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**MATT FELAN, WSGW-AM:**

I am joined here in the second hour by Dr. James Grant, the Senior Vice President and Chief Medical Officer for Blue Cross Blue Shield of Michigan. Good morning, Jim.

**DR JAMES GRANT, BLUE CROSS BLUE SHIELD OF MICHIGAN:**

Hey, good morning, Matt. How are you?

**FELAN:**

Good. You're like the baseball hitter who was prepared for the starting pitcher. You were ready. You knew what you were facing and then you're in the batter's box and like hey, that's not the guy. That's for dealing with our quick change here this morning. Good to see you.

**GRANT:**

You too. What's going on?

**FELAN:**

So Jim, before we get started, a little bit of fun history for you. When I was in college at Michigan State, I did an internship for the Speaker of the House, a gentleman named Curtis Hertel, and a chief of staff named Daniel Loepp.

**GRANT:**

You mean my boss?

**FELAN:**

Your boss. So he was my boss once upon a time when he was in his old political days. So it's really a small world sometimes. How's Danny doing these days?

**GRANT:**

He's great. He's an amazing leader. He's the reason I came to Blue Cross and couldn't be more proud of what he's done to the company and what he's actually done for so many millions of Michiganders. And the guy is totally committed to healthcare and to doing the right thing for our members. So you got a good mentor.

**FELAN:**

Yeah, it's always a point of pride when you have someone that used to work with or in this case for, and you see them go off and do those things. And I see him in the commercials and it brings a huge smile to my face. So Dr. Grant, for those that may not know Blue Cross, Blue Shield, everyone knows the name, everyone understands that it's an insurance carrier. But sometimes I don't think they fully understand the details of exactly what Blue Cross Blue Shield of Michigan is, how you're set up as an organization and your impact in the state. For our listeners, can you talk about the role of Blue Cross Blue Shield here in the state of Michigan?

**GRANT:**

Well, I don't like to think of us as an insurance company or as a payer. You've heard me say this before. We're a partner in making sure that the population stays healthy, gets what it needs to stay healthy and gets the access it needs to good care. Quality care is so important. Preventive care is so important. Taking care of yourself, I can't even tell you how important that is. And we see ourselves as your healthcare advocate. We want you to take better care of yourself. We want to enable you to take better self-care. The last resort we want is having to pay for bills for sickness. We do it when we have to, but we want to be there with you along the journey to make sure you're getting the right care at the right time and that you recognize that every day we'll be there to help work with you on diabetes management. We'll be there to work with you on hypertension. We'll be with you on behavioral health issues. That's our goal.

**FELAN:**

So Dr. Grant, you raised a great point and one that I actually love to talk about, which is so often I feel like people feel like the system is meant to treat you when you're sick and you're talking about preventive care and not getting sick. How do we better get patients to understand the need for preventive services, the need for if you have prediabetes to get engaged as a patient to advocate for yourself aggressively when you're at that stage so that you prevent becoming a full diabetic, so that you prevent the complications? It sure seems like, and I would love to see it, a system where we are using payers to pay more for keeping healthy than we are for fixing ourselves when we're broken. How should patients really be advocating to stay healthy?

**GRANT:**

Well, the first thing they need is they need to make sure they have a primary care physician. We have a lot of people in Michigan that don't even have a primary care physician. That's first and foremost. You need a quarterback. You can't play football with just popping in everybody but the quarterback. We need someone that's going to coordinate your care to follow up with you to make sure that we're keeping on top of what you need. That's our goal. We start off with effective primary care, with effective primary care physicians that you can call, that you can get into, that is following your blood pressure as it's rising and treating it before it becomes a problem. We'll follow what we call your hemoglobin A1C or diabetes numbers before they become a problem, help you get into programs that help you lose weight and help you stop smoking. These are the things that really are the front door approach. A lot of people, if they don't have a primary care physician, when they get sick, they'll stop at an urgent care or even worse at an emergency department. That's not what we want, Matt, because that person is not taking care of the whole you. They're addressing that individual problem at that time.

**FELAN:**

Yeah, I see it all the time in the family. I see it myself. A lot of us don't want to go see the doctor. We want to avoid it at all costs and then something goes wrong. You get sick. You're not feeling well. And then suddenly you have to; you feel the need. I got to go see someone right away, right? And I can tell you, a lot of the things come down to diet and exercise and taking care of yourself physically. And if you start there, you can prevent so many things. Where are areas that you think patients should be working harder on that preventive side to get care that deal specifically with diet and exercise? I think everyone knows, hey, that's what we need to do. But who should they be seeking out in the healthcare community? Who should they be sitting down with after their primary care physician to really put the plan in place? Because each person is going to have to tailor their own plan to their own lifestyle, their own needs, their own budgets. How should they be going about that? Because that's a great starting point for all patients.

