[00:00:00:02 - 00:00:34:10]
Dr. Rebekah Gee:
But our why is we want to change the lives and trajectories of low-income families who just don't have access. They don't have enough food. They don't have transportation. They don't have adequate housing. They don't have time off of hourly wage jobs. And because we offer them the care, mental, physical and social care, it changes their lives. And that's why we have incredible staff. That's our best recruiting tool. We have one of the best missions on Earth, which is to change the lives of families and children who need us the most.

[00:00:36:00 - 00:01:09:21]
Intro:
Welcome to The Skin You're In, a podcast about health and the forces that shape it. We go beyond medicine to explore how race, place, policy and culture influence who has the opportunity to live a healthy life and what it will take to achieve health equity. From data to lived experience, from public policy to music and the arts, we connect the dots between systems and stories. Because health doesn't happen in isolation. It's shaped by the world around us and the skin we're in.

[00:01:14:09 - 00:02:01:10]
Dr. Thomas LaVeist:
Hello and welcome to The Skin You're In podcast. I'm your host, Thomas LaVeist, Dean and Weatherhead Presidential Chair in Health Equity at the Tulane University's Celia Scott Weatherhead School of Public Health and Tropical Medicine and Principal Investigator of the Partners for Advancing Health Equity. I'm also writer and director for the documentary The Skin You're In. I'm excited to introduce today's guest, Dr. Rebekah Gee. Dr. Gee is CEO and founder of Nest Health, the first value-based health care provider built for whole families. Previously, she served as Secretary of the Louisiana Department of Health, where she oversaw half the state's budget and the implementation of Medicaid expansion, which extended health insurance coverage to over 600,000 Louisianans. We're honored to have you here today, Rebekah.

[00:02:02:12 - 00:02:11:15]
Dr. Rebekah Gee:
It's wonderful to be with you, Tom. I so admire you and so admire the work that Tulane does. So it's just a great, great honor to be with you.

[00:02:11:15 - 00:02:40:24]
Dr. Thomas LaVeist:
Well, it's mutual admiration. So, Rebekah, you recently participated on a panel discussion here at Tulane's Leaders and Lanyak Leadership Lecture Series. We talked about the ins and outs of working in the private sector and the impact that you can have there in health equity. I'd like to delve into that further, but also interested in learning more about you, your background. So where are you from? Where did you grow up? You from Orleans originally? Or are you from somewhere else?

[00:02:40:24 - 00:03:12:24]
Dr. Rebekah Gee:
Well, Tom, I am the great, great granddaughter of a Mormon prophet. I come from LDS stock on both sides of the family, pioneering people who come from Utah. And I am the daughter of a university president who has signed over half a million degrees. As an only child, I had the opportunity to be in rooms and spaces from a very young age that were incredibly interesting.

With Mikhail Brezhnikov, with Jane Goodall, with sitting presidents, and really through that had the opportunity to see how individuals can make a difference. And so that was really neat. I did. He couldn't keep a job. So I moved a lot, unfortunately, and ended up in the Northeast.

[00:03:31:00 - 00:03:33:21]
Dr. Thomas LaVeist:
He couldn't keep a job? Or was it that he kept getting so many jobs?

[00:03:33:21 - 00:03:39:06]
Dr. Rebekah Gee:
I don't know. I think he couldn't keep. Some of them he was. He got out of town ahead of the sheriff and others. I think he left on his own. But I had an opportunity. Unfortunately, I've had a lot of loss in my life. I lost my mom when I was 16 to breast cancer. I lost my first husband in an accident that nearly took my life. And at that time, I was a White House fellow finalist. I was in at that point working on the transition team for then President-elect Obama. And had a certain view of what my life would be and not changed when I, after I lost my husband and subsequently recovered and came to New Orleans for Jazz Fest. During that trip, I met my husband. And of course, he was my tour guide. He was supposed to be a tour guide. And now I'm on year 17 of that tour. So this

[00:04:27:14 - 00:04:39:02]
Dr. Rebekah Gee:
New Orleans journey was not planned. But I always tell him if he had been from Milwaukee, it was probably not going to happen. It really was the combination of him and New Orleans that really sealed the deal.

[00:04:40:07 - 00:04:42:10]
Dr. Thomas LaVeist:
I'm sure that warms his heart to hear that.

[00:04:42:10 - 00:04:44:18]
Dr. Rebekah Gee:
Exactly. All right. There you go. No, I had no idea about that. I had no idea. So just to close the loop, your father was Gordon Gee, who served as president of several universities, including Ohio State and West Virginia University. And was there another university?

[00:04:59:24 - 00:05:04:15]
Dr. Rebekah Gee:
He was at Brown and Vanderbilt University of Colorado. So I said he couldn't keep a job.

