Episode 20 – Interview with NC DHHS Sec. Kody Kinsley

Intro music: 0:00

Podcast introduction: 0:10
Hello and thanks for joining me. I'm Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board. This episode of MedBoard Matters features an interview with Secretary Kody Kinsley, who assumed the top spot with the North Carolina Department of Health and Human Services in January. Secretary Kinsley took the reins from outgoing Secretary Dr. Mandy Cohen, who shot into the public eye as the face of North Carolina's response to COVID 19. Secretary Kinsley may be the new guy, but he's no stranger. He is a native North Carolinian who grew up in Wilmington. And for the past four years, he worked at Dr. Cohen's side as a Deputy Secretary with NC DHHS, where he has earned a reputation as a problem solver who gets things done. Secretary Kinsley also happens to be the youngest person to serve as a NC DHHS Secretary, and he's the first openly gay individual to serve in the role. I spoke with Secretary Kinsley earlier this month by a video conference. Just a minute or so in I caught a glimpse of his adorable golden retriever rescue dog padding around his office, and I took it as an omen that we were going to have a good conversation. I hope you enjoy it.

Interview with Sec. Kody Kinsley: 1:21
JFB: Welcome to MedBoard Matters. It is an honor to have you.

KK: It is a pleasure to be here. Thank you for having me.

JFB: Of course. Now, in a way, I feel like I'm just a little bit late to the party. I mean, you have been in the role of secretary since January, but I'm just delighted to have the opportunity to sort of introduce you to our licensees, the state's physicians and PAs. And I wanted to start by just asking you, what drives you to do this work?

KK: You know, I grew up in North Carolina, and, you know, my life was really shaped early on by my experiences. And one of those experiences was growing up without health insurancehHere in North Carolina and seeing health as a factor in our family that was negotiated against the ability to pay for groceries and to go to the gas station. Even more of a serious issue nowadays for individuals. And, you know, when you have to make choices about going to see the doctor or choices about, you know, access to healthy food and stable housing and other things that help give you a foundation for health, you know, from a young age that really shaped me. You know, health was an economic consideration in my family and my parents and my dad as a carpenter. My mom cleaned houses. They worked incredibly hard and because of the strong economy and growing up, we were able to do well. But, you know, health care and surely health insurance was never something that we could afford. And so it was the, you know, relationships with our pediatrician who saw us on a sliding scale. And those times when my mom was like, okay, you know, she would really labor over decisions about is his arm broken or is it just hurt? Should we go to the doctor or should we just wait a few more days to see if it resolves on its own? Because $200 expense was not something that we could frivolously do. All to say that those experiences early on put me on a path where I saw the importance of health policy and investing in health as being foundational for overall wellness for people.

JFB: All right. Well, thank you for that. I mean, that's very powerful. It's a very good way, so to speak. Now, for about a minute, there was some discussion of the fact that, unlike your predecessor, Dr.

Cohen, you're not a medical doctor. But the fact is that a medical degree is not required to serve a Secretary. And what is required is the ability to get things done. And I've heard that you have that in spades. I wondered if you could tell the story of how in the early days of the COVID 19 vaccine rollout, back in January, 2021, North Carolina went from being one of the states that was frankly struggling to get the vaccine out to one of the states that was most efficient at it. I understand that you're kind of the guy who made that happen.

