify for. Is that right?

0:10:51.0 Michael Blackwell: Yes, and a couple of key characteristics about AlignCare, and we start with the fact that it's a one health healthcare system. Why one health? Well, because the barriers to veterinary care are not caused by the pets or the veterinarians. [chuckle] The barriers are related to the pets people. We're gonna leave livestock out of this conversation, if that's okay. And let's just stay focused on the bonded families of the country. Most of our households are made up of human and non-human members, and it's our society that says the non-humans are in fact family members. And so I accept that fully, that that's who we are serving. Now, mind you, it didn't look this way when my dad was in practice.

0:11:40.9 Katie Berlin: I'm sure, yeah.

0:11:41.2 Michael Blackwell: Already in my early career, our society has shifted. So we got to the 21st century, still not having sufficient funding options for medical care for veterinary care. Now, what do I mean by that? Well, when you get below \$50,000 a year as a household income, you don't find much evidence of utilization of pet health insurance because those policies historically were reimbursement models, and you had to have the money up front and then seek to get reimbursed by the company. That doesn't work for so many families in the country. And then when we look at the finance industry, again, we see higher and higher interest rates as the income goes down, and I know they've got their formulas or algorithms for how that comes to be, but at some point, some might say some of these loans become somewhat predatory, but certainly places the family in more difficulty. And the reason I bring up those two industries is because of this.

0:12:56.7 Michael Blackwell: We are under an illusion, if we think that people can continue to pay cash for medical care. That's not what happens in human health care, except for select few wealthy, wealthy people. Most rely on insurance. You just can't... We can't... The veterinarians are not

exploiting the public, it's the cost of delivering healthcare, those costs that continue to rise in light of household income being stagnant at best, dropping in many other instances. So I'm under no illusion that we can maintain this cash basis only service delivery model. And veterinarians are not the ones to fix this, but we need to be voicing our opinions about this is not sustainable. It's not adequate, we need the other industries to step up and do a better job.

0:13:56.1 Katie Berlin: That's a great point that veterinarians are not the ones responsible for fixing it, but we still have a role to play, and that I think is a really fundamental distinction. We don't have two options, which is to fix it, find a way to fix it, or extend a personal loan, or ignore it and only cater to clients who can afford to pay cash. There's a big gray area in the middle, and that's where we all sit and we have a role to play in this, for sure.

0:14:23.8 Michael Blackwell: Yeah, that's an important message. Because you know what we humans can do sometimes when the problem is so big and complex, like we're talking about? Well, we can shut down. [chuckle] It's just too overwhelming to even get our heads around. Well, yeah, the good news is it's not our problem alone to solve, it's not the problem of animal welfare alone to solve because it's a societal problem. Those families that we are failing to reach today actually are not being reached in some other ways, and so in part it reflects the United States society, and again, the mal-distribution of resources that I mentioned earlier. But here's the other thing, and this is where we do have a role.

0:15:18.3 Michael Blackwell: So you can throw a dart at the United States map, and no matter where the dart lands, there are pretty good insights about the disease distribution among the humans in that community. Enough insight, such that programs, public health programs, can actually do planning. Predict what the needs are going to be over the next five years. You can throw that dart a million times and no matter where it hits on that US map, those insights are not there. So who should be advocating for and pushing for the collection of data that will enable us to have better insights? Well, I think that's a role that we should have. It doesn't mean the practices go out and do those studies, it means we add our voices to those who are advocating for such things. We have a strong voice, but we could use it in some new ways, I think, around these kind of issues.

0:16:23.5 Katie Berlin: That's really interesting. Yeah, I had never really thought about that. How much data we have for human health and the regional differences and expectations, and then we just don't have so much of that data for pets, unless a drug company is trying to produce something new and they wanna figure out how they should be marketing the product, we just don't really have that available to the public. And veterinarians, you probably could throw a dart, find a vet clinic anywhere in the US, and veterinarians could tell you what they see most often and what they're most concerned about in their area, but that data never gets aggregated. That's really interesting.

0:17:04.6 Michael Blackwell: Yeah, and that's bad enough on its own, but families are labeled marginalized because we literally don't see them, they literally... We are not capturing that information, and so we ask, Well, so what? Oh, it's too bad, and I wish they could be better off it, but it... They shouldn't have had the pet...

