Mark Masselli: This is Conversation on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, it is a familiar scenario in Washington. Yet another attempt to repeal the Affordable Care Act has come up short, which effectively ends the effort for this fiscal year.

Margaret Flinter: Well, it came down to a handful of Republican Senators again, Mark, Senators John McCain and Susan Collins came out against the bill and it did seem like others were in the cue to vote it down as well; certainly, Senator Lisa Murkowski of Alaska, simply too harmful to too many of her constituents, who rely on Medicaid in particular for their healthcare.

Mark Masselli: Cosponsor Senator Lindsay Graham said they are not done trying to repeal the health law. He said they'll be going back at it next year and they'll deal with tax reform first.

Margaret Flinter: Alright, so while the health remains intact, Mark, still a lot of uncertainty for the marketplace and States have to grapple with a lot of uncertainty in those insurance markets and that leads us to our guest today.

Mark Masselli: Governor Doug Burgum is the Republican Governor of the State of North Dakota. He is a long time tech industry entrepreneur, spearheading a big effort in the State to combat the addiction crisis. We are really looking forward to that conversation.

Margaret Flinter: And Lori Robertson will stop by, the Managing Editor of FactCheck.org. But no matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Mark Masselli: And as always if you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter, we love hearing from you.

Margaret Flinter: We'll get you our interview with Governor Doug Burgum in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. The latest attempt to repeat the Affordable Care Act has come up short again, this time Senators Susan Collins of Maine and John McCain of Arizona were again deciders against the bill along with Rand Paul and Ted Cruz for more libertarian reasons. The Congressional Budget Office was able to give the bill a preliminary

score this week and confirmed what most health policy analysts already knew that millions would lose coverage under this bills version. The bill would also have eliminated funding for planned parenthood, which would have impacted health coverage and women's health issues for millions of American women. Senator Orrin Hatch led a hearing in the Senate to discuss the Graham Cassidy Bill this week and it was a rockiest beginning, hundreds of protestors had lined the halls outside the hearing room with chants of kill the bill, don't kill us reverberating through the hearing room. Some 74 million Americans rely on Medicaid for their health services. Puerto Rico and parts of the U.S. Virgin Islands on the brink of humanitarian disaster with much of Puerto Rico, St. Thomas, and St. John without water, electricity, food, or infrastructure. There has also been a very slow trickle of supplies making their way into the islands. There is great difficulty reaching not only the airports, but the hurricane victims cut off in isolation in the islands more rural areas, hospital ships are being sent to the region to fill immediate healthcare needs and 35 million people worldwide are believed to suffer from atrial fibrillation, but many are unaware. A. Fib is the leading indicator for stroke and heart failure. At a recent study, a technical intervention known as AliveCor was four times more effective in identifying A. Fib patients than just general care. A smart phone enabled electrocardiogram allow clinicians to chart A. Fib in real time readings. In a trial of 1000 participants, 19 asymptomatic cases were picked up using AliveCor versus only 5 in the standard group. I am Marianne O'Hare with these Healthcare Headlines.

Mark Masselli: We are speaking today with Doug Burgum, Governor of North Dakota. Governor Burgum spent much of his career as a technology entrepreneur, a venture capitalist, and philanthropist, founding Great Plains Software in 1983, his successful enterprise was acquired by Microsoft in 2001, where he then served as senior Vice President. He founded several other entities, the Kilbourne Group, a real estate firm dedicated to creating smart healthy cities. In 2009, he was awarded North Dakota's highest donor, the Theodore Roosevelt Rough Rider Award for his leadership. He earned his undergraduate degree at North Dakota State and his MBA from Stanford University. Governor, welcome to Conversations on Healthcare.

Doug Burgum: Great to be with you.

Mark Masselli: Yeah, you know North Dakota has such significant population growth, but along with that boom in the economy has come real challenges as well and when you look at the health landscape in your State, we see a pretty diverse set of populations. You have the influx of workers coming to help with the energy boom and you have a large sectors of sparsely populated regions and you as well have a significant need of American population in your State. Wonder if you could share with our listeners your health infrastructure in your State and what some of your biggest healthcare challenges are?

Doug Burgum: Well, at the highest level, North Dakota, we have got strong competition at the hospital level with multiple large providers. They provided a, you know lot of clinic experiences in the rural areas. You know, Stanford Health is a largest employer in the State just recently completed one of the largest hospital projects in the country. So we do have some very good providers, but as you outlined, literally the landscape of North Dakota, we do have a lot of area where we got rural areas and that's where we have some of our challenges and we have four tribal lands in our State, but there is an unique set of challenges in the Federal System, the Indian Health System, on a reservation level, but it is in my mind fundamentally broken, so we have got an ageing population and we have to start thinking about how do we evolve our long term care model to include more home-based care as the technology evolves. So we have also got a lot of assets from which to start from and I think we have an opportunity again, probably driven by technology to address some of the challenges that we are facing.