[00:05:04:15 - 00:05:14:22]
Dr. Thomas LaVeist:
Well, I think he's noted for being the president who is having the most presidencies of any university president. I don't know if that still holds that record.

[00:05:14:22 - 00:05:58:14]
Dr. Rebekah Gee:
Not only that, but let's talk about health equity. He started at Vanderbilt in the early 2000s. This was not as diverse a school as it is today. I mean, he got rid of Confederate Fall, which is one of their big halls. Very controversial at the time. He brought in a Hillel to welcome Jewish students. And as we now know, that university is one of the most selective in the country. So as we talk

about equity and diversity, one of the things I learned from him is equity and diversity is what makes the university great. And that's what I've seen him build over and over again, both on his teams and in terms of the students and programs he supports. So what a great example I've had. And I lost my mom, so I'm very close to him and I've been really fortunate to learn from him.

[00:05:58:14 - 00:06:11:04]
Dr. Thomas LaVeist:
Wow. So that's a very unique sort of upbringing. And so what what about that upbringing do you think or do you think any of that upbringing influenced what you ultimately came to be doing with your life? Oh, absolutely.

[00:06:11:04 - 00:07:21:04]
Dr. Rebekah Gee:
Yeah, I mean, well, I wanted to be an astronaut. I was a complete geek, which it didn't help that my name was already gee, because you could just add an end to a K to it and you'd be a geek. But I was really serious about it, wanted to go to the Air Force Academy. And then my mother got cancer. And that was really the turning point for me. And so seeing her physicians learning that there were things to do here on the earth that were critically important, I think, was what changed my life course. But in terms of policy, it comes from growing up my dad's daughter. I mean, he is he was he's 82 years old. He testified in front of Congress two weeks ago next to Nick Saban to try to support a bill that would would allow women and Olympic athletes and and and athletes at smaller institutions be able to continue to have college athletics. I've seen him do that and have his voice make a difference. And so I don't think that I would I never did want to go into medicine, only to practice medicine, which I still do. I saw patients on Monday. But I knew I knew that I wanted to do something that was going to change the system of care, which of course is where nest comes in. But it's every job I've ever had looks at how do we improve and change the system. In this country that supports the health care, not just delivers the health care.

[00:07:37:07 - 00:07:59:24]
Dr. Thomas LaVeist:
Yeah, I'm really interested in talking more about nest. But but let's let's stay on that about your jobs in the system. You you worked. So you you you come down for Jazz Fest and you be a local Louisiana boy and he convinces you to move here. So how do you ultimately become Louisiana Department of Health Secretary?

[00:07:59:24 - 00:09:04:19]
Dr. Rebekah Gee:
Well, Tom, it honestly it was really hard. I you know, I had been I went to Harvard, Columbia, Cornell and Penn. That had been up in the Northeast. I had all these degrees, wanted to do health policy and I got down here, you know, and and both Tulane and LSU look sideways at me, you know, was not a Oh, what a great opportunity to hire a young person who wants to do policy. It was like, what the heck are we going to do with this person? Really, at that time, this was 2009 2010, not a lot of policy faculty. In fact, I was the only policy faculty at LSU. But one thing I learned, and we'll joke about this, was that if you go to LSU and say, Oh, Tulane did me dirty or the opposite. All of a sudden, they love you. So I said, Oh, man, I was at Tulane and they wouldn't hire me full time and else she was like, Oh, yeah. Okay, have a job. But anyway, what would happen is I started at at Tulane, taught a course on women's reproductive health at the school that your School of Public Health worked in and a clinical job I made way way under

[00:09:06:10 - 00:10:52:21]
Dr. Rebekah Gee:
what was kind of a livable salary for that in doctor. Nobody wanted to give me I didn't have a full time job. Again, I think finally made my way over had a full time job at LSU and I applied to in the process of figure out what the heck I was going to do applied for a grant. And the grant was to look at, interestingly, what we're doing now, which is inter conception health. So the idea was, what could Medicaid do an inter conception health, i.e., not just the pregnancy period, but the time in between periods. And I looked in between pregnancy. So I went to meet with Joan Whitekin, who's one of my heroes. And I was like, Joanie led the state's maternal and child health title 10 program for 30 years and Joanie said, Why don't you come work for me, you know, don't just write this grant come, I'll give you a job. So I started there while on faculty Dallas shoe and then subsequently, they asked her under Governor Jindal to lead a birth outcomes initiative and she said, Let me give another young woman an opportunity. Let's let Rebekah do it. She gave me that opportunity. And that was really my break into the career I've had was to go work for the governor go work at the state level and really change health policy and practice around safe pregnancy because frankly, what I learned at Brigham and Women's during residency. When I got to Louisiana was not what was being practiced in terms of safe maternity care. There was not the kind of team training. We didn't have the hemorrhage cards. We weren't we weren't risk assessing women prior to pregnancy. There were relatively ubiquitous deliveries before 39 weeks for no reason whatsoever. And so it was, you know, I took all of those learnings to say, How do we make Louisiana look more like what standard of care should look like and so the subsequent years were doing that.