0:17:33.8 Katie Berlin: What can you do?

0:17:34.9 Michael Blackwell: Right. [laughter]

0:17:35.8 Katie Berlin: Yeah.

0:17:36.2 Michael Blackwell: Well, the problem with that is our role, our mission to prevent and control zoonotic diseases, no other profession is given that specific charge in the way that veterinary medicine is, and when you overlay that with a bit of increase in global temperature, we already know what that... It will translate into. More vectors further north, newly emerging microbes, re-emerging microbes, and in this case, then we're failing to protect society. Again, it's not because we caused it, but maybe in this case, a failure to respond to these changes. So we've gotta care about this not just from a Compassion point of view, but a public health point of view, extremely important.

0:18:38.0 Katie Berlin: So important. Yeah. Thank you for that reminder. And a good reminder to me also in thinking about that, that there are, there's a whole population, multiple populations of pets that vets and vet teams don't ever see, or at least don't see often. And that is really a large subject of our conversation today because AlignCare is designed to try to help those populations, right?

0:19:06.4 Michael Blackwell: Yes.

0:19:07.4 Katie Berlin: So the clients can apply and then AlignCare reimburses the veterinary practice for a certain percentage of the costs of care. Is that right?

0:19:20.7 Michael Blackwell: Yes. And a succinct way to put this is, just as in human medicine, ultimately some third party is helping to pay for the care. It's not rocket science that the same challenge exists with veterinary medicine. So AlignCare is truly subsidized healthcare. And I wanna say, well quickly, well, where does that money come from? Well, our intent is to build the capacity for our society to support their families through multiple means, not just grants given by animal welfare organizations, but corporate policies such that funding starts to show up at the community level to support the families of that community. At the end of the day, in other words, in the exam room, the client has come in and has limited funds, the veterinary practice can't stay healthy and give away the whole shop. So there's a limit to what the practice can do. And then there, that gap that exists is where a subsidy fits in. Again, it's not strange to me because that's exactly what happens in human healthcare.

0:20:39.4 Katie Berlin: Yeah. So, veterinary clinics elect to participate with AlignCare?

0:20:46.3 Michael Blackwell: Yeah.

0:20:46.4 Katie Berlin: Like, is this something that somebody could use at any clinic or the practice has to be registered or agree to accept it?

0:20:54.4 Michael Blackwell: Thank you for that question. And it's more the latter. It is truly a structured approach to improving access to veterinary care. What makes it structured? Well, the families that get identified as qualified up to now qualified families are on public assistance already. Now, mind you, we're not going around the country, rounding up all of these pets in these homes and taking them away. And we're also choosing not to ignore them because it's at our own peril if we don't ensure they have access to care just from a zoonotic disease prevention and control standpoint. So the families are identified as truly demonstrating need. This was important for our

for-profit practices because we also ask them to offer a 20% discount. We tested this over an 18-month period and found that families by and large could pay a 20% co-payment, the veterinary practices that participated in AlignCare were willing to discount their services by 20%.

0:22:10.5 Michael Blackwell: And then the AlignCare fund pays the balance. So just to walk the audience through, a family that is qualified, generally shows up at a practice or shelter somewhere needing help. And if that's an AlignCare community, they know to give that family the contact information so they can get enrolled. It is electronic. It's a, there's a software platform that the family must work with, but if it's an AlignCare community, we've trained people in the community to assist the family with enrollment. It's a simple enrollment, takes minutes. Once they're enrolled, then they go to the practice of choice within the community that they live. If there's only one practice, then there's not much of a choice there. But now the practices are literally enrolled formally because of the fact there are policies about how they get paid.

0:23:10.7 Michael Blackwell: They're also policies intending to address the fact there are limited funds and so gold standard medical care is kind of out of the question, doc, it's, we know we all wanna offer that, but just as we've always done, when the client does not have the means to pay for everything we wanna do, we modify our patient management approach. We modify the treatment plan. Now that was never called anything until we named it Incremental Veterinary Care, meaning the veterinary practices are asked to exercise their professional judgment, and what's most important on that day given the resources they have to work with, maybe the client will come back in a month or two for ongoing care. So it's an incremental approach to managing that patient. And that can happen even just for wellness and preventive care, doesn't have to be for an expensive, sick or injury situation. So yeah, the practices have to be enrolled, and because there are those policies that we would like for them to follow.