KK: Well, you know for the last, you know, backup for a moment and say, you know, for the last ten years, my professional life has centered on leading incredibly large organizations with incredibly complex global missions and, you know, shaping policy at the highest levels of government and also working at the state and local level as well. And if there is one thing that I know and have seen play out time and time again is that the best policy will live or die by implementation. You know, where the rubber meets the road is where it matters the most. And I think about our physicians and our PAs is first and foremost there. You know, when we shape policy, that is how we pay for things and services that we will reimburse, tools that we require folks to use, all of those things as they work together. How it impacts people on the ground is where it matters. That makes the difference for people getting the care that they need. And so, you know, leading the Department of Health and Human Services with its 18,000 staff and its complex missions across health and human services is about how do we organize people, how do we set policy, how do we set a vision, and how do we get everybody moving in the same direction because you know, while we have a large group of folks that provide direct care to people, you know, most of the work we do is in partnership with those providers on the ground. And me getting my contracts right and my rules right and my policies right to serve the mission is the job. And that's what I have been doing for the last decade. And in D.C. And then coming here, of course, four years ago. Two years ago, of course, I jumped into with with everybody else the COVID bandwagon to fight. And it has been such an honor to serve my home state and doing that. My job was to drive the operations for each thing. You know, the state did not really have an on the ground infrastructure when we started COVID. You know, it's not been our business to provide direct to people services, right? So, you know, having a PPE warehouse new concept, you know, providing testing, new concept, you know, and that meant contracting with vendors, paying them to do stuff, setting policies and requirements on what they need to do to figuring out the reporting, managing the data, sharing that with the public. So, you know, my job through COVID was to essentially hop to each one of those things. So I did PPE and then we did testing and then we did contact tracing. And then come January, vaccines. And initially what we learned and I think this looks back to everything that I was saying was that, you know, we initially started with policies and a risk based framework that was informed by the AMA and in partnership with a number of folks nationally that in a vacuum was beautiful. It said this person would be definitely more at risk than this person, so this person should get it first. But when you have a local health department at the county level trying to decide where that line is and is this person with this job, a health care provider or not? It slows everything down and the need to simplify and to make sure we could balance being both fast and fair was critical for our operational execution. You know, we also had to put a little bit of gas in the tank and we had to say that if you cannot execute based off of these requirements, here's the few things that matter to us and you can not get it done, you were not going to get more vaccine. We had to leverage the tool that we had. So I think I was honored to be in a role where I could take the operational experience that I've had over the last decade and put to use. And we saw the state move from being about 45th-ish to 10th in a couple of weeks.

JFB: You mentioned the dashboard and I know that is something North Carolina has received national praise for, for being so transparent with its COVID data. I'd not realized that that project was your baby as well.

KK: You know, and I think that I could have mentioned this earlier, but I think something that's important to double down on is that, you know, we have hundreds of people that are working on COVID every day at the Department of Health and Human Services. And, you know, in effectively responding to a pandemic requires communications professionals because you can communicate well, you can't do it well. Public health professionals, physicians with, you know, epidemiologists, other types of clinicians, but also data scientists and technologists and policy, you know, what I would call myself policy and operational experts. So I am so proud of our team, our data team that really transformed what we were doing in making sure that we could not only get data more….you know, it's important to remember at the start of the pandemic, very few states, I don't think any state had the infrastructure to collect negative tests for reportable diseases. Right? And so that's…

JFB: That's a good point, yeah.

KK: That's never been the communicable disease approach. And now it was important. And so so all these tests were coming in. So today I looked at my internal dashboard that'll be rolling out here in a moment. The 28,000 tests in the last 24 hours. You know, at the beginning of the pandemic, the infrastructure we had would have had 60 to 80% of those coming in by fax machine.

JFB: Wow.

KK: And then people typing it in. And so all those upgrades allowed us to get to a place where things were much more real time and much more transparent. And then to build on that, to actually look across disparate data systems, to understand our people who are ending up in the hospital, vaccinated or not. You know, what does that tell us? Right? And of course, right now it's about 70% of people in the hospital unvaccinated, you know, gives us such more insight. And that's for me, and I think at the center of all of that equity. Right, geographically, racial, gender, ethnicity you know, being able to understand who was getting vaccinated. But then also understanding the disease burden based off those things has given us such an opportunity as we look ahead to think about data as a strategic asset across a number of other programs and efforts for us to really to deliver better and to give our partners who are doing the work more visibility into what's happening so they can guide their own decisions and make sure that we're reaching equity goals there as well.

JFB: Well, that's great to hear. I mean, it really is very impressive. I can tell you my 89 year old father is a regular consumer of information from the dashboard. He comes to dinner nightly and he often has an update for me on where things stand. So it's been interesting to see him get so engaged.