Margaret Flinter: You know, I would like to focus just for a moment on one very specific issue that we know of, I think you and the First Lady have shown great concern about this and that's the scourge of the opioid addiction. Could you talk with us a bit about your Recovery Reinvented initiative?

Doug Burgum: The First Lady was the keynote speaker for the national recovery month and she spoke and while she received the data in relation to 2016 preliminary numbers, you know 64,000 overdose deaths in the country last year and it you know touches every economic level, it touches every State. When we were first inaugurated, the next morning we had an addiction breakfast as part of the inauguration efforts, you know, in one of our first days in office, we met some parents and they came up to the First Lady and I two weeks earlier, you know starred athlete that had, you know, knee surgery in high school and got addicted to opioids. You know, they had no idea about the addiction and he was found you know dead in the car in the school parking lot. You know, this is not, you know the 1980s version of just say no and part of what we are trying to address here is reducing the shame and the stigma. These parents actually said, look if our son had died of cancer, there would have been fundraisers and vigils and as it was, because he died of an overdose, then they said you know basically no one came over. You know the shame and the stigma gets us to not talk about the issue and 50 years ago, you people hid the fact they had cancer and now if you see probably at a Rodeo in North Dakota wearing pink, you know that he is very much part of the cancer awareness day, so we need to have that same kind of national awareness around addiction. You know, we'll treat addiction like it is an acute disease and it is not an acute disease, it is chronic, it is progressively worsened, ultimately fatal if not treated. The First Lady, you know, picked addiction as her platform, a reporter asked why she picked it and she shared in that interview that she'd been in recovery from alcohol addiction for 15 years and she herself was someone who is crazy sufferer to share that you know she had close friends that didn't know that she was in recovery and so part of Recovery

Reinvented is learning that those who are in recovery out in the open to talk about recovery is possible. If you think about the four categories of addiction and you think about prevention is the first thing we have to do and that's the most cost effective, early intervention is the next most cost effective and then you've got treatment, which is often expensive and sometimes not effective and then you have recovery in the backend. So we want to focus on all four of those segments that at least for today and we've got a large national conference here in this month at North Dakota, we've got people talking about native American recovery, you know, community based and this gets back to your first question, which is in the Western half of the State, we've got this forest population, we don't have behavioral health providers and the State also has been very-very collaborative with the legislature and with our Department of Corrections and with human services and with outside providers. We have cross $41,000 a year to incarcerate someone and we can put them in treatment for a lot less than that. You know instead of have mandatory sentences for first time drug offences, now we are moving towards prison to probation. So for the last 25 years, things that used to be misdemeanors became felony and so then if the person you know has an addiction, that also become a felon and then they come out, you know, you have to get a place to live, how do they get a job, and so we are creating additional barriers to their recovery and in North Dakota 98.5% of the people get back out of incarceration again and so as our Leann Bertsch, who leads our corruptions group says, you know, hey we need to be in the business of making better neighbors, not making better prisoners.

Mark Masselli: You know, trying to think about the rural nature of North Dakota and your background in technology, I am wondering how telemedicine is playing into your sort of transformations as you think about reaching people in the rural parts of North Dakota?

Doug Burgum: Well, one of the things which is great about telemedicine is it reduces the distance and you know can increase access, but I think we also need to focus on how do we improve productivity and if you think of telemedicine is synchronous, you have one patient, you have one provider connected through video connections and to do that we have to make sure that we've got a commitment as a State, so we do have an initiative to try to make sure that we've got at least gigabit bandwidth across the entire State. We have to have the best technology, infrastructure for moving, you know, data and information quickly in healthcare. You know, you were talking about lot of data, included in those medical imaging. If it is synchronous, you know one patient to one doctor, you are reducing the time and the travel, but you are not actually increasing the productivity and there are some new applications that are coming out that would be considered asynchronous which is you know a person might answer 20 questions on their phone and then you use artificial intelligence to at least you know create a hypothesis, those get cued and then the provider could essentially seeing or responding to way more patients in a day than we are right now and I think provider productivity is one of the things that is key to lowering healthcare

costs. You know, its in all the debates that I hear in Washington D.C., it is rarely ever discussed.

Margaret Flinter: I wonder if we could talk for a few moments about the Medicaid expansion and your State has been successful in increasing the number of residents who have health insurance and certainly we saw that around the country. Obviously, we are all watching another round of proposed revisions to the Affordable Care Act are presented. I understand that you've said you think there is a better approach to health reform. I wonder if you would share with us your views.

