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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, it feels like we've been through a tumultuous year in the world of health policy and I suspect we'll see more of the same in the year to come while the Affordable Care Act face several near-death experiences in 2017, it was battered but still standing at the end of all it. There was no small achievement considering the forces aligned in Washington committed to seeking its repeal.

Margaret Flinter: And do you Mark there was another I thought kind of notable event and that was in spite of a significantly shortened open enrollment period for coverage in 2018 close to 9 million Americans managed to sign up for coverage in just six weeks.

Mark Masselli: But we're still facing a lot of uncertainty, the tax reform bill that passed just before Christmas has eliminated the individual mandate requiring all Americans to carry health insurance and that is expected to impact coverage in the coming years.

Margaret Flinter: We could see 13 million Americans drop out of coverage over the next decade because of that, that of course is what underlay the entire movement for the universal mandate.

Mark Masselli: 2017 also saw an unprecedented number of natural disasters impact America and its territories.

Margaret Flinter: And 2017 was also the year that the true scope of the opioid crisis really came into focus in America opioid overdoses now the leading cause of accidental death in this country and the numbers are continuing to get worse.

Mark Masselli: We've really been fortunate to have some pretty terrific guests on the show this past year to address all of these big challenges, so we thought we'd take a look back revisit some of those conversations. There were great challenges but also some exciting advances in things like gene editing, telehealth, technologies that are certain to disrupt the status quo in years to come.

Margaret Flinter: We learned so much from all of our guests this past year looking forward to tapping back into some of those moments.

Mark Masselli: We are always blessed to have Lori Robertson stop by, she is the Managing Editor of FactCheck.org. You can hear all of our shows by going to chcradio.com.

Margaret Flinter: And as always if you have comments, please email us at chcradio@chc1.com we love hearing from you.

Mark Masselli: We will get to our look back at 2017 in just a moment.

Margaret Flinter: But first here is our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. 2018 is starting off with more questions than answers regarding health policy. Funding for Children's Health Insurance Program or CHIP was added in a last-minute budget resolution before the holiday which essentially proved enough money to keep the program going until the end of March. Funding for CHIP actually ran out at the end of September, many states were concerned the lack of reauthorization of CHIP funding by Congress would have led to millions of vulnerable American children losing health coverage. CHIP covers healthcare for some 9 million children in a number of states were bracing for necessary cuts to the program if Congress did not act. The Trump Administration has stripped away another Obama era measures scaling back the use of fines to nursing homes that harm residents, 4 in 10 nursing homes have been fined for violations since 2013 under the Obama measure. Under Trump Administration's guidelines nursing home regulators are being urged not to levy fines or actions even in a case where a death has occurred at a nursing home facility.

On the heels of the Apple Heart Study genomics testing company 23andMe is looking to launch a large-scale study on genetics and obesity. The weight loss intervention study is launching at the start of peak weight loss season seeking 100,000 participants using 23andMe's personal genomics platform to help researchers analyze genetic components to obesity and how they might impact effectiveness of different weight loss protocols. Last year 23andMe set the stage for this year's study launching the first genomic weight report. This information shows how people's specific genetics may influence their own responses to not only exercise and make certain food choices but also factors like sleep and stress. I am Marianne O'Hare with these healthcare headlines.

(Music)

Mark Masselli: We're marking the end of 2017 a pivotal year in healthcare, a year that began with the inauguration of Pres. Trump and ended without repeal of the Affordable Care Act, with all of the uncertainty over health policy this past year we thought it would be a good idea to revisit some of those guests from 2017. So look back with us as we remember some of the most notable events in health policy in the past year, efforts to

repeal the Affordable Care Act, global health advocates who met the challenges of recent natural disasters, state health commissioners who tackled the big public health issues on the front lines and the promise of new technologies such as gene editing, telemedicine, block chain, they are poised to disrupt the healthcare industry as we know it.

Margaret Flinter: Well you know Mark when we launched this show, we wanted to offer a forum where the best minds in the industry could help us understand the changes underway in health policy, everything that was going on in the technology front with innovations across the healthcare spectrum that we knew would influence the health care of the future. And nine years later we're still watching dramatic events unfold from continued changes to health policy to the enormous opioid crisis to the advent of exciting new technologies that will and are transforming care delivery. I think we would say there's been a lot of excitement and great promise as well.

