Integrating clinical excellence with health equity at Walgreens & driving urban innovation at the Lindy Institute. Featuring Dr. Priya Mammen, MD, MPH

Emergency room physician and public health leader Dr. Priya Mammen, MD, MPH, still misses her acute care patients, but building on her clinical experiences has enabled her to find ways to advance both urban innovation and health equity. In this interview, recorded at the annual Movement is Life caucus, episode host Dr. Charla Johnson invites Dr. Mammen to talk about her work with the Lindy Institute for Urban Innovation, her role as Senior Medical Director, Office of Clinical Integrity at Walgreens, and as adjunct faculty at the University of Pennsylvania. Dr. Mammen also discusses some of the themes from her presentation at the caucus, Walgreens: Advancing Health Equity with Community Engagement.

Dr. Charla Johnson: You are listening to the Health Disparities Podcast, and this is another episode recorded at the Movement is Live Annual Caucus in Washington DC. Two days of health equity leaders sharing actionable knowledge with our multidisciplinary audience through presentations and workshops. My name is Charla Johnson. I'm a registered nurse. I'm certified in both orthopedics and informatics. I am the system director of nursing informatics at Franciscan Missionaries of our Lady Health System in Baton Rouge, Louisiana. I'm the immediate past president of the National Association of Orthopedic Nurses and also honored to serve as the secretary on the board of directors for Movement Is Life. My guest today is Dr. Priya Mammen. Welcome and thank you for being here.

Dr. Priya Mammen: Thank you so much for having me.

Dr. Charla Johnson: Just a few details from her amazing biography. In her early career, she joined the US Agency for International Development and was engaged in health systems development in war torn countries such as Cambodia, and specifically focused on the integration of reproductive health services to the community health infrastructure by facilitating inter-agency collaborations. She also writes a monthly column for the Philadelphia Enquire on the Future of Public Health. Dr. Mammen has been consulted as a subject matter expert for national foundations such as the Pew Charitable Trust. She is also an adjunct faculty at the University of Pennsylvania. Earlier this year, she joined Walgreens Boots Alliance to help lead the office of clinical integrity. Welcome Dr. Mammen.

Dr. Priya Mammen: Thank you so much. I am so excited to be here and have this conversation both today and during the session.

Dr. Charla Johnson: We're glad to have you and this is exciting. So, you've been appointed to the mayor's task force to combat the opioid epidemic in Philadelphia and also named a senior fellow of the Lindy Institute for Urban Innovation. So, I'm interested in the idea of urban innovation. We

have another workshop, which states that health equity is the new startup. So, which, you know, kind of makes this connection. So, could you tell us a bit about the work of the Lindy Institute for Urban Innovation and the connection between innovation and inequity?

Dr. Priya Mammen: Yes, thank you. So, the Lindy Institute of Urban Innovation is part of Drexel University. It is a group that they have a master's program. It runs the full gamut of master's programs to educational opportunities to initiatives and collaborations across the city. What urbanism is based on is this idea that cities, by their very nature, are engines of innovation. By their very nature they are, you know, it's a group of people who have chosen or remain in a pretty finite space living altogether. I live in the city as well. We don't have big yards that separate us. We are right there with all of our neighbors. And by that, by that definition, we learn how to coexist in a different way than perhaps exist outside of the city. We learn how that every single day, it is a collaboration and a cooperation and everything we do is really intertwined with the rest of the city. The Lindy Institute of Urban Innovation set out to capitalize on that idea that cities can answer their questions, cities can answer for their problems, if you bring together the leaders, the champions, the voices of all of the city together. And so, when I was named a fellow, I was named a fellow with two other people. Each of us had our approach to what we thought could drive change across the city. And in my case, it was, I'm an emergency physician and the same concept as what Walgreens is, is like emergency departments are very much a reflection of the communities in which they reside. And we are the interface of the community and the hospital system. We are that pivot point. So, each emergency department across the city creates a network and a mosaic and a view of the city that perhaps is missed a view of the communities that may not be so obvious to everybody else, and the tremendous potential of problem solving amongst that network to really not only problem solve, but to address the needs of those who may be completely missing from other parts of where people are looking. The populations who are marginalized or disenfranchised populations who have greatest need often get missed if you just look at the healthcare system as a whole. So that was that together with my other colleagues and with the institute, it was just an example of how city thinking, there's an urban thinking and there is a fundamental philosophy that those of us who live in the city imbibe and that is that we are here together, we coexist and so we can problem solve together. And it may not be, you know, where the seats of decision are, whether they're in a state capital that's far from our city or a federal level, they will not know what we know because