[00:10:53:24 - 00:11:38:05]
Dr. Rebekah Gee:
And through that work made a lot of friends and became the Medicaid medical director where I led the Medicaid clinical program at the state level. And then when we had a Democrat elected to be our governor, which was which was somewhat of a fluke right in a deep South very red state. He wanted a well he offered the job to two guys where the pay was too low. So as I think that actually happened. And then then then he looked around and said, Well, who else is here and I'm a he said, Oh, there's a lady who knows Medicaid who's a doctor. Oh, that sounds pretty good. So that's how I got the job. I never met him before. I hadn't worked on his campaign. I had really stayed under the radar. And it was the best job I've ever had an Intel nest. Loved it.

[00:11:38:05 - 00:12:14:01]
Dr. Thomas LaVeist:
I want to drill down on something you said, or first I want to say that you said what you said about Tulane and LSU. I want to note that I wasn't here when that happened, and I have no interest in any rivalry between to letting LSU I have no interest in it. And we don't participate in any of that. So we work regularly with LSU now, who was just a few blocks away from us. In fact, did you know there Dean and I just co authored an op ed in the in the in the local newspaper. So we move beyond that. So tell me why why do you think it is that Louisiana was not practicing standard of care when you came. What do you think was the issue there?

[00:12:20:02 - 00:12:34:00]
Dr. Rebekah Gee:
I mean, some of it is historical racism. I'll say that some of it is paternalism. But I would you know we had a system of care at my first day on clinic job I mean I had been used to being at

[00:12:35:16 - 00:13:03:20]
Dr. Rebekah Gee:

Brigham and Mass General was my continuity clinic and we had even though medic you know Medicaid patients had a different way of paying they had the same waiting room. They had the same general resources. You didn't have a different experience if you showed up on Medicaid as you did if you were commercially insured. That was not the case here. Right. We had had a charity system that was very much segregated and unequal.

[00:13:00:23 - 00:13:19:16]
Dr. Rebekah Gee:
It would in fact run out of money on occasion and people would have to just make do, which was not happening, you know, in the northeast. And then the first clinic day I had it was there were no appointment times. It was like have all of these women show up with their kids and wait all damn day long, you know, let's come in at night and just wait for hours.

[00:13:19:16 - 00:13:30:13]
Dr. Thomas LaVeist:
I don't know what's going on, but they had never been never any outcry for that or lawsuit. I mean, I would think that they'd be an opportunity. There was no no no community response to that.

[00:13:30:13 - 00:13:59:16]
Dr. Rebekah Gee:
Well, I don't know. I mean, there was no alternative Tom. I mean, this was, you know, this is a state where just a generation ago. I mean, you're you're film this the skin you're in is so powerful. But look, if you have a certain skin color in New Orleans in nineteen sixty sixty five seventy that there was not the same water fountain. There was not the same hospital. There was not the same quality of care. And there was a notion that two years later, Rebekah, you were there. That was 50 years later.

[00:14:03:07 - 00:14:17:12]
Dr. Rebekah Gee:
Yeah. But 50 years later, we don't have a Medicaid expansion. We don't have a sense of Medicaid patients as separate and equal. In fact, I tell this story. It's a true story. I was in North Louisiana asking why this the largest one of the largest hospitals. There did not have a Medicaid clinic. And I was told that they got rid of it because they, quote, did not like the way the waiting room looked with those patients in it or the children, the children they would bring with their McDonald's dipping sauces, quote unquote.

[00:14:44:07 - 00:14:51:14]
Dr. Rebekah Gee:
So I think when you have that and I've had physicians say to me, well, I don't want my wife sitting next to those people.

[00:14:52:16 - 00:15:51:02]
Dr. Rebekah Gee:
If that is your attitude, not like we are all human, every human has dignity. We all deserve the same quality of care. It's that, oh, I don't like how that waiting room looks. And we and, you know, that is a very different attitude. So I think that's number one. I think the second is paternalism. I think that we know a lot about systems that are safe, whether it's aviation or the medical industry, the more that every member of the team is empowered to say, I don't feel safe. Something's not right. Why don't we do this? Why don't we look at that? That is a safer system. When you have a paternalistic system where you have a physician and he or she dictates

everything, it's not as safe. And I thought when I got to Louisiana, I saw much more of that, that paternalism, the doctor's lounge, the sushi and the doctor's lounge, the massage chairs for the doctor, the this and that. It was not something. And when I was a Brigham, I knew who was in charge and it was the nurses. It was who and not the doctors.