Mark Masselli: Oh I think you're absolutely right Margaret, and you know we kicked off 2017 with a great conversation with the Hon. Michael Leavitt former HHS secretary under the elder President George Bush he now runs one of the most influential conservative consultancies on health policy in this country. Gov. Leavitt served in an advisory capacity to the Trump Transition Team and speculated time of our interview on what the administration would do well to focus in on its approach to health reform.

Gov. Leavitt: The one certainty in the next several months about healthcare is that there will be a bill that will pass Congress that will be titled Repeal and Replace what is certain is what they will define repeal to mean and what they will define replace to mean. Pretending that the law never happened is not an option but the Republicans have for three elections in a row campaigned that they would repeal and replace the law and I think they have no alternative but to fulfill that. And I think one area that we will look quickly to see will be obviously the individual mandate I think that's likely to disappear, so at least the appearance right now is that they will give themselves some time in which to actually formulate the replacement. One of the commitments that Republicans have made is that they don't intend to do this in a way that does not involve a bipartisan support. One of the primary mistakes that was made in the passage of the Affordable Care Act is that it was done entirely on a partisan basis. The most important change that has occurred in healthcare potentially over the last 60 years is that transition from fee-for-service payment to some type of payment where providers are paid on the basis of value. Will this transition from fee-for-service to value payment continue under the new administration? And I think the answer to that is, yes, it's being driven by an economic imperative that if we want to continue to have great healthcare

we have to change the way it's paid for because there's no way we can continue to spend an increasing share of the American economy on one thing, healthcare.

Margaret Flinter: On that Mark we welcome conservative policy analyst Lanhee Chen Director of Domestic Policy Studies at Stanford University and Research Fellow at the conservative Hoover Institution. He gave us an analysis of why he thought the House GOP Health Reform Bill the American Healthcare Act had failed.

Lanhee Chen: Sure. Well you know I have described the failure of the American Healthcare Act as a self-inflicted wound as well and Republicans had an opportunity here to advance legislation that would have taken steps in the right direction I think in terms of thinking about healthcare systems. It's certainly was an opportunity to advance some important goals for example reform of Medicaid, and really this was one of the situations where Republicans knew that Democrats were going to oppose the bill and do so with relative unanimity. For Republicans though they were the ones who ended up holding this bill up. And whether you blame some of the moderate Republican's action or some of the more conservative hardline freedom caucus, either way Republicans really were the ones who prevented this legislation from advancing. And so what's disappointing about this was the inability of Republicans to get together and agree that bill got pulled. And we're in a situation now where any progress on repeal and replacement of the Affordable Care Act has become that much more difficult.

Mark Masselli: We have seen a rise in the poll around the popularity of the Affordable Care Act, and I'm wondering what you think the next steps are going to be for Congress?

Lanhee Chen: I think they have to really seriously consider whether in fact they're committed to repeal and for replacement of the law of Obamacare and if they are I think they have to ask themselves, what are the measures and steps they can take to do that? I think first of all there are things about Obamacare that suggests that in some markets there is some serious issues, for example the stability of insurance markets in many states. One of the things that's interesting about the Affordable Care Act is even if it's never repealed there is a provision in it that allows states to create innovative health reforms on their own. In the absence of a federal consensus around how to move forward on Obamacare are there ways that various states can pursue their own reforms even if it's different from the architecture set up by Obamacare.

Mark Masselli: And speaking of reform, and Margaret I think we always talk about states in incubators for change, we had some interesting innovations at the state level Dr. Jennifer Walthall, Secretary of the Indiana Families and Social Service

Administration, she joined us on the show this past year and helped us understand this innovative approach to Medicaid expansion.

Dr. Jennifer Walthall: The Healthy Indiana Plan actually predated Medicaid expansion this model is built on the theory that we can be partners with people to navigate their way into the commercial health access market through engagement and support, but that takes a lot of efforts together as partners. And in order to achieve that goal we have to support and build infrastructure for a healthy workforce. HIP is described as a consumer directed approach to health coverage that actually replaces traditional Medicaid in Indiana for all nondisabled who are ages 19 to 64. And it's referred to as consumer directed because the basic and routine cost of healthcare are paid by the patient managed account versus the insurance company. And that is to promote consumer behavior by giving patients greater control over their own health budgets and the healthcare that they receive. HIP is structured so that it pays doctors more to care for members HIP 2.0 pays Medicare rates which are significantly higher and this has helped recruit over 6000 new healthcare providers into the Medicaid network which has increased access to care for our members.

Margaret Flinter: Well, also curious about the roles that other organizations like community health centers may have played in helping to fill that primary care gap with so many newly uninsured residents. And as you know the longer people were out of care the more likely they had pet up demand.