KK: That's terrific. I mean, we we've done a number of focus groups and polling throughout the pandemic, and I've been so proud that time and time again the North Carolina Department of Health and Human Services has come back as the most trusted source by the majority of folks in North Carolina for information about the pandemic, which is, you know, building and maintaining that public trust is so important. And, you know, I have got to give obviously the credit to Secretary Cohen, who, you know, was out front press briefing every single day and making sure that there was space where everybody

could get information and get questions answered. And, you know, we, of course, are maintaining you know, at the right interval now for a different period of the pandemic, making sure that we're having that same visibility in other ways as well. And that's important. The one thing I will say about the dashboard that I think is a little bit of a teaser is that, you know, and we've said this a bit at press conferences is that as we are entering this new phase of the pandemic where we are now, you know, the data and the metrics that are most important to us are shifting. We early on, we're very focused on kind of net cases. We were also focused on percent positivity and testing overall. And as we look ahead, that's shifting. You know, we're shifting to syndromic surveillance and other kind of key metrics that help us really understand the course of the disease and are less skewed by things like at home testing.

JFB: Gotcha. Okay. Well, since we're on the subject of COVID, I was going to ask you just to give kind of an update, you know, for where things are now, from my perspective, things are looking better than they have in quite some time, but I'd love to hear what you think.

KK: You know, we're in a very good place. We're definitely on the other side of a major wave. I mean, you know, and it was it has been a lot of hard work to get here, right? 76% of people have had at least one shot and we need to continue to push. We've just over 50% of people that are eligible have gotten the booster. So we still need to push there. But, you know, we also had a lot of people who unfortunately the hard way earned immunity, some amount of immunity through the last wave. So coming out of the last wave, looking at vaccinations and looking at that immunity we're not we're in a very strong place. Right. You know, we have people a large group of, you know, the vast majority of North Carolinians, I'd say based off some seroprevalence studies, we've seen in the mid nineties or high. 90% of people with some amount of immunity. Now, you know, the question is, you know, people with earned immunity through kind of post-infection you know, I think the research is still suggesting that that is not as effectively holding holding up as vaccination. Right now, we're in a good spot and we're seeing that in our numbers. Our folks percent of people showing up in the emergency department is in the two to 3% range with COVID like illness. That's at an all time low, essentially hospitalizations are right at the cusp of about to drop below a thousand. That represents, you know, less than 5% of our hospital beds in the state, which is terrific. And so we're in a very good spot where we can really now emphasize the most powerful tool, which is vaccines and boosters. That's going to be the thing that continues to carry us forward and continues to help us get to a place where we can normalize these waves. You know, we will have other waves, will remain vigilant around variants. We'll continue to focus on high-risk settings and providing the tools necessary to mitigate spread there, including masks for folks. But for now, the majority of individuals can really begin to return to a sense of normality and get back into their lives. And we're going to stay committed to providing individuals the information they need about risk, about potential exposures, based off community transmission and some of the metrics we were talking about a moment ago so that people can make decisions for themselves about what they're going to do and how they're going to manage their own risk, just like they would when they choose to drive or when they do other things.

JFB: Right. Well, I was going to ask you what the state's priorities are relative to COVID right now, but I think you've just spoken to that. So it's it's really still on vaccination, getting boosted, commitment to providing people with information.

KK: Vaccination, front and center. We'll continue to stay focused on our hospital capacity and then we'll stay focused on equity.

JFB: Perfect. One thing I wanted to ask you about was that COVID really kind of changed the profile of your position, not the roll itself, but it made the Secretary a public figure in a way that the person in that role maybe hadn't been in the past. As you mentioned, Dr. Cohen was on television daily for a while there and really became a household name. And now you have this bully pulpit. And I wondered if there was an opportunity there to draw attention to issues that perhaps might not have gotten as much attention in the past.