[00:15:51:02 - 00:15:51:21]
Dr. Thomas LaVeist:
Yeah.

[00:15:51:21 - 00:15:57:11]
Dr. Rebekah Gee:
And so I do think that that has changed. I've seen it change, Tom. This is a very different state.

[00:15:58:11 - 00:16:17:01]
Dr. Thomas LaVeist:
Take me through this. Let's let's slow this down. So take me through this. So you come into Louisiana and you see that they're now practicing standard of care and you realize that there's a cultural dimension to this. Right. It's not it's it's actually cultural. How did you go about impacting that change in your role as secretary of health?

[00:16:17:01 - 00:16:22:19]
Dr. Rebekah Gee:
The same way I do it at NEST. I think first of all, you need people to recognize that there's a problem.

[00:16:24:06 - 00:18:20:23]
Dr. Rebekah Gee:
Right. To your point, like why didn't people protest is because they didn't know there was an alternative. Right. If you don't know there's a problem, what are you going to do about the problem? Not much. So I think the number first step and I always say it's kind of like the the Kubler-Ross stages of data grief. But you've got to show people what I did is showed people the data and said, look, look at our outcomes. Look at our maternal death. Look at our hemorrhage. Look at our infant death. Look at our fill in the blank. And it's not working very well, is it? And look at these other systems that do X and Y and look at their rates. They're much lower and look maybe this would work or that would work. And actually, one of the things I've I enjoyed. It was one of the best, most fun things I've ever been a part of was the birth outcomes initiative that I ran. And what I did was I brought together all of the first of all, I realized it couldn't be just my ideas imposing on everybody. I had to bring in people who were doing the work, the CEOs, the obstetricians, the pediatricians, the neonatologists, the hospital administrators and the politicians and have them you know, want the change too. And so we brought them all together, had a lot of conversations about the data showed that, you know, recognize there was a problem, showed them, here are where we could do things different. Here's five or six options. We could do things different and let them choose those options and through those choices, then went back to their hospitals and champion those choices and those and whereas it became it became super uncool not to do those things anymore. Right. So people that were super resistant kind of throwing tomatoes at the beginning, saying, I want to do my 36 week delivery, whether you tell me not to or not. These were the same people a year later who were saying, look at I don't would never do that delivery and look how great we are. So it's the best way to make changes to help people understand why it's needed and then and then make it their idea, make it their idea.

[00:18:20:23 - 00:18:40:23]
Dr. Thomas LaVeist:
But we're still in Louisiana on in an annual competition for the title of Least Healthy State. Right. And in the states that we compete with are the states that surround us, of course, Texas, Arkansas, Alabama, Mississippi. Why is that? Why are we still in that competition?

[00:18:40:23 - 00:18:49:00]
Dr. Rebekah Gee:
Well, Tom, first of all, we made a big difference. So just talking about the birth outcomes initiative, we reduced by 85 percent the the elected deliveries before 39 weeks. We were able to reduce NICU rates by 10 percent. We were able to markedly change how how the practice of medicine works. So I want to just say change is possible. And one of the challenges.

[00:19:06:15 - 00:19:09:17]
Dr. Thomas LaVeist:
I think that's the point of the question. Change is possible.

[00:19:09:17 - 00:19:14:20]
Dr. Rebekah Gee:
The bottom right. But when you're at the bottom, everybody else is changing, too. Right. So I think I think there's a lot of work to do.

[00:19:18:20 - 00:19:46:09]
Dr. Rebekah Gee:
Fundamentally, most of the poor outcomes that we have, I would say if you're in Louisiana now, today, you will you are going to have better hemorrhage care. You have you're going to get better hospital care. You're going to have team based care. And all of that has changed. But what hasn't changed? Poverty. It's poverty that drives most of these outcomes. And until we change poverty, the health care system is not enough.

[00:19:47:17 - 00:20:06:14]
Dr. Thomas LaVeist:
So on a related note to that, one of the big accomplishments that you had as secretary of health was Medicaid expansion, which, you know, for a southern state at that time, especially to many to expand Medicaid. That was quite quite an undertaking. Talk talk a bit about that experience. What was that like?