0:24:25.4 Michael Blackwell: We don't have a bunch of policies because we are trusting the veterinarians to do the right thing. We literally, I literally believe most veterinarians want to help and they're going to do what they can to make a system work that will help them to reach families that they currently or previously couldn't reach. Other than that, we have partnering organizations, social service agencies, for example, some exists to do certain missions, but they also contribute to support to families through the co-payment process or even the social work support that the families might need. It's a pretty comprehensive system that accounts for a number of the challenges that we were facing and because of that, people need defined roles, it needs to be in writing what those roles are. So there's expectation, predictability, consistency, so forth, really structured. That's a long answer, and I hope I didn't confuse everyone, but please, please ask me more questions to clarify what might have been a bit confusing.

0:25:41.1 Katie Berlin: No, I think it's fantastic. And I've been to the website, the AlignCare website, and we'll definitely put that link to that in the show notes for this episode, because I think if people are listening, they wanna know more about AlignCare. They want some more clarity about how they can get involved or have their practice enroll, talk about it to clients even, then definitely going to that site is, seems like a good first step, 'cause there's a lot of information there.

0:26:06.3 Michael Blackwell: There is, there may be... This is an important thing to point out though for the audience. So most of the information that one will see is based upon a research project into this healthcare system and the policies that we use during the research. We have pivoted now to what we believe to be the sustainable approach. And that means community ownership.

Now, right now, Los Angeles, California, is the community out in front of others in implementing AlignCare from a community ownership standpoint. Now, what does that mean? A veterinary practice cannot become a provider except that the community has decided to bring... And the community could be small, see it's an animal welfare organization, a social service agency those key partners that have decided to at least get started, and then a practice is able to be part of it. Why? Because it's a one health system. If there's not that piece to take care of the humans, then you can't have AlignCare. You're not aligning anything. You're just providing medical care to pets, which is important. But to get beyond where we have been, we needed to make sure it operated as a one health. So a practice can want to sign up, but we would be encouraging them to start working with others locally to make sure there's a system in place, as opposed to just being able to treat the pets.

0:27:47.6 Katie Berlin: Right. And as you say, a lot of these pets might not even be brought in for care if the family doesn't know that AlignCare exists because they either aren't aware of the need for care or they don't feel like they're gonna be able to afford it. And so getting the word out seems like maybe it would reach some people who we otherwise would never even see or know that their pets existed. And it's so easy to forget about them from inside our little bubbles, for sure. Especially...

0:28:16.9 Michael Blackwell: Well, that's...

0:28:17.5 Katie Berlin: Like, I've tended to work in practices that were in areas that were pretty middle-class, upper middle-class and so there were plenty of people who could pay their bills. And so we were like, "Oh, we don't need the rabies-only client," or "we don't need the client who just need... Can only pay for sort of the minimum standard of care." And we didn't have to cater to them. And so it was very easy to make it someone else's problem.

0:28:39.9 Michael Blackwell: Yes.

0:28:41.3 Katie Berlin: But that doesn't mean someone else is actually treating those pets.

0:28:44.8 Michael Blackwell: Well, that's the thing. Now, a little bit of irony in all of what you just said, we still have a few veterinarians who speak badly about nonprofit organizations trying to help. And it's like, "Doc, well, are you going to help those families? If not, then maybe we want those nonprofits to do what they're doing." Yeah. I think it's easy for me to understand how we can live, as you say, in our own little bubble, we've got our market, we've got our community that we serve, and as it goes right now I can be very busy doing it, yet there are these families that are not being reached. Now, our national study found that 28% of the pet owners reported not being able to see a veterinarian in a previous two years because generally it was lack of funding. So, we ask ourselves, well, where are all the people and the resources to help these families? What it turns out there with for-profit veterinary medical practices. You know, if you line up all the nonprofits and the capacity of the nonprofits from a medical standpoint, and you look at our for-profit veterinary medicine industry, there is no question where all the resources are. So AlignCare was built to incentivize and leverage that huge resource of capability.