**GRANT:**

Matt, you bring up a really good point. And when we talk about the quarterback as the primary care physician, that's the person that can actually talk with you. There's so many different weight reduction programs, sugar reduction, diabetes and management programs. And they're all tailored to the individual person. And that's where the discussion really needs to be between the doctor and the patient. And we need both of them to be engaged. We need the physician to be engaged to make sure that we're keeping up with the patient. And we need the patient to be committed to doing what's best for themselves. I say this all the time. We were only given one body. And we've got to be very protective of that body as we age. And sometimes it's not easy, I'm the first one to tell you dieting is not easy. Making sure you get exercise every day is not necessarily terribly easy. Stopping at the gas station can sometimes be a real pain too. But if we need to stop at the gas station, we stop at the gas station. It's all about priorities. It's all about priorities and taking care of yourself. Because you don't want to say when you're 50, 60, 70 years old and waiting for your open heart surgery, wow, I should have taken care of my blood pressure for the past 20 years. Look what I'm doing now. That's the kind of thing that we're looking at.

**FELAN:**

Yeah, and you raise a great point because when it comes to our vehicle, when it needs maintenance, we make sure that it gets done. We’re getting the oil change and we're getting gas. We're getting new tires. We're getting the windshield wipers. We don't even think about that. But as we do that, we're driving in with a donut and a big gulp in our hands. And we're not taking care of ourselves. We're doing a lot more to take care of things like our cars and our toys and our boats and our homes than we are ourselves. And I think about it all the time, guilty, I'm a huge sports fan. And I think of how many nights I'm sitting on the couch watching a game, having a glass of milk, a bag of chips, having a good time, right? But why aren't I on the treadmill that's 10 feet away? There's a TV in there. Why aren't I watching the game while I walk for 30 minutes? We really have to do a better job thinking about how we spend our time. Do you think that's a huge piece of this?

**GRANT:**

It's a totally huge piece of it. One of the things that I do, when you say you don't have enough time, it's not easy. But my exercise routine, I know if I don't do it in the first thing in the morning, it's not going to be done because then other things tend to get in the way. So I'll wake up at 4.30, 5 o'clock in the morning and exercise. Now, do I do it seven days a week? Of course not. But do I do it five days a week? Yeah. Have I done it my whole life? No, but as I age, I realize the importance of it. And it's a priority. We all have to place our priorities. If your body is not a priority, if long life and health is not a priority, then you may not do it. But I think for most of us long life and health is a priority. Then we need to place it in the right place. Go ahead.

**FELAN:**

Jim, as we talk about this, I think a lot of people right now are enamored by some of the drugs that are out. And it becomes much more mainstream over the course of the last couple of years that deal with weight loss. What is Blue Cross Blue Shield thinking as they see the Ozempics of the world? These seem to be great drugs that can help a certain segment, but maybe not for everybody. What are your thoughts as you guys have seen this emerge over the course of the last few years?

**GRANT:**

Yeah, so we've seen the drugs and what you're calling the GLPs, the injectable weight loss drugs. We've seen those obviously hit the market like a tsunami. But they're not first line, Matt. First line is, as you said before, you drive into the auto dealership with a donut and a big gulp. Do you realize how many calories are in a donut and a big gulp? And especially liquid, drinking your calories is probably one of the worst things that you can do. So you don't start off with the drugs. Those are our last resort. You start off because you need to learn how to eat healthy. I always say one day, I've never been at the point where you sometimes go and you order something to eat. And the server says, do you want french fries or fruit? I always say fruit because at the end of the day, yeah, would I like french fries? Of course, I'd like french fries. If I had french fries once a month or once every two months, would it change my health? Of course not. But we just have to have our priorities. We have to decide, what do we want to do? Do I want to eat french fries or do I want to be healthy?

**FELAN:**

Yeah, I love that you bring that up because when that happens when I'm out and about and I say the fruit, the waiter/waitress actually looks at me like, really? Nobody orders that. It's become the rare exception when someone orders the fruit versus the fries.

**GRANT:**

So I'll tell you a funny story and this is very classic. So about two months ago, I was in a fish restaurant and I got clam chowder. And they said, do you want New England, which is the creamy based one? Or do you want Manhattan? That's the tomato based one. And I said, Manhattan. Actually, in my case, on top of it, it's my preference. And I said, Manhattan. And the server brings me the creamy based one, which is about 10 times more calories than the tomato based one. And I said, no, I wanted Manhattan. And they said, oh, that's right. I'm just so used to nobody ever ordering the Manhattan one.

**FELAN:**

Exactly. Well, Dr. Grant, we're going to take a quick message. When we come back, we're going to talk about how Blue Cross Blue Shield is your health partner after these messages.

Good morning and welcome back to the Art Lewis Show. Matt Felan with the Great Lakes Bay Regional Alliance filling in for Art, who's not feeling well. Jonathan Dent had to play his new University of Michigan commercial just for me today, the MSU grad. It's a tough, tough week for us Spartans.

**JONATHAN DENT, WSGW-AM:**

I played it to thank our audience for joining us on this great journey that we've been through this season. It wasn't just for you, Matt. The world doesn't revolve around Michigan State fans.