we live it every day. So, we are even more apt to be able to problem solve in a meaningful way, in a way that's sustainable, in a way that fits the needs of everybody because that's how we think and do.

Dr. Charla Johnson: And you know, what you did, you shared again about how you were an emergency room physician right, by your clinical practice. So, if I could just ask, how has that transition been from being in the emergency department, caring for that one patient at a time and that critical moment of their life and now shifting to a whole different kind of global, almost framework? Can you share a little bit about that transition and how it's impacted you and maybe how you see health equity and your role in advancing it differently?

Dr. Priya Mammen: I will tell you it's, it's been a process and I think I ebb and flow, maybe oscillate between just desperately missing my patients. I miss my patients. I do, I miss touching people. It sounds so benign. But you know, when you're in an office situation or a work from home situation, there is that tactile component that I didn't realize I would miss as much as I miss. And as an aside, my husband can tell when I'm particularly just missing it because apparently, I just check his pulse all the time. I didn't know I did that. He thinks that I'm trying to hold his hand, but I'm actually checking his pulse. I love the assessment whenever you get it right. It's just, there is something about it apparently that I just need. On the flip side, you know, it is not only my profound responsibility but my, like, my deep, deep honor to take the stories and the voices of the patients who have taught me my entire career into this other level. And that really is in some ways what I've done my entire career when I am an emergency physician, I'm a public health specialist, I engaged just as you mentioned with the mayor's task force. I've engaged with the public sector and all I really ever did was hold up a mirror and say, this is what's happening and I know your policy, I know what you wanted, but I'm just going to show you this is what the reality is on the frontline. And having that perspective and having that experience that I bring, again, really taught to me by my patients, by the communities, bringing that onto a much larger scale is just so important. It's so, so important. And I carry that responsibility very, very close. And, even if I feel like this may not, sometimes I'm in meetings where like, this may not be the audience that will receive it, I am obliged to say it because I'm speaking for them. I'm speaking on behalf of those who are not at that table. And the next step though is that it's been a tremendous honor to be at those tables at Walgreens because it's not just a new focus, it's not just a new push, but it is a genuine curiosity and a genuine desire to really think through everything we do to align with our goals and the goals of our

patients, our communities, all of the healthcare providers involved in our system, which is to make everybody's life better, somehow make them well, make them more functional, make them even just happy and engaged, right? And to do that meaningfully, not just for one group, but really across is a core value. So, it's been a tremendous experience to be at tables where people actually seem to be leaning in to hear what I say and asking me what I think about things and think, not me personally, through the, you know, through the lens of everything that I bring with me. So, there are times where sometimes I just want to say, shh, let's not talk and let's just do stuff, because in the emergency department we are doers.

Dr. Charla Johnson: You are action, you're always going.

Dr. Priya Mammen: Yeah, after a while it's like I just, this talking is getting a little tiresome, but then there's other times where these conversations are so, so critical and they really can move the needle forward. And so, I take it all and I do it the best I can. And again, I do it always with the patients and the communities and the homes that I've known with me.

Dr. Charla Johnson: I would imagine thinking how your brain works around being an emergency room physician, you're going, now we got to act, act, act and fix, fix, fix. And I'm sure there were many times and just thinking with the social determinants of health lens, you know, that patient that comes in with the hypertensive crisis because they couldn't get their medicine or of course they couldn't afford it, or they don't have the access to the right foods. And I'm sure, you know, tell me about how that plays from an emergency room, and I fix it, when you realize you fixed it for the moment, and you send them back out knowing that you may see them again. Tell me about how that fed into the weave of who you want it to be and then where you see this, I can make a difference here.