KK: You know, I really love that we have a lot of folks in North Carolina who are thinking about health and wellness. And I hope that, you know, as we look back over the last two years, that the lessons learned, and the work done that will have been for good. And, you know, if there's one thing that comes to mind that we have been struggling with from the beginning of this pandemic is the fact that we have over a million people without health insurance in North Carolina. You know, because of that, we started behind the curve in our response. You know, and I remind folks, when you tell people to get tested, they're having symptoms, you know, and you have a million people that are uninsured. You know, that's a scary prospect because they don't engage with the health system in a way. They don't know where to go. They don't know where to start. And the communication is a different challenge. You know, when you tell people there's no cost. They don't believe you. When you tell people to talk to their provider about getting a vaccine and talking to their doctor or their PA, then, you know, there's I don't have one because I don’t have health insurance.

JFB: Right, that only works if they have one.

KK: Exactly. And so and I'm proud of how much we have been able to overcome that. But we have so much more to do, hopefully starting with closing that coverage gap to really allow us to recover stronger. And, you know, and then looking ahead, everybody has been focused on mental health in the course of this pandemic. I think everyone has experienced isolation and grief. And I believe that there is and I think every North Carolinian like me knows someone that is struggling with addiction and has been impacted by that personally. And so we have a lot of opportunities to continue to focus on the drivers of health and to leverage the Department's resources and our partnerships to do that.

JFB: Great. I understand you've already put some of these ideas into action with the creation of a new division of child and family well-being, which launched last month. Tell me about that.

KK: Yeah, you know, I believe that form should align to function. And coming through the pandemic and frankly, managing once again a lot of historical issues in North Carolina, children have really borne the brunt of this pandemic. I mean, we've had a generation of children that have experienced a great deal of trauma. And in the research, we see a tripling across North Carolina of reported rates of stress and anxiety with a disproportionate growth among our younger folks. And the hypothesis there is that children don't have that same foundation of experience to be resilient. And the need to really serve children and to encourage healthy development of children starting from birth through those early years has long been a focus of the Department, but we really need to double down here, especially in light of the pandemic. And so bringing resources together from different parts of the Department to make sure we have that sole focus to serve those kids as a priority for us. And not only do we want to make sure our programs are really wrapping around kids as opposed to trying to wrap these kids around all these different programs, but we also want to use our data to cut across silos of information and make sure

that we're serving people for maximum effect. You know, right now and this is taking one out of the COVID playbook, I don't have a way to tell you what percent of kids are on Medicaid, but their families are not enrolled in SNAP, while there are pretty similar eligibility requirements. So we've started an effort to do that, to build that data infrastructure so we can use these big, powerful programs and tools that we have and be more intentional about wrapping them around people and in particular, kids, because we know how important access to healthy food is for healthy development.

JFB: Absolutely. So, what are some of the positive effects that you hope to see with this approach? What are some of the indicators that you're going to be watching?

KK: Yea. So, we are very committed to aligning with Healthy North Carolina. 2030. You know, we believe that it gives us a strategy that has been thoughtfully developed by a number of stakeholders to set a vision for what health should look like in eight years. And so access to healthy food is one of those metrics. And so measuring that and also looking at graduation rates and a number of other issues, but also infant mortality and in particular for that one, closing the disparity between black and white families in North Carolina. And we see about a two and a half times difference there, is important for us. So a number of metrics there that a number of the strategies we're doing kind of crosswalk and lead into.

JFB: Right. I always like to ask, since a lot of our listeners, of course, are medical professionals, how can they how can the state's physicians and PAs help support NC DHHS either with the state's COVID efforts or otherwise?