**FELAN:**

It's unbelievable. Here's what I will say. I said it on social media. I'll say it again today. I am happy for all of my friends who found joy and happiness this week. I'm happy for their joy and we'll leave it at that. But it's a tough time to be a Spartan. As my good friend Kermit the Frog says, it's not easy being grain. It's just how it works. So I am joined here this morning in our second hour by Dr. Jim Grant of Blue Cross Blue Shield. And we're focusing a little bit about how patients should be advocating for themselves and how Blue Cross Blue Shield is a great partner in that health journey. Dr. Grant, as we talk about that patient advocacy part, a couple of things that can happen are maybe some unnecessary testing, over testing, or the constant need that I think physicians often feel the pressure to over prescribe antibiotics when someone comes in with a stuffy nose and how that can lead down the wrong road, that oftentimes that's just not what's necessary. How can patients better advocate for themselves to be doing the right things? How do they know if a test is necessary? How do they know if they should or shouldn't be given that antibiotic? And how can they better advocate for themselves? You hear a doctor and they tell you what you have to do. But sometimes you have to advocate and I'm going to personalize this one time. So I was personally diagnosed with a very rare condition called hypertrophic cardiomyopathy, which deals with an enlarged heart. When it was first found, the physician that I saw said, we're going to need to do open heart surgery. And it was maybe about 11 years ago, I was 38 and I was like, you know what? That doesn't sound like a good time. And so I advocated heavily for myself and I went to Cleveland Clinic and found out that I didn't need open heart surgery and that it was unnecessary. And I've been taking a pill twice a day. And so I think it's important that patients really know that when something's going on, they have a responsibility to advocate for themselves. When you hear about these things, Dr. Grant, what's some of the advice that you would give to a patient when they hear something? How do they know that that's exactly what they need or should be doing? And how should they maybe take a little bit of ownership of that themselves?

**GRANT:**

Question things. If things just don't seem right, if things get very aggressive, very quickly right away, question it. We all have that right to question. It's our bodies. No one should ever say, well, I felt bad asking the doctor, I felt uncomfortable, or the doctor must know. It may be the doctor is just going to explain to you the rationale. Don't think twice about getting second opinions. It's not an insult to a doctor to get a second opinion. Actually it's an affirmation. Remember, you are your own advocate and you and your primary care physician are going to advocate together for what's best for you. You gave a great example of it. We in the medical community call what you have HOCM, and you've probably heard that expression by now. With HOCM, effectively you're born with it. But sometimes when we hear about healthy 18 year old athletes just dying, they had HOCM. That's why we do so many pre-athletic screenings now so that we can find these things and we can save people from the problems of hypertrophic cardiomyopathy.

**FELAN:**

So Jim, we're here into 2024 and we've kind of been through hell and back as a society the last several years with the COVID pandemic and then a lot of information that folks didn't know who to trust or when to trust. And then the world's kind of returned to normal, but we're still living in a COVID world. We're still seeing people dealing with that. What are you guys seeing at Blue Cross Blue Shield today when we look at that surge that happened with RSV and the flu and COVID? How are things today for our listeners? As we hit 2024, how do you guys see things?

**GRANT:**

Well, we're seeing an uptick in COVID, no doubt. We're not seeing an uptick of the severity in COVID, but we're seeing a lot of people. Some people are actually getting COVID for the first time. What we are seeing, which isn't good, is a drop off in vaccination. I think what we have now is what we call vaccination fatigue. We've got to remember COVID hasn't gone away. COVID can still have bad effects on you. And we have vaccines out that actually address the newest variants of COVID. Now, RSV is another example. We really recommend this for people over 60. We’re not seeing, like I said, the same uptake of the vaccine for RSV that we should. So these are things that, again, should be coordinated with your primary care doctor. And then he or she should really be on top of things to make sure you're getting what you need.

**FELAN:**

So for myself, I'm someone who's, I hate to say it, I'm approaching 50. I turned 50 this year, asthmatic. So there's various risk factors that are there. But you now see, okay, there's a vaccine for COVID. There's a vaccine for the flu. There's a vaccine for RSV. There's a vaccine for pneumonia. There's a vaccine for shingles. It can almost get overwhelming as a consumer. We're like, wow. What do I really need? What do I go in? What do I need to do? This is where the conversations with the quarterback, that primary care physician become pretty important, don't they?

**GRANT:**

Right. We're not expecting you to be able to keep track of all these vaccines, or to know what vaccine at what point in your life. That's the job of your doctor. And you need to be honest with your doctor and let them know what vaccines you haven't had. A lot of them are already tracked. Let them know how you're feeling and have that discussion. Listen, I'm asthmatic. Do you think I need X vaccines? Do you think I need Y vaccines? You really need to ask the deep questions, and if you really don't like the answer, or something doesn't seem right, like I said, do not question to get another opinion.

**FELAN:**

Well, Dr. Grant, it's always great having you here on the Art Lewis Show. We appreciate your time. We appreciate Blue Cross Blue Shield and Michigan partners here with our community, both with our health, and you guys are very generous supporters of so many great initiatives throughout the state of Michigan. So great seeing you again, and thank you for your time today.

**GRANT:**

Take care, stay warm, and stay safe.