[00:20:06:14 - 00:21:40:02]
Dr. Rebekah Gee:
It was amazing. I just I want to hear it over here on my wall. This is the this is the executive order number one from Governor Edwards on his very first day in office. Sorry, I had to show you that because that's right there next to me. It's the thing. I'm one of the things I'm most proud of. But it was not me who did that. It was Governor Edwards. So God bless him. He ran on that. It was the very first executive order he signed. And on day one, when I came in, that was my task to do it. And the legislature didn't give us money for it. We didn't have a lot of resources for it. But we did a great job doing it because we had an amazing team at the health department that was ready, open and willing. The other thing is that I and my team had surreptitiously prior to the Medicaid expansion put in a family planning waiver that was giving about the exact same population, a more limited scope of services. So because that was already in place, we could turn that on day one and get those people covered. So I think it was it was a great experience. We had a lot of folks nationally rooting for us that came in and helped us. And at the end of the

day, we also had a state that supported it. We still have a public that supports this. This is very different from other southern states, Tom. I mean, here we are next to Mississippi and Texas and Alabama. And they have denied their people coverage. And here we have Louisiana that has supported our lower income working families.

[00:21:40:02 - 00:21:45:09]
Dr. Thomas LaVeist:
You mean Louisiana residents or Louisiana's legislature supported it?

[00:21:45:09 - 00:21:49:00]
Dr. Rebekah Gee:
Well, all of the above now. Right. So we've it's…

[00:21:49:00 - 00:21:51:21]
Dr. Thomas LaVeist:
I mean, when you were back then, when you were going through the process.

[00:21:52:23 - 00:22:06:10]
Dr. Rebekah Gee:
Well, of course, the governor wouldn't say the legislature, but they didn't know enough about it. Right. They'd been sold a bill of goods by Governor Jindal that it was. Only going to cost money. It was going to be a disaster. All the worst and most unlikely scenarios were played out for these folks. And so we had to reeducate them. And a big part of what I did in year one was go to every district in the state and teach people about here's what it will do for your car dealerships, your hospitals, your you're working namas. Here's how many people in your district. And and by the way, yes, we have a great, great public support for it. We now have a Republican governor. And by the way, he's not getting rid of it because what we all know is it's brought billions of dollars into this state that we really needed. And it's kept our rural hospitals open.

[00:22:41:15 - 00:23:09:20]
Dr. Thomas LaVeist:
I was talking to a legislator from Arkansas. This was some some years ago now. This conversation was probably about, you know, I don't know, eight years ago. So and we're talking about Medicaid expansion. And I was trying to understand his thinking about why he would not be in support of Medicaid extension. And I pointed out to him that, well, you know, the expansion is being paid for with federal tax dollars. And he said, oh, yes, yes.

[00:23:10:20 - 00:23:56:14]
Dr. Thomas LaVeist:
So I do know that. I said, well, don't Arkansas natives pay residents pay federal taxes? Yes. So, well, so the people of Arkansas are paying for the expansion in Maryland and California and in New York. But they're not getting that benefit, even though they're paying for it. And it hadn't occurred to him that that was the case, right? That the people of Arkansas were actually paying for the expansion, but not receiving the benefit of the expansion. And they just hadn't had not thought about that. And I found that fascinating. Just how uninformed this person was about Medicaid and how it works, how it operates, what the state's role is versus the federal, the federal role. It's really shocking.

[00:23:58:04 - 00:24:02:23]
Dr. Thomas LaVeist:

So tell us about your company now. You've transitioned from academia to government and from government now to private sector. So I want to hear, I want to learn more about Nest and what it does and how it operates. I'd also like to know more about kind of your transition. How did you go about making these transitions and the skills that you learned in government and in academia? How has it transitioned, translated into private sector?

[00:24:28:14 - 00:24:30:08]
Dr. Rebekah Gee:
Tom, I'll start with why private sector. You know, we all know in public health, particularly over the last decade, that public health has been defunded, the de jour,

[00:24:43:16 - 00:25:17:22]
Dr. Rebekah Gee:
whatever head issue of whoever's in politics becomes the norm, whether it's anti public health or some kind of area of public health that becomes defunded, i.e. reproductive health. And so one of the great things about for profit is that no one can cancel you. Right. In America, there is still the American dream. If you want to make money doing something, generally people won't stop you. Right. And if you do make money, it means you can scale it. I'll say we just looked at our data today. We started Nest in 2022 with 300 families. We now have 50,000 people. We saw 6,000 people, new people last year.

[00:25:29:16 - 00:26:13:21]
Dr. Rebekah Gee:
And we are truly making impact. And part of that is because I run a for profit company I can hire from all over the US, the most talented people I've ever worked with. I have enough funding to pay them. And I have access to the technologists of Silicon Valley and beyond who can help us with our strategy. I was also helped by a fund called 8VC, which is a venture fund that was started by one of the founders of Palantir, which has been one of the most successful companies in history. We're next to some that you want to get started. So it's been an amazing journey. But what's great is that we are we are making it work and we are doing it.

[00:26:15:00 - 00:26:20:08]
Dr. Rebekah Gee:
Doing and what do we do? We take care of families on Medicaid. We are only Medicaid focused.