KK: Well, a couple of things I've got three big priorities as we look ahead. And I talked about Medicaid expansion already. I think that local communities understanding the importance of this, I think are medical professionals being able to share in their local communities and with their county commissioners and other leaders about how they are struggling to manage their own balance sheets and how they manage payer mix without having Medicaid expansion and serving uninsured populations. And the challenges that face to really help move people from crisis into health is important. So that's number one. Number two, I'll mention quickly my three priorities and talk about something. So the first one is behavioral health and resilience. I've alluded to this already and we have a great opportunity here with our next step in our Medicaid transformation around tailored plans and with our standard plans going live. But, you know, really want to challenge providers and eager to partner with providers to think about what integrated care looks like in their practice. You know, how are we screening people for depression and anxiety, how we helping folks get connected to therapy? You know, we're working to put more tools in place, psychiatric consultation lines and other tools that will help support providers in doing that. We know the demand is so great and it's going to take an engagement of all of our providers to make a difference there. In the in the second bucket, we meant we just spoke about children and family well-being and the importance of that. And so I would just double down there and thinking about overall behavioral health and wellness and early intervention for kids. And you know, we talked about infant mortality and the importance of making sure that mothers, especially mothers of color, are getting in for those early wellness visits and taking advantage of programs like WIC and SNAP and early healthy baby kind of engagement. And then last and certainly not least, and this is really a I want to hear from providers, but my third big bucket priority is we have to build a strong and inclusive workforce. You know, our health care workforce in many ways and by many measures was already on borrowed time in North Carolina. And now we've just gone through what has been an incredibly traumatic experience for

our health care providers. And so perhaps the most important thing I can say in this moment is thank you to all of them for stepping up time and time again to serve and to be a part of this and continue to stay committed. You know, I would like to hear from health care providers about what we can do to help support the development of a more robust health care workforce in North Carolina. What does that look like? What are the innovations? What are the creative ideas? You know, workforce workers, 10-year pipelines, it takes a long time, but in short term are the things that we can do to help support that as well. And we want to be collaborative around that conversation. And last but certainly not least, perhaps the most important thing for every provider in North Carolina is do not let a person come in front of you without asking them if they've been vaccinated and boosted. Do not miss the chance. You know, do not encourage them to go to the pharmacy, have a vial in your office. We want every office to have the resources to give someone a vaccination and you know, it is so important for us to continue to, you know, let's stay out of these crisis points in COVID. Let's continue to improve by keeping people vaccinated and boosted.

JFB: Great. Let's talk a little bit about how COVID is going to continue to evolve and just become sort of part of our life. I guess one thing that I worry about as a parent and somebody who works with the medical board is that as we were discussing earlier, things are looking pretty good right now. People are eager to get back to that sense of normalcy, take off the mask, go to their kids, baseball game, etc. But it's not like COVID is going away, as you've referenced. So what in your view is kind of the right way to think about COVID?

KK: So I have been thinking more obviously there have been a lot of conversations thinking about COVID in the context of other respiratory illness. That's right. So managing it in a cyclical nature like we manage flu where we have some intentional infection control and annual vaccinations in support of people at higher risk. And we're able to build our hospital capacity and prepare hospital capacity for an expected kind of wave and flu, but also RSV and other kind of cyclical respiratory illnesses. So I think there will be some aspects to that we are planning and thinking about that. I think there's still unanswered questions as far as the routine cyclical nature. And will this settle into seasonal and what does that look like? You know, there's obviously some academic debate right now about whether coronavirus will become one of the other circulating coronaviruses that generally impacts people more like a cold because we'll have like a certain amount of immunity built up and it won't be severe. I think still too many unanswered questions to really predict that. But actually, the third framework that I'm thinking more and more about from a policy perspective is really seeing COVID, unfortunately, like smoking, where our approach to and a lot of you know, ten years ago, a lot of my early research in policy was in was in smoking and smoking cessation policy. You know, and there's some really strong parallels here which see, you know, essentially smoking as a had the health impacts are huge and yet the improvements in value can be attributed to one behavior change, to quit smoking. And in this situation, the health impacts of COVID are huge. And the situation can be dramatically changed by one behavior change, vaccines. And yet unfortunately, people have become very entrenched. It has become an ideological discussion. It has not been based on science, unfortunately, as much as senses of freedom and independence and a number of other things that are all akin to arguments about smoking. And it's not about the health impacts. And so, you know, I think that we have to think about public policy strategies. It's going to continue to be messaging. It's going to be continue pushes from your doctors and your dentists and other folks that are seeing patients. And it's also going to be recognizing that the lasting cost that unvaccinated, unfortunately, individuals are going to drive for for health insurance costs and other things and what that's going to look like. And so that's a longer answer than you expected.