Dr. Jennifer Walthall: We have seen an incredible surge of partnerships around the primary care space both from community health centers and also from bringing in a primary care workforce. And one of the things that I've been very excited to be part of is on the governor’s health workforce commission really filling those primary care deserts for the states so that we improve access to healthcare in general. About 87% of our HIP Plus members use preventive health services during their first year of enrollment so that's a pretty big deal in my mind.

Margaret Flinter: And staying with our theme of the states we welcomed Louisiana's health Sec. Dr. Rebekah Gee. She noted the significant increase in health coverage in her state when newly elected Gov. John Bel Edwards expanded Medicaid, her office of course was instrumental on helping the region prepare for hurricanes Harvey and Irma sharing the lessons they had learned the hard way from Hurricane Katrina and she talked about how Louisiana prepared differently for these storms as a direct results of what they went through and most importantly what they learned and prepared for.

Dr. Rebekah Gee: There were many mistakes made, some of them were just because new city of that sided had endured a hurricane disaster of that proportion you know 25,000 individuals had to be evacuated post storm almost 2000 people lost their lives. In Katrina there was a lot of communication going in different directions but we didn't have a disaster response network, we now do, we have a central command, I have operation center where we coordinate all of the healthcare activities for the state. Prior to Katrina folks hadn't experienced that level of devastation now we really insist that everyone leave. So in the wake of Katrina we developed new and robust primary care facilities in the New Orleans area, but I think more importantly was the decision that Gov. Edwards made to expand Medicaid. Here in Louisiana we have a large number of working poor folks who 1 in of 4 were uninsured you know if they went to a charity facility or an emergency room now nearly 440,000 adults many for the first time in their lives have access to primary care. And we know that over 100,000 of them have received preventive health services tens of thousands have gotten a colonoscopy, 19,000 women have gotten diagnostic breast imaging. And so having a whole system of care for them where they have insurance can go to a federally qualified health center that has been a real sea change for Louisiana.

Mark Masselli: With so much turmoil happening around the world and the ongoing refugee crisis we welcomed Save the Children's CEO Carolyn Miles there are 2017 report on the End of Childhood was a sobering wake-up call on the plate of so many of the world's children.

Carolyn Miles: So we looked at eight what we call childhood enders things like child mortality, malnutrition which stumps children not just physically but it stumps their growth mentally, being out of school so having an end to their education, child labor, child marriage which we know for girls particularly is a huge ender of childhood. And then forced displacement by conflict, so being a refugee or being displaced inside your country, those of the things that really we believe ends the childhood. And girls who are married as children most of them will drop out of school, they will then usually have a child within a very short time of being married the age of 13 or 14, and then those children don't get an opportunity to go to school. So you know one of the best things to protect children is to really move that age of marriage up for girls.

Margaret Flinter: Yeap. And Michael Nyenhuis, CEO of Americares talked about the devastation brought by the back-to-back hurricanes struck in 2017

Michael Nyenhuis: We're really focused on supporting local health infrastructure before disaster and afterwards and recovery, and then sort of ongoing in a longer term way. We focused on local health centers, building their capacity to serve the health needs in

their community. And one critical way that we do that is making sure they have access to medicines and medical supplies, so we do have a large logistical operation that distributes medicines and supplies. And then our work goes beyond that to build the capacity of these local health centers.

Mark Masselli: Margaret, it was a breakout year for gene editing with some of the first notable treatments in human setting the stage for what could truly be an era of personalized medicine. We had Dr. Samir Damani on with us recently, a founder of MintHealth one of the handfuls of entities looking to utilize blockchain in healthcare.

Dr. Samir Damani: And so what blockchain enables is enables a Self-sovereign patient controlled health record that's tied to a global unique identifier. It allows for the seamless and secure transfer of clinical and behavioral data between patient authorized stakeholders. And so blockchains are essentially the centralized ledger of all transactions across the peer-to-peer network and using this technology any participant can confirm the transaction without the need for any kind of central certifying authority. This requests a transaction that you broadcast to peer-to-peer network of computers known as nodes, these nodes then validate the transactions and the user status through algorithms. And that's what this peer-to-peer global network open source is actually doing at least in healthcare what can happen now is blockchain essentially eliminates the middleman and allows for seamless and secured transfer of data and information and that gives patients control.

Margaret Flinter: Earlier this year we welcomed Dr. Peter Yellowlees on the show, he is the President of the American Telemedicine Association, he talked about the coming wave of digital natives in the healthcare landscape who will begin to drive the demand for telemedicine protocols across the healthcare industry.