[00:26:21:10 - 00:26:28:02]
Dr. Rebekah Gee:
These families are not getting primary care. And by the way, we just looked at the national data and only 20% of individuals during the three years of data, it was 80 million people on Medicaid, including children. And only 20% of them got the recommended primary care.

[00:26:39:07 - 00:26:46:12]
Dr. Thomas LaVeist:
So can you walk us through what you do? What does that do? How does it operate? How does it get paid? What's the business model?

[00:26:46:12 - 00:27:31:17]
Dr. Rebekah Gee:
So, about 50% of our children in the United States are on Medicaid. 41% of births are financed by Medicaid. One in five Americans is on Medicaid. And so we have created a value based care

company that focuses on families with children or a pregnant mom because there's a child to come. And we are then looking for those who are not using primary care. So they did not get primary care last year. There is a person in the home who is a high utilizer so that there's the ED emergency room or hospital is the source of care, not the primary care clinic. And then we become attributed these families and we take care of them, take them on. And so we, the onus is in on us.

[00:27:31:17 - 00:27:34:12]
Dr. Thomas LaVeist:
So we are in the primary care. You're basically their primary care clinic.

[00:27:34:12 - 00:28:15:21]
Dr. Rebekah Gee:
We are. Think of us as bringing back family medicine like it was 50 years ago, the house call, right? So all we do, everything we do is in the home. It's no bricks and mortar at all. We're not a technology or an app. We are people seeing people in a home. And what that means, we are the first company as far as we know, the only provider in the US that has taken the entire vaccines for kids program on the road. So we're VFC on wheels. We do newborn screening and care at home. We do all the vaccines at home. We do the adolescents at home. We do pregnancy at home. We do dad at home. And so all of it is at home and virtual. And again, we are now scaled across Arizona.

[00:28:16:22 - 00:28:22:02]
Dr. Rebekah Gee:
Which is our largest market, both rural and urban and operating here in South Louisiana.

[00:28:23:14 - 00:29:11:22]
Dr. Thomas LaVeist:
So what was the moment or was there a moment of realization when it occurred to you that a private sector was the way to go when I when I talked to our students here at the school, you know, that are studying public health. I asked them what their plan is for once they get this education. You know, the typical answer I get is some variation on well, I'm going to go back to my under resource community where I've noticed these public health challenges and I'm going to try to do something. I'm going to create a nonprofit and we're going to try to fix it. And I always say, well, that's laudable. But why is the nonprofit for go to? Why is that automatically the way you think about this? What other potential structures might there be? But you didn't do that. Well, you want with a private with a for profit. What was your thinking there? And why did you make that decision?

[00:29:14:00 - 00:30:09:21]
Dr. Rebekah Gee:
And in a previous role when I was the Medicaid medical director, I also oversaw the Title Five program and the Title Five program is funded by HRSA and they are public health efforts that do home visiting. Right. And so I saw what happens when you when you have a public health solution. And I do believe in these solutions. There is I don't want to diminish the impact of nurse family partnership. But they certainly don't have this scale and scope that we've been able to achieve as quickly as we've been able to achieve it. So, for example, here in Louisiana, you know, that program takes care of less than a thousand women of year. We're already at twelve thousand patients in just a few years. So I think part of it is I saw that it's very difficult to scale public health, not because public health programs aren't run by great people with great ideas. It's because they run out of money or funding.

[00:30:11:00 - 00:30:16:09]
Dr. Rebekah Gee:
And often the incentives might not be aligned. So I think I think having a company that is able to sustain itself is was very important. And it's very important to me because I wanted to prove, you know, obviously half of American kids are on Medicaid.

[00:30:30:16 - 00:31:35:19]
Dr. Rebekah Gee:
They need many of these kids need a better care model. This model that we have parents, you know, and I'm a parent of five, by the way. So I've had to live this, you know, take them to visit separate from each other. The doctor for the kid has no idea what your problems are. They don't know what's going on in your home and everyone's separate. And it's a lot of work. And at the end of the day, it doesn't add up to better health. That's a lot of our current system operates like that. And so, you know, but the biggest systems in this country have build brick and mortar. So what are they not going to do? They're not going to tell people don't come to our brick and mortar. They want to fill that up. You know, it's Romer's law, right? A bed built is a bed filled. So they want to have people in there. So I didn't think that the private the the the powers that be in the existing private sector, we're going to go do this. Why? Because they're going to make a lot of money on what they've already done. So I knew that it had to be a disruptive innovation from a needed to be a whole care model. It wasn't just a point solution for an organ or for a person or for a period of time. It was a different care model and it needed to be compatible with what is out there, which is the brick and mortar.