0:30:21.6 Michael Blackwell: That meant we had to build it, being very sensitive to what it means to be a small business call a veterinary practice, not a heavy administrative impact. You know, a lot of, no processing lots of papers and so forth. And so, I guess what I'm saying here, this is where I wanted to land. Yes, we want veterinary practices to recognize that those people are there and they

need help. And yes, you don't have to be the one to help them, but there are ways in which you can facilitate that. And if you choose to help, you don't have to take on a burden that's bigger than you can handle. You decide how many of those families you'll help in a year, to what extent, because you have to safeguard your own business in the end, but think of doing something instead of just turning the blind eye.

0:31:18.7 Michael Blackwell: Now, one last thing I'll say about this to our colleagues, in 1970, 62% of... 62 cent of every dollar, let me put it that way, was in the pocket of the middle-class of America. That has decreased such that now only about 43 cent of every dollar is in the pocket of the middle-class. And the trend does not appear to be reversing itself. No indication that that's going to turn around. What does this mean? It means for our industry, even though we've done quite well, increasingly we will continue to see more and more folks show up who are not financially able to do what we've been doing all along. 'Cause the costs continue to outpace consumer's ability to keep up. To me that's the biggest threat to our wellbeing.

0:32:26.2 Katie Berlin: Yeah.

0:32:28.4 Michael Blackwell: And you ask yourself, "Well, oh, maybe it'll work itself while we go ahead and do what we're doing right now." We don't live in a country where consumers are gonna say, "We're just outta luck. The veterinarians were too busy to save our pet's lives." No, I think we are at risk of seeing other groups given authority to do some things that have traditionally been left solely to veterinary medicine, to veterinarians. In other words, I spent a long time with regulatory agencies the FDA and I came to appreciate one thing about why we have regulations. They typically flow out of a failure of some industry or some profession to do something that protects the safety of consumers. And here, what we're saying is not only are people having loved ones who can't have their needs met medically, but we're increasing the threat to the community for lack of prevention and control of diseases. So I'm seeing, I'm ringing an alarm bell with our colleagues, "Guys, this is, we can't just ignore this. This is not gonna take care of itself without us wanting to help drive that change. If we don't drive it, then we may not like the way it's handled in the end." I just believe that's what's looking us right in the face right now.

0:34:02.6 Katie Berlin: Yeah. That's very powerful. You know, one of the things that I wanted to ask you about during this conversation, we've talked a lot about people who qualify for assistance already. And so they're definitely a population that AlignCare can really help those pets that we just don't see because they cannot afford to pay for veterinary care at all right now. And then there's the whole big gray area of everybody else who can't just drop cash for a \$8,000 back surgery for their dog, but they need vaccines and their dog gets sick or it's vomited 12 times in the last two days and suddenly there's met with these expenses they can't cover. And that gray area is what hurts most of us in the heart all day.

0:34:51.7 Michael Blackwell: Yes.

0:34:51.9 Katie Berlin: You know, just listening to you, I want to help those pets that we will never even see in a vet clinic like the ones where I've worked, that I didn't think about enough and I don't think about enough and I think I'm not alone there. But the ones who are in your exam room too, and you can't, you feel like you can't help and the owners often will lash out because we are the one in there with them. And they're just thinking about what that must feel like to be that person in that room, and be in this impossible situation and have this animal that you love like a baby, and

you're stuck and you feel powerless. I feel like the discussion that we're having reaches into that area too, even though that person may not be helped by AlignCare because we are also talking more about that incremental care. The idea that practicing best medicine or nothing are not our two options.

0:35:53.7 Michael Blackwell: That's right. It's gotta be, there have to be more options.

[chuckle]

0:35:55.3 Katie Berlin: It's become... Right. And we all do that. Like you said, we all do that already. We're all in the exam room, like sort of bargaining with ourselves, with our teams, with the client, "Well, maybe if we cut this out today, we could afford this. Or maybe if we outsource this prescription they could put that money towards this procedure." And we all do that. We just, we don't think about that as best medicine, but sometimes in that situation, best medicine means what the owner is gonna be able to afford and what is likely to help the pet, and everybody at least can feel like they're able to do something. And that definition of best medicine, I think, has become a little bit more fluid. And I'm really excited to see that happening.