Dr. Priya Mammen: Well, it's fundamentally the reason why I'm no longer in the ED and as much, again, as I desperately miss my patients, I do not at all miss the systems and the structural limitations we are constantly faced with. And that is exactly emergency medicine in that it's the only part of the US healthcare system that is user triggered, right? You don't need, you just have to feel that you have an emergency. You have to feel that you need some attention and immediate care, and you show up. And one of Professor McClelland this morning mentioned that in his view, the only equitable part of US healthcare is in tele. And that is what we, I mean, you know, we and Bobby, we don't, it's not that we think about it all the time.

Dr. Charla Johnson: That word for us in healthcare, EMTALA, right?

Dr. Priya Mammen: It's what we, you know, it's an, it's easy to be bound by that because it's, I don't know anything about anyone. If someone shows up in front of me, they're my patient, I take care of them the best I can. But what absolutely becomes just so, so grueling is to try and help in situations where the help is needed beyond the doors of my department, beyond the space that I exist in. And I certainly with the opioid crisis, that was something that every day was, I can take care of you right now, but the moment you leave these doors, like, there's just so little I can do to help. And that really was part of the driver of me getting much more involved in policy tables and taking those stories to the public sector to say, we have to do something more. And I'm going, I will just again, hold up the mirror. I'm not saying any one way, I'm just saying this isn't good enough and we can do better. But more and more it's just, the clarity that comes from being sort of the safety net and as I term it, a last line of defense is that you can sort of look and see all of the different opportunities that were missed along the way. And so, that moving upstream is really how I think of what I'm doing of, I've seen thaI, I have identified some of the places where we missed the mark, we missed the boat, we did not, we did that patient or that community a disservice. And I, so now I am in spaces where I hope to be able to use those lessons and say, we're not going to miss it here. We need to work on these bigger scales because one after another, I can do, it's not changing, it's not changing anything meaningfully for that patient or any of their family or any of my parts of my city that I hold dear. I need to work bigger.

Dr. Charla Johnson: Well, thank you Dr. Mammen, because you know, certainly you can hear your passion as wanting to be a change agent and how you're using your clinical experience and your patient stories to really impact the influence you have and the sphere of influence you have now in Walgreens to advance health equity. And your talk here at Movement is Life annual Caucus is titled Walgreens Advancing Health Equity with Community Engagement. And in a moment, I'd really like you to kind of walk our listeners through some of the key points and take-home messages you are sharing with our audience. But before we do that, like could you share a little bit with our listeners about your current title, your role as the Senior Director of Clinical Integrity at Walgreens, and what is your role and is it clinical integrity more than integrity or integration?

Dr. Priya Mammen: Thank you for that question. I know the title is a mouthful, the Senior Medical Director for the Office of Clinical Integrity. And actually, what I'll tell you is it is a mighty team. I am so proud to lead this team of scientists across specialties. We have pharmacists, specialty pharmacists,

we have nurses, we have nutritionists, we have medical writers and ostensibly the team is responsible to make sure that everything Walgreens puts out, whether it's content in terms of patient facing education, whether it's part of marketing strategy, whether it's even devices and things we sell on the shelves, aligns with clinical evidence and is data driven. Doesn't just say something that doesn't, isn't anchored in the research, anchored in what is safe for our patients. And so, it's a mighty team that does a tremendous job of making sure that we keep our patients safe first and foremost, our team members safe and the brand safe from any number of things that could derail or, you know, mismatch what is clinical truth and what looks great in lights but is not really what is best for our patients.

Dr. Charla Johnson: Wow. So, it's really both integrity and integration and how impressive is that to have evidence-based practice in our retail pharmacies? I never knew. That's pretty amazing.