[00:31:39:21 - 00:32:12:03]
Dr. Rebekah Gee:
We don't compete with it. We are focused on the people that don't use that, which are about half of the Medicaid population. But we're not trying to take people away from brick and mortar if they can get to it. If they can get to it. Great. But a lot of people can't. And so that was that was the thinking is let's let's work on something that is scalable, that can be partnered, that doesn't, you know, isn't relying on, you know, political funding cycles for for growth. And we can grow and do what we need to do when we need to do it based on our own strategy and ability to execute.

[00:32:13:06 - 00:32:28:06]
Dr. Thomas LaVeist:
So what 41 percent of births is a is a huge market. But I just wonder if if this could if if what you're doing could scale within the private private insurance market as well. You know, I think there's added value.

[00:32:28:06 - 00:33:30:03]
Dr. Rebekah Gee:
It might be I always say our clients, we don't try to take care of the Lulu lemon mom. Why? Because if you can buy Lulu lemon, you probably have a car and you probably can get to care. Now, that does not mean that someone like me wouldn't want a model like Nest. I think it would be great. But our why is we want to change the lives and trajectories of low income families who just don't have access. They don't have enough food. They don't have transportation. They don't have adequate housing. They don't have time off of hourly wage jobs. And because we offer them the care, mental, physical and social care, it changes their lives. And that's why we have incredible staff. That's our best recruiting tool. We have one of the best missions on Earth, which is to change the lives of families and children who need us the most. And so, yeah, maybe one day. But honestly, we're we got half of American kids to take care of.

[00:33:27:05 - 00:33:53:21]
Dr. Rebekah Gee:
So we're about Medicaid for as long as I can envision it. And so for I do think, you know, with the with the coverage changes that are happening with work requirements, etc., there are a lot of people that will lose coverage and they will go on to the exchange likely if they have coverage. And so we are we have talked to our payer partners about could we also cover some of those parents who get kicked off of Medicaid and and have a product that straddles both markets.

[00:33:53:21 - 00:33:57:11]
Dr. Thomas LaVeist:
Yeah. Well, what do you what do you think? I mean, do you think you can?

[00:33:57:11 - 00:33:59:03]
Dr. Rebekah Gee:
Oh, we can. Yeah.

[00:33:59:03 - 00:34:01:23]
Dr. Thomas LaVeist:
But these are what you're paying through government contracts.

[00:34:03:00 - 00:34:05:13]
Dr. Thomas LaVeist:
We're paid or federal.

[00:34:05:13 - 00:34:33:07]
Dr. Rebekah Gee:
So so Medicaid, as you know, we know Medicare is a federal program. Medicaid is a is a partnership between state and the federal government. Most states have said, though, we don't we can't hire the people and manage these programs on our own. Therefore, we will bring in managed care and managed care companies like AmeriHealth, Caritas or Edna C. Yes, they will run this for us. And so they're ultimately they are ultimately our customer today. And we have contract with the MCO.

[00:34:33:07 - 00:34:36:17]
Dr. Thomas LaVeist:
Correct. Oh, I see. OK. Correct. OK.

[00:34:36:17 - 00:35:31:01]
Dr. Rebekah Gee:
And then we guarantee them that we'll save them money because, you know, what costs less than any are is primary care. But we we save money. We improve quality. We keep their members enrolled and we we are able to identify the conditions these members have, including behavioral health conditions that need treatment. So all of that is the why would they work with us? We work with them because we save them money. I mean, they work with us because we save the money. But also they are. Most states have competitive bids for this for these lives. You know, and when I was secretary, my budget for Medicaid was 13 billion dollars. That's a lot of money. And so these companies want that business and they want to win these bids and how they win the bids is have good quality, have good programs. And so we have a lot of other companies that are going to be able to get their money. And so we have a lot of other

companies that really fit into, wow, what are you going to do about moms and kids and their families? Well, next. So we fit very well into the Medicaid context.

[00:35:32:03 - 00:35:41:09]
Dr. Thomas LaVeist:
What other public health challenges do you think could lead itself to entrepreneurial private sector specifically interventions like this?

[00:35:41:09 - 00:35:50:14]
Dr. Rebekah Gee:
Yeah, in fact, when I started Nest, I had a list of 20 companies I wanted to start. And I went back to it the other day, Tom, I think, no, certainly disease surveillance.

[00:35:55:10 - 00:36:20:24]
Dr. Rebekah Gee:
How do we do better a better job on drug discovery, looking at clinical trials, looking at the diversity of this clinical trial, you know, programs that help support the continuum of care for caregivers, not just for, you know, Nest, who were focused on families with children, but you have sandwich generations where you have a parent and an adult caring for that parent.