Dr. Peter Yellowlees: I mean the difference is now just you can do more on your fund when you couldn't on early systems that I spent an enormous amount of money on. There's been also huge change in attitudes particularly with the younger generation people under 30 you know we typically think of as being digital natives and who have different expectations of being able to get information immediately. And then people always used to think of – so telemedicine or using these technologists is being an either/or choice situation. And the reality of life is that increasing numbers of patients are being seen in a hybrid manner you know they sometimes see the doctor in person, they sometimes see them online and essentially the doctor-patient relationship nowadays has become a much more fluid and quite honestly better relationship. To many years in psychiatry we have – we have done what we called curbside consultation so that a primary care doc will ring a psychiatric. We will have maybe a 2 to 4 minutes

conversation with that person, the psychiatrist will give them an opinion, all we are doing with the asynchronous telepsychiatry is saying, why don't we actually record the patient and I can actually send you a recording of a patient, you can get to see what they look like, you can get to see how they answer and then you can give me an opinion. We have done a number of studies showing that you could be just as accurate diagnostically, we have been doing a study recently looking at several hundred patients who have chronic medical and psychiatric illnesses and we are doing these asynchronous consultations every six months to basically help the primary care doc with the overall management of that patient.

Mark Masselli: The recently announced Apple Heart Study is now allowing millions of Apple Watch users to download a free app that identifies irregular heartbeats and if AFib is detected. They are swiftly linked to a telehealth physician through American Well, a company founded by our recent guests, Roy and Ido Schoenberg.

Roy Schoenberg: If you realize what corner telemedicine has gone by when the Apple Heart Study was announced, you know if you think about the way that medicine has always been, either we showed up when we were very sick or in some ways healthcare developed ways in which occasionally if we were willing to do so, it would take a snapshots of where we are and try to identify earlier certain diseases. But with a heart study we try to cross a certain line because for the first time we are saying, healthcare is not going to wait until you show up with a certain healthcare condition but rather we are actually going to go to where you are. We are going to kind of live with you and try to do our best to understand whether certain things that are happening with you and your body may indicate that some kind of treatment or some kind of intervention is needed. That's a radical departure in the philosophy of how we do medicine and I think this is really the corner that the Apple Heart Study signifies.

Ido Schoenberg: We see something pretty amazing that the first time that the tool that is used by consumers which inheritance [PH] is not a medical device can be so instrumental to help us understand something that could have a potential far-reaching clinical impact. Once we hold the study we will be able to show to find people that could warrant medical attention far sooner than any other medical intervention, and so we have this tool that we use every day that listens to our body. And then we are able to close the loop with board certified providers that show up much quicker than any other alternative to help navigate and understand a finding.

Margaret Flinter: You know Mark, I am reminded every single week on the show that while health policy continues to morph and change in the shifting political landscape, we are on the frontline watching a transformative healthcare revolution underway. In the meantime for our listeners if you want to tap into our more than 400 shows, please go to

our website chcradio.com. And thank you so much for listening we have got more great guests in the queue for 2018 here on Conversations on Healthcare.

Mark Masselli: Onward, peace and health.

(Music)

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 nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: At the end of the year we chronicled the worst political falsehoods or what we call the whoppers of the year. At a campaign style rally in Kentucky in March President Donald Trump falsely said that "Many of our best and brightest are leaving the medical profession entirely because of Obamacare." The number of active physicians increased 8% from 2010, when the Affordable Care Act became law to 2015, the most recent data available. Earliest this year Trump also wrongly claimed "Obamacare covers very few people," but the number of Americans without health insurance had fallen by 20 million since the ACA was enacted.

And without evidence Trump said that by allowing insurers to sell plans across state lines premiums would go down 60% and 70%. Experts told us they knew of no study to back up the claim and they disputed the idea that average premiums would drop significantly.

We chronicled several claims about the Republican effort to repeal and replace the Affordable Care Act for instance House Speaker Paul Ryan Ryan and Independent Sen. Bernie Sanders both distorted the Congressional Budget Offices' analysis of the Republican bill. Sanders claimed it would "throw 22 million Americans off of health insurance," while Ryan said no one would be thrown off insurance. "It's that people will choose not to buy something they don't like or want." CBO said the bill would reduce the number of people with health insurance by 22 million some would voluntarily choose not to buy insurance, but others would no longer be eligible for Medicaid or would not be able to afford coverage. And that's my fact check 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.

(Music)

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 www.wesufm.org and brought to you by the Community Health Center.