JFB: Well, it's really fascinating. I had not considered that parallel with smoking. But you're absolutely right. I mean, it really does come down to that one choice.

KK: Well, and I think that this you know, it goes back to, you know, we will I mean, what the Department will do is continue to try to shape policy and communications strategy. If it gets more people vaccinated, that's going to remain our top priority. And we will continue to communicate the risks and provide the tools necessary to the general public to help them manage their risk through what will be waves that hopefully are of decreasing amplitude.

JFB: The entrenched ideological arguments that you referenced, I mean, that is such a tough nut to crack. But I'm hopeful, you know, that with time, you know, I mean, there there's plenty of data available about the safety of the vaccines and all of that. I'm hoping with time it just becomes something that you do, you know, get your flu shot and get your Covid shot.

KK: That's right. And from the beginning of this, we have been finding this balance between managing collective risk versus the individual risk. Right? And unfortunately, you know, our key problem and why we have had to use from time to time very blunt tools such as a stay at home requirement, you know, in the earlier portions of the pandemic is because we didn't have more nuanced tools like vaccinations and therapeutics. But it has been the fact that a very few people you know, I remind folks of 20,000 hospital beds in the state, you know, when you've got 70,000 people a day getting positive for COVID over the course of a month, that doesn't take us but a small percent of those people that overwhelm the hospital capacity, considering everything else they need to do. You know, I think obviously vaccines have changed the game. Immunity has changed the game. The other area that we will continue to see improvements and I believe are therapeutics as we are able to shorten the window. And this will probably be another opportunity for our providers in North Carolina to really shorten that distance between testing and treatment. You know, I was sad to hear the other day on the news a report of an individual who had a telehealth visit, tested positive with high-risk individual, and the provider wanted that individual to come into the office before prescribing therapeutics for that person. We've got to work together to figure out how to shorten any opportunity, because if you're a person who works as a frontline essential worker in a nine to five job and you don't have paid leave, you know, we have to remove all the speed bumps that slow people down from getting access to treatment both to save their lives, but also to save our hospital capacity collectively.

JFB: Well, we are coming to the end of our time, and I want to be respectful of your schedule. But I always like to ask, is there anything else that you wanted to add that I have not asked about*? I'm going to call a brief time out before you hear Secretary Kinsley's answer. A lot of times when I ask a guest if they have anything to add, they use the time to reinforce one of the points they made during our conversation. But Secretary Kinsley surprised us with some breaking news. We spoke to him on March the 10th, the same day he joined with DHHS secretaries in seven other states to ask the U.S. Food and Drug Administration to consider revising blood donation criteria to expand the pool of eligible donors Here he is with the details*.

KK: So I have led an effort to send a letter to the FDA imploring them to change their policy on blood donations for gay and bisexual men. I was joined by seven other states to do this. And I think it's an incredibly important shift for us to see. I mean, we are in the midst of perhaps one of the largest

national blood shortages. We have, you know, international conflict in ways that are unforeseen And yet we are still living with a 30-year-old policy that systematically discriminates against gay and bisexual, myself included, from donating blood. And so I'm hoping that we will try to put a little pressure here to make a change that could be better for everyone.

JFB: Great. Well, thank you again so much. This has been great.

KK: Thank you, Jean. I appreciate the time.

JFB: As Secretary Kinsley noted, the United States is in the midst of the worst blood shortage in ten years, and it's affecting medical care in North Carolina and across the country. The American Red Cross, which supplies about 40% of the nation's supply of blood and blood products, has said that blood is so scarce that hospitals may only receive about one in four blood products they request. That means medical professionals are having to make difficult decisions about which patients get potentially lifesaving blood transfusions and which ones must do without. So if you are eligible to donate blood, consider making an appointment at a blood donation center. Check the MedBoard Matters show page at www.ncmedboard.org/podcast to find a donation opportunity.

Podcast Closing: 30:37
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