Doug Burgum: One thing that I think has been missing from the discussion in this is in you know the fall of 2008, when economy stalled after the financial crisis, you know, there was an $800 billion stimulus bill that the Federal Government was involved in and there was 30 billion of that went towards electronic healthcare records and it was meant to help stimulate the application of electronic healthcare records and I am sure to some level people thought if you apply IT to an industry, it is going to make people more productive. If you've read who was getting the subsidies, it was a handful of companies with kind of 1970s style software and so it became a massive subsidy for those few companies and it was so complex, the software was difficult, no one was implementing it, so then the Government said, hey provided you the carrot, but no one is putting it in, we need to put the stick. So then started putting in penalties around the category of meaningful use, which if you didn't achieve meaningful use of the electronic healthcare records by certain dates, your reimbursements were knocked down and so this carrot stick approach quietly destroyed all the competitive economics of IT within healthcare and it became the thing that consumed everybody's budget. You know, if you add it all up, there's been about a trillion dollars of IT spends trying to implement the Federally mandated rules around the electronic healthcare records and if you talk to any provider and ask him how do you feel about your experience in the last four or five years with electronic healthcare records, you are going to an earful and its not about whether they like the software or not, it's were they able to see more or less patients everyday and everyone that I have talked to, and I have talked to a lot, virtually every doctor saw less and some cases dramatic, because they were spending all of their time with their hands on the keyboard and then we are taking the thing we are in scarce short supply of which is our providers and we are turning them all into Federally mandated data entry individuals and humans aren't good at data entry and so if you want to have low cost high quality data, it needs to be automatically generated as opposed to human entered and there are so many ways we can today with the kind of instrumentation that we could have, we could move towards all kinds of automatically generated data and that will completely change how we think about population health. You know, if we are not increasing productivity providers, we are never going to see the cost curve come down in healthcare.

Mark Masselli: We are speaking today with Doug Burgum, the Governor of North Dakota, technology entrepreneur, venture capitalist, and he is founder of Great Plains Software, which was acquired by Microsoft in 2001 and Governor, you have achieved great success in your professional life as a tech entrepreneur, high level executive at Microsoft and you also launched some interesting ventures that seemed to find innovative ways to positively impact population health and dedicated to creating smart and healthy cities, I have heard you talk about building walkable, livable cities and building a healthy lifestyle, so I wonder if you can draw from the experience that you had at the Kilbourne Group to now as sitting in the Governor's office of how you married those two together.

Doug Burgum: Well, our nation spends about $4 trillion on healthcare, so you've got this huge amount of healthcare spending off and a lot of times we get, you know, they do the comparison of what are we spending on healthcare versus other countries and if you say, hey 4 trillion, about 1 trillion of that goes towards chronic diseases, you know, that would be heart related or diabetes related and at the same you have less chronic diseases like diabetes and heart and in right away it's diet and exercise. And so, you know, we do have to look holistically in terms of building healthy cities. We've got to make sure that we are addressing the whole issue of healthy food and the fruit desserts and here we are a tremendous agricultural State, meaning we lead the nation in over dozen different crops, a lot of those crops get sent out of the State for processing and then brought back, so the whole locally grown farm to table thing is something we have to have more awareness around. The Federal Government has really since post World War II been lacking a model where, you know, the one thing that you agree on is we've got to spend more money on infrastructure, but the infrastructure shouldn't be, you know, increasing the depth of the footprints of our cities, you know, farther is very flat, and we see here the land is cheap on the edge and so it is very easy for cities to start moving outwards. So when we start building cities around automobiles and not around people and you have this American idea of single use owning, which came from the 1930s, when we had dirty industrial areas, well now you don't have the neighborhood grocery store, the neighborhood coffee shop, everyone's got into their car and drive and so we just have to take a look at ourselves and say, you know, are we going to build cities for people or are we going to build for automobiles and if we build them for people, that's going to lower our healthcare costs, because some of the, like the diabetes and heart stuff, it is not about going to the gym for a vigorous workout, it is just about building some walking in your life and people will walk if there is utility in walking and we've sort eliminated the utility. Building a great healthy walkable city is simple for us. So we've have a thing called the Main Street initiative which we are doing. It's got three pillars, one is the healthy vibrant city, which is walkable and house all the things the arts, the culture, the food that would cause someone to want to live there because that moves into the second pillar which is workforce development because it is with retiring baby boomers, you know, we are facing a chronic workforce shortage. We have a lot of great jobs in North Dakota that are unfilled and open, so we have to build communities

for people who want to live in and then the third thing is to build those livable, walkable communities, you are going to lower your infrastructure costs, mixed used density is much more of efficient model for a tax payer. It just comes back to helping us break free of the mental model around automobile supremacy.