Dr. Priya Mammen: I'm with you. When I first learned of this team and the work they did, the first thing I thought was, as a mother, I am so happy that there are other people making sure that the things that are accessible not only to my children but to the community, to all of these things that there are other people watching and there are other people making sure there is some accountability there. So, I affectionately term my team a sort of Walgreens secret weapon because we really are in the midst of a lot and we're driving it through evidence and data.

Dr. Charla Johnson: Wow. Well, as a personal consumer of Walgreens, I want to thank you for that. That's excellent. In your presentation, you highlight Walgreens experiences and lessons learned from its approach to health equity through community engagement. Could you share with us some of these key experiences and the lessons?

Dr. Priya Mammen: Yeah, so you know, just to go back, Walgreens has a tremendously rich history that's over a hundred years old of being neighborhood pharmacies and pharmacies, by their nature are very accessible arms of the healthcare system. They have highly trained, highly educated pharmacists. They have pharmacy techs, all of whom know a tremendous amount about medications over the counter prescription. But at its core they are embedded in communities where the history of Walgreens has always been a very trusted, reliable source within communities. What has happened, I think just in recent years is just understanding the magnitude of that network of pharmacies together and how each one may speak for its community, but together as a whole, Walgreens can actually really drive efforts and impacts around health equity through that community engagement that is directly around their stores in which they are

embedded. The COVID pandemic as, you know, many speakers have said it really has brought this inflection point and that is really, again, where Walgreens right now is thinking, but it's not brand new. It's just now thinking more to scale and thinking in a way that perhaps recognizing that there is no one house for health equity, there is no one way to try and solve this gigantic issue that is centuries in the making in our country. The systemic underpinnings of all of the health inequity and just social justice issues have been created over centuries and will take not just any one house but take a concerted effort across. And so, Walgreens has really stepped up to that responsibility. And during the COVID pandemic, you know, was a huge access point for COVID testing, for vaccinations and even treatment. And that is one of the things that could start to turn the tide in our country where access to healthcare systems, access to doctors, access to all of the traditional homes we think of in terms of healthcare were crippled in many ways or just not accessible, but pharmacies and Walgreens pharmacies in particular embedded in communities were always there.

Dr. Charla Johnson: How did you get messaging to your communities, especially around thinking about the COVID pandemic and about the resources that you have to be able to support the health of your community partners and the patrons. So how was that, how did you, within a zip code, how did y'all kind of lend out that strategy?

Dr. Priya Mammen: It’s a big undertaking for sure, but I think the first step was to decide what the mission was. The mission was to try and make sure that testing was accessible, but then as soon as vaccines were available to deploy vaccines everywhere possible, knowing that those who perhaps were less likely to just engage with vaccine efforts or those who had questions, concerns, those who felt outwardly, we actually, they're all of our patients, they are our customers and exactly because we're embedded in those communities, we could very meaningfully answer their questions, try and encourage them, try and just be there for them until they reached the point where they felt that they could make that decision. More than that, we were very intentional in how we deployed the vaccine to ensure health equity. And we had a specific health equity vaccine initiative that took it out to communities even beyond the stores, took it to and partnered with local organizations and community organizations, partnered with churches, partnered with HBCUs to just take it on the road and say, here's where it is, we're coming to you. And that concept of meeting people where they are is fundamental in how that particular project and program

evolved, but also, you know, fundamental to how we're really approaching all of our programs in health equity and our strategy overall.

Dr. Charla Johnson: Well, it certainly is something to applaud you all because, and you said it, the intentionality that goes behind the strategy because you think about the staffing and the resources that it takes not only to demand the day-to-day job of keeping your doors open for the community just on the normal services that you provide, but then these additional layers that will impact the health of communities. I mean, I applaud all the efforts that you had to do and as well as your staff, right? Because, you know, in some cases other people had to stay on, but in the healthcare force and obviously in the pharmacy world as you are providing these resources, there's no staying home, right? We were there, there was none.