[00:36:22:02 - 00:37:22:04]
Dr. Rebekah Gee:
You know, I think for certainly hepatitis C is an area we had actually a company started based on an idea we we were successful on here in Louisiana, which was the subscription model that I helped develop with my team. So there was a company that's trying to sell that model to other states. So I think there's those I think, you know, infectious disease surveillance. There is so much need also in women's health. You think about the consumer and it's exciting to see new companies come out there. But the consumer of health care generally is a woman. Right. And if you are making plans for the family, generally it's a woman. So so I think the venture community is starting to learn, oh, women's health is big money. I think there's a lot of need for better contraceptives, better devices, better interventions. And we're starting to see a lot more there. But all that to say, Tom, what percentage guess I think you've guessed this before, but what percentage of venture backed startups are female founded?

[00:37:24:04 - 00:37:26:16]
Dr. Thomas LaVeist:
But I'm going to guess 5%.

[00:37:27:18 - 00:37:32:06]
Dr. Rebekah Gee:
1.5%. Okay, 1.5. It went down from two.

[00:37:33:14 - 00:38:26:22]
Dr. Rebekah Gee:
So it is it is interesting. I think who who usually has an idea, usually you have an idea because you actually have the problem or you know about the problem. Back to kind of identifying the problem we had earlier, right? If you don't know there's a problem, you're not going to try to solve it. And that's one of the problems. It's not enough women or individuals of color or people with different backgrounds get in to venture. And you're going to have a lot of companies started by Caucasian men that look like their problems. Right? So I think I think it's really important to think about the diversity of founders and venture. And that is something also, Tom, that Tulane

is invested in. And Tulane has invested in us. So it's been a great thing to see your institution make really significant investments in diversity and in the exciting ideas of some of your faculty, graduates and students.

[00:38:26:22 - 00:38:28:14]
Dr. Thomas LaVeist:
Yeah, tell LSU about that.

[00:38:30:12 - 00:38:44:06]
Dr. Thomas LaVeist:
Just kidding. Just kidding. So let me ask you to put your government hat back on for a moment and ask you a question that I've been sort of grappling with. How do we get the health equity issue back on the National Health Policy Agenda?

[00:38:46:01 - 00:38:52:22]
Dr. Rebekah Gee:
You know, one of the things I'll say is I, you and I are both members of the National Academy of Medicine.

[00:38:54:14 - 00:39:28:09]
Dr. Rebekah Gee:
I got tired of hearing over and over again. Here's the problem. Here's the problem. Here's the problem. And no solution. So I do think that's part of what we're dealing with now is people got tired of hearing there was a problem with no solutions. I think obviously when we think when I think about NEST, NEST is the health equity solution. What is more equitable than ensuring that a child grows up in a home where their parents have what they need to succeed, including books that we deliver to home. So that this is very core health equity.

[00:39:29:17 - 00:39:31:07]
Dr. Rebekah Gee:
We are in a moment. And there's a lot of bipartisan support for NEST, right, and for ideas like NEST. But we are at a moment, Tom, that is very concerning.

[00:39:41:21 - 00:39:46:00]
Dr. Rebekah Gee:
And there's a backlash against a lot of things that I believe in and have seen work,including, you know, I was in Chicago yesterday and the Obama Library is opening, which is so exciting. I got the chance to work on Obama's campaign in Ohio during the first campaign. And these same people who are now so disgruntled were such fans of Barack Obama, so hopeful for his leadership. So I, you know, my great hope, I guess, is to see that come back. We are on a pendulum and it's swinging in the wrong direction, but it will come back. And I do think we also need to have a conversation about health equity that is beyond what is the problem and a solution focus because people do get tired of hearing that there's a problem. There's a problem without the solution. So that's what Tulane is doing. That's what we're doing. And I do think the private sector has an outsized role in helping to bring health equity back.

[00:40:44:00 - 00:40:46:07]
Dr. Thomas LaVeist:
Rebekah, it's always a pleasure to talk to you.

[00:40:47:14 - 00:41:08:12]

Dr. Thomas LaVeist:
I'm glad we had an opportunity to have this conversation. And thank you so much for joining us for this conversation. It's a big thanks to our listeners as well. We hope you found this episode insightful. If you have any thoughts to add to this discussion, feel free to comment on our podcast platforms or connect with us on the Skin You're In and social media channels. Thank you for listening.

[00:41:09:13 - 00:41:10:06]
Dr. Rebekah Gee:
Thank you, Dean.

[00:41:13:05 - 00:41:57:21]
Outro:
Thank you for joining us for this episode of the Skin You're In. Be sure to visit our websites, tsyi.org and partners4healthequity.org. That's partners. The number four, healthequity.org. Follow us on your favorite social media platforms and be sure to subscribe wherever you enjoy your podcasts. This podcast is brought to you by partners for advancing health equity, which is led by Tulane University Celia Scott Weatherhead School of Public Health and Tropical Medicine is part of the Tulane Health Equity Institute and is supported by a grant from the Robert Wood Johnson Foundation. Until next time.