0:36:38.9 Michael Blackwell: It's a relative term to me.

0:36:41.2 Katie Berlin: Yeah.

0:36:42.0 Michael Blackwell: You know, we should strive for best medicine, quality medical care, but all of those terms exist within a context. Everybody is not Bill Gates or Elon Musk or somebody like that. And so when we think of all of society, going back to what we were talking about earlier, well, there is that end of the spectrum where resources are limited. And yet, personally, I honor the right to be in a relationship with a non-human especially given the benefits that the pets afford people. So I don't think we are built genetically to be in that exam room repeatedly going through what you just described. I think it does harm, especially when I'm standing there knowing full well how to help. Have the knowledge, the skills it's just right there, but I'm not helping because of money. I don't know that we are made up of people who can be healthy in those circumstances, repeated circumstance. There's another alarming factor though that we need to, or at least projection that we need to factor in here. I've already talked about in whose pocket you find the money and it went from largely the middle-class two out of three, or 2/3 of every dollar's in the middle-class pocket. Now it's less than a half. The millennial generation is the largest generation living with non-humans. By the way, you know, I don't use the word animals very much. Right?

0:38:32.7 Katie Berlin: I did notice that. Yeah. And I love it. I don't think of my dog as an animal. He's like my, this is my buddy, you know?

0:38:40.7 Michael Blackwell: So I respect that, I'm respecting a loving relationship. And if we wanna use the word, let's just start calling the humans animals, and let's just group 'em all in with the mosquitoes and everything else. Now these relationships are in fact very important. And out of respect, I refer to them as non-human family members, because I didn't make it up. That's what society says about these individuals.

0:39:08.8 Katie Berlin: You're so right.

0:39:10.7 Michael Blackwell: So the millennials are the largest generation living with non-humans. Gen-Zs appear to be adopting these relationships and at the same rate, and yet millennials are also projected to be the first generation of Americans to not make the income of the previous generation. And I've not heard anybody, I've not read anything or heard anyone say, "No, that's changed now." No, all the evidence is still in that that's likely to happen. And Gen-Zs may very well be in the same situation. What does that say? It's saying that these models out of the 20th century called private practices built for a middle-class, a thriving middle-class with discretionary money, that's all going away. And we don't have to just fold our tents and say, "Well, there's nothing to be done." No, we say, "Look, in light of these trends..." But we gotta be paying attention to that. We have to understand that's the society that we're serving. In light of that, here's some things that we now need to do. And a lot of those are about pushing other industries to do what we need them to do, not us fixing it alone. So that larger group that you characterize who are in those exam rooms as we speak, they need better pet health insurance policies. Clearly something is not going well, if still we're less than what, 4% adoption of pet health insurance, and we need better finance models. We need something more than what we have today. And our voices could help drive those changes.

0:41:00.7 Katie Berlin: Yeah. So powerful, Dr. Blackwell, and so much food for thought in this conversation. I love that you're tackling these hard questions and encouraging us to think about them too and not to sweep them under the carpet, because that is so easy to do. So I hope that people listening, regardless of what role they're in, in the vet hospital, because on this podcast and AAHA we try to see the team as a group of individuals who are all equally powerful in different ways in providing vet care. And I feel like this is something that anybody on the team can advocate for and can bring up at a staff meeting or can say, "Hey, did you ever think about this?" Or, "I heard this really intriguing thing on a podcast today." And just start that conversation, because if you're not talking about it, how can you possibly help to fix it?

0:42:00.5 Michael Blackwell: You're not putting my money on our colleagues every day to be... I mean, we're problem solvers.

0:42:06.0 Katie Berlin: Yeah.

0:42:06.7 Michael Blackwell: We really do know how to work through a problem and disassemble that problem so that we can then address it. It's the same process. So you unleash the veterinarians, if we were to unleash ourselves, actually and start to approach this, I'm really, really optimistic that we'll get some great outcomes. There's some specific things we're debating today, mid-level professionals, you know? There are about 1 million physicians in the country and I've yet to meet someone who believes that 1 million physicians alone can treat 340 million citizens. I like to call it, "The math is bad." [chuckle] Okay. There's just not enough.