Dr. Priya Mammen: So, our team members in the field really have gone above and beyond, as you know, all of us across the healthcare field have in some regards, but I find that they are under recognized for that role that there was no going home, there was no stay at home for them. Pharmacies remained open the entire time. Emergency departments remained open. We had to, that’s a no brainer.

Dr. Charla Johnson: That's normal, right?

Dr. Priya Mammen: Operating rooms couldn't remain open in the midst of it, right? So, all of these, there were access points that we traditionally just think, oh, well that's what they're used to. Pharmacies and pharmacists and the entire team in those stores, I find just are underappreciated for how much they did and how much just showing up day in and day out was really critical for our patients, our communities.

Dr. Charla Johnson: Well, I'm glad we get take this opportunity right now to recognize them as heroes and their contributions.

Dr. Priya Mammen: Absolutely. Absolutely.

Dr. Charla Johnson: So, that's pretty exciting. So, Dr. Mammen, one final question for you. As I understand it, this is your first time at Movement Is Life Caucus. So, what have you particularly liked about the Movement Is Life Caucus? And can you share that with us?

Dr. Priya Mammen: It is my first time, and I will tell you, I wish I had known about it sooner. I feel like I've just missed out from the moment I arrived Wednesday night, so today is Thursday, we arrived for dinner, and it is just this pervasive sense of support and encouragement and champions working together across so many different specialties. My dinner partner last night was a historian who has a past life as a hospital administrator. I worked, I was sitting there, orthopedic surgeons who are just goddesses

in their realm, and ones who've I've read their work and just to be in the same room with them in their presence is just tremendous. But, overall, it's just the breadth of knowledge and expertise that's here and the accessibility and the warmth and the welcoming of everyone to me, to everyone around us. And I think there is just a sense of solidarity that we are all doing what we do in our spaces, but really we are here for each other to try and help each other do the same things or do similar things because all of us share a similar or the same goal, which is to improve lives, to make it so that there is not this disparity, to not have to question if what the medications we choose, the services we choose, the access we choose for any one patient has to be tempered by the systems that surround us, that we want to be able to provide just the best for all of our patients, all of our clients, all of our communities, and we can do that together. I think that sense of this is possible, whereas for so long it just felt so huge, you know, and so heavy and so daunting, but we can, because this is a group of tremendous doers and I'm inspired, that's all I can say. I'm so inspired and I'm so invigorated.

Dr. Charla Johnson: Oh, that is excellent. I love the way you said it because it is definitely doers, right? These are, you know, people with not only passion and in their world like, I mean, cardiology, primary care, academia, orthopedics, social workers, physical therapy, physicians assistants, nurses, nurse practitioners, Hispanic Nurse Association, Hispanic Medical Association, AAHKS, it is just amazing the collaboration of individuals in those spaces with the same passion, and to learn every time I come, there's something else I learn like this morning with around the historical perspective on the Affirmative Action. And then, the panel discussion on identity politics and what does that mean in healthcare and how all these things intersect. Because I think when you come, whether you agree or disagree, when you come to a space and can become open-minded and to be able to learn new things, it does begin to kind of peel onions back, and let you see things in other people's perspectives and through lenses. And again, listening to other people's lived experiences only can grow and then help you be a better advocate for others. So, absolutely. I'm glad to hear you just loved it, and girl, that I can pretty much count on you being here next year then just absolutely loving it. So, we're just about out of time for today and so I just want to thank you again, Dr. Priya Mammen, for sharing your insights and experiences with us here on the Health Disparities Podcast today. It's been a real pleasure and we hope you join us again in the future.

Dr. Priya Mammen: Thank you so much for having me.

Dr. Charla Johnson: A quick note to our listeners, you'll be able to access videos of the plenary sessions on our website in the coming weeks at www.movementislivecaucus.com. And if you enjoyed the podcast episode today, please do let your friends and colleagues know about the Health Disparities Podcast and help us share this information with as many people in the health equity community as possible. Until next time, I'm Dr. Charla Johnson saying thanks for listening. Be safe and be well.