Margaret Flinter: You know, we've been struck by some of the examples of collaboration between States that are headed by Democrats or Republicans, and we'd be really interested what is your vision is of how States can not only innovate individually, but how they could do this in tandem with other to tackle some of the big problems we have talked about.

Doug Burgum: Well, I got to know some of my other Governors have been really encouraged, because Governors in particular, you know, we don't have to get up everyday and vote along party lines. We got the greatest jobs in the world, because everyday we can get up and we can say, hey what we have an opportunity to do make a difference in people's lives and I think you've got, virtually Governors would feel the same way, because we have to work on solving problems and a lot of these problems require collaboration, both private sector and public sector and you know township, city, State level, those levels are collaboration across the different levels of political subdivision. And then that collaboration, I think is made more and possible in the future when you've got the technology, the tools, a lot of your collaboration, they allow for knowledge sharing and there's a lot of things that large enterprises are using to build collaboration, because you know, it's like in my last job at Microsoft, people working for me in a 130 countries, we have to think hard about the efficiency, about how we do something better and cheaper tomorrow than today and then you look at a State like North Dakota, where we are too small to tackle some of these things and so I think again one of the things I like about the Block Grant approach in getting the 50 States to be platforms of innovation is that you may decide the next step that may come from that is you may pick up the phone and call South Dakota and Wyoming and some other States and hey let's have a shared high risk pool across four States because we need a larger population to have the scale of insurance work and in my mind, it is impossible to come up with a Federal solution to healthcare that the rate of change is accelerated because if you think about diseases actually being eliminated like what the Gates Foundation and others are doing with polio, you know close to you know worldwide eradication, you think that's happening with genetics and how we are going to move you know in drug therapy to be individualized. I mean the future is super turning, but we have to get IT innovation back into healthcare and one way to do that is to have 50 platforms of innovation at then you know the market is going to help come up with lot of solutions that no one can envision today when they are working on these healthcare bills.

Mark Masselli: We've been speaking today with North Dakota Governor Doug Burgum. You can learn more about his work by going to governor.nd.gov or you can follow him on twitter@duogburgum. Governor, thank you so much for the

innovative work you are doing and spending time with us today on Conversations on Healthcare.

Doug Burgum: Thanks Mark and Margaret.

Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Once again, we have seen competing claims from Republicans and Democrats on whether the latest GOP effort to repeal the Affordable Care Act continues to protect those with preexisting medical conditions. Under the Graham-Cassidy Bill, insurers couldn't refuse to sell policies, but they could price plans based on health status in States that allowed it. Senator Bill Cassidy, a sponsor of the latest bill said on CNN that the "protection" is absolutely the same as under the ACA, it isn't. The Graham-Cassidy legislation would eliminate the Affordable Care Act's premium tax credits in cost sharing subsidies for low income people buying coverage on the individual market, as well as Federal funding for the expansion of Medicaid and instead provide Block Grants to States. States must submit applications explaining how they would spend the Block Grant Fund and State could waive the ACA's ban on pricing insurance policies based on health status. The legislation says the State would have to describe how it "maintain access" to adequate and affordable health insurance coverage for individuals with preexisting condition. States could allow insurers to vary premiums including on the basis of health status, but not on the basis of gender, race, or religion and even with the provisions that could be waived under the ACA, like the law's requirement that health plans cover 10 essential health benefits, States would have to show coverage would be as comprehensive and as affordable and insure at least a comparable number of people as would have occurred without the waiver. And that's FactCheck for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com, we will have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

Mark Masselli: Each week conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. Currently about 2 million people around the world are suffering from end-stage renal disease. There are basically two options for these patients, kidney transplants, which are severely lacking in available donor kidneys or dialysis, also costly as well as time

consuming, requiring patients to undergo lead filtering treatments at medical facilities lasting up to five hours per treatment, costing about $90,000 per year. A Montreal teen science project just may pave the way for another solution. Anya Pogharian developed a portable home dialysis kit that cost about $500 to produce.

Anya Pogharian: I mean it's not necessarily easy to go three times a week to the hospital, especially if you have may be limited mobility.

Mark Masselli: Pogharian says 100 hours of research led her to build a prototype of the dialysis machine, which is about the size of a typical game board, but pumps and purifies blood just as large scale dialysis machines do. Her invention has earned her numerous awards and scholarships. She hopes this device can be developed throughout the world, especially third world countries.

Anya Pogharian: 10% of patients living in India and Pakistan, who need the treatment cannot afford it or it is not accessible. So that's really what motivated to continue.

Mark Masselli: A relatively cheap, portable, easily assembled dialysis machine that could alleviate the cost and treatment hurdles of ongoing dialysis, keeping patients healthier and longer. Now, that's a bright idea.

Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Healthcare broadcast from the campus of WESU at Wesleyan University, streaming live at wesufm.org and brought to you by the community health center.