0:42:51.4 Katie Berlin: That does it when you put it that way. It does sound pretty bad.

[chuckle]

0:42:55.3 Michael Blackwell: Well, Dr. Berlin, we're sitting here with 65,000, I'm using round numbers, of course, 65,000 veterinarians, companion animal veterinarians in less than 40,000 outlets practices seeking to serve more than 200 million dogs and cats, just dogs and cats. The math is bad.

0:43:14.5 Katie Berlin: That's very bad math, very bad. [chuckle] Yeah.

0:43:17.5 Michael Blackwell: We can do what I saw the physicians do and say, we're gonna keep this model going and just see it erode and others making decisions about who's able to provide medical care. And in fact, physicians don't even have authority over it anymore. Or we can say, "Look, why go down that road, not knowing where that might end? Let's own this. Let's understand that because we're the only providers of veterinary care today, given authority by states under their practice acts, what can we do now to expand those services so that we don't have consumers over there by the tens of thousands or hundreds of thousands and even into the millions and we can't get better care." That we're gonna appeal to our legislature to fix that, because that's when we start to see ourselves making the same mistakes the physicians made here.

0:44:21.1 Michael Blackwell: So, we know we have a generation, well, 2/3 of dogs and cats with two generations, millennials, baby boomers, we are all income challenge. Okay. That's why the problem is not gonna get better. 'Cause the baby boomers income's not increasing, it's actually going down as we retire and the millennials are not gonna reach the level of the previous generation. That's a fundamental structural problem in our delivery of healthcare. And if we don't take the lead in fixing it, I guarantee you, this United States, the citizens of this country are not going to just say, well, we'll all die early. We just, nothing can be done about it. That is not gonna be the way that'll get handled. That's why I'm sounding this alarm bell repeatedly.

0:45:11.0 Katie Berlin: Yeah. I love it. And I love how passionate you are about that and about advocating for change that we can all have a role in affecting. So, Dr. Blackwell, thank you so much. I could stay on here with you all day because I have so many more things I'd love to talk to you about, but I think you planting that seed of thought in my head, in our listener's heads, hopefully, some of the people listening will help push that, move that needle a little bit further and that's how we're gonna get there. I really do I agree with you. I feel optimistic now too, after talking to you.

0:45:48.2 Michael Blackwell: Well, thank you for that. I will say this to your audience. Los Angeles is not the only city where veterinarians are the reason AlignCare is a topic is being discussed. And so if any veterinarian wants to reach out to us to get more information, we'd love to have that conversation. Brief anybody starting with two people, one person, brief 'em about this system. And the way that works is if those two people or one person believes it's got some validity, then invite some key other people in for briefing. And then ultimately a group decides if they want to bring AlignCare into that community. It's plug and play, and generally not hard to follow once we lay it out for those who are interested.

0:46:42.7 Katie Berlin: Love it. And to learn more about AlignCare, what can you tell us what the website is?

0:46:48.0 Michael Blackwell: So I would direct folks to go to PPHE, that's Paul, Paul, Henry, Edward, dot utk.edu. So that's Program for Pet Health Equity is what the acronym stands for, University of Tennessee, Knoxville education, pphe.utk.edu. Now that is our primary university website. There's an AlignCare website it's primarily for those who are trying to register, but also to donate. And that would be alingcarehealth.org, ORG.

0:47:38.7 Katie Berlin: Alright, wonderful. And we'll put those links in the show notes too.

0:47:42.5 Michael Blackwell: Thank you.

0:47:43.2 Katie Berlin: Dr. Blackwell, thank you so much again, this has been a great pleasure and I hope we'll get to talk to you again soon in some capacity at AAHA. I'm sure, our paths will cross again. Thank you again so much.

0:47:55.5 Michael Blackwell: Well, thank you for keeping the word alive, spreading the messages very, very important that we have folks like you doing that.

0:48:04.4 Katie Berlin: Thank you. And thanks to everyone for listening. We'll catch you next time on Central Line.