Stephen Klasko

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Mark Masselli: This Is Conversations on Healthcare. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret the flu is everywhere these days. Center for Disease Control and Prevention confirm that we are in the midst of the worst flu epidemic in the decade.

Margaret Flinter: One in 14 visits according to the CDC that were made to healthcare providers in the past month were due to the flu. 15,000 hospitalizations but what we really are most saddened by is the lethality of this epidemic.

Mark Masselli: Close to 60 pediatric deaths reported from the flu, the young, the elderly, the medically compromised are the most susceptible to the illness.

Margaret Flinter: You know, not sure everybody realizes how many strains of the virus there are. This year the culprit is the H3N2. According to the CDC it is the strain most worrisome in terms of the toll it can exact. In this case, if you think you have the flu, contact your healthcare provider, there is antiviral medication that can make a huge difference.

Mark Masselli: In the meantime, there is a push in Washington for funding for the development of a universal flu vaccine.

Margaret Flinter: The bill would actually provide a million dollars to support research which is already underway in this area. Hopefully people will remember this long after the epidemic has passed.

Mark Masselli: Our guest today is Dr. Steve Klasko, President and CEO of Thomas Jefferson University. He is on a mission to transform the healthcare system from the inside out. Really looking forward to hearing his ideas, Margaret.

Margaret Flinter: And Lori Robertson will stop by. She is the Managing Editor of factcheck.org.

Mark Masselli: And as always if you have comments please e-mail us at CHCRadio@CHC1.com or find us on Facebook or Twitter, we love hearing from you.

Margaret Flinter: We'll get to our interview with Dr. Steve Klasko in just a moment. But first, here's our producer, Marianne O'Hare, with this week's headline news.

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Marianne: I'm Marianne O'Hare with the healthcare headlines. Funding for community health centers, the latest political football in the budget fray in Washington, 27 million, mostly vulnerable and low-income Americans receive their healthcare at some 1,400 community health center organizations around the country, but the funding was not renewed at the end of last September and has pushed many of the nation's health centers into financial limbo. The house has passed a bill continuing community health center funding for two years but big changes are expected once the senate gets a

hold of it. Asthma affects some 6 million children in this country but rates for African-American children are much higher, nearly 16% of all black kids in this country have the condition which often requires daily inhalers and medication to keep the disease in check. An analysis of the demographics of asthma also show that those who are poor are less likely to be able to afford their medication and often go without. And the house science committee is considering cutting off funds to the World Health Organization's Cancer Research division which released a report recently linking exposure to the weed killer round up to incidents of cancer. Congressmen, Lamar Smith in monitoring the WHO for issuing those findings which run counter to the EPAs ruling on the hotly contested subject when centers round up is the most widely distributed herbicide in the world, a number of countries have banned its use due to research showing a number of health hazards from exposure.

Syphilis has been roaring back as antibiotic resistance continues to grow and that has led to a bump in babies being born with the disease as well. The US Preventative Services Task Force is issuing a new recommendation that all pregnant women in the US be screened early in pregnancy for syphilis, infants exposed in utero have a higher likelihood of a number of birth defects, premature birth, even death if the mother is not treated.

I'm Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We're speaking today with Dr. Stephen Klasko, President, CEO of the Thomas Jefferson University and Jefferson Health, a consortium of 13 hospitals and healthcare centers around Philadelphia and Dr. Klasko is the author of several books including; We CAN Fix Healthcare - The Future is Now. He is the former Dean of Drexel University's College of Medicine and of the Morsani College of Medicine at the University of South Florida where he built the Center for Advanced Medical Learning and simulation. He received his MBA from Wharton and earned his MD from Hahnemann University. Dr. Klasko, welcome to conversations on healthcare.

Dr. Stephen Klasko: Thank you and more important to me that I was smart enough to sign an 8-year contract with the Eagles before they won.

Mark Masselli: Well, if we are talking with anybody in Philadelphia, we've got to start with a game, that was just it, speaking of transforming that image of a city that was just the right brim light for it. On our quest to transform Healthcare, R. Buckminster Fuller saying 'you never change things by fighting the existing realty, build a new model that makes the existing model obsolete. "I wonder if you could talk to us about your model you've developed at Jefferson Health, built on four-pillar foundations and how do you believe it will help make the existing system obsolete.

Dr. Stephen Klasko: So, when I go to Jefferson, we were a 194-year-old entity and I said what if we could do like a startup company and that's what we did. So, we created four pillars: Academic and clinical, and innovation and philanthropy, and we called it was the old math and the new math; the old math of academic- clinical, the new math of innovation-philanthropy. As you can imagine it didn't make the fact really thrilled but it was a math equation, an academic medical center it's NIH funding that's not going

up and we used to be able to just charge 12% more tuition in the year and that kicks up, so at Jefferson, by making innovation as important as academic and clinical, so my head of innovation reports to me at the same level s as the provost of my university and the head of our hospitals and that led to an entire change in our vision to reimagining healthcare to create unparalleled value and that is what led to things like Telehealth as opposed to building new beds. John Sculley always says, "stop talking about Telehealth, we don't talk about tele banking, we talk about healthcare with no address, getting Jefferson Care out to where people are."

Margaret Flinter: Well Dr. Klasko, I want to think about the teamwork training system that you modeled when you were at the Center for Advanced Medical Learning. How have you built upon that model at Jefferson Health.

Dr. Stephen Klasko: So, one of the cool things about Jefferson is we were the first medical school in the country that thought seeing humans will be a good idea. We're the first center for inter-professional education. My entire research life has been is the fact that we still accept medical students based on science GPA, Med CAT, or Organic chemistry grades and somehow we're just amazed that doctors are more empathetic, communicative, and creative. We are training physicians to be better robots than the robots. I am on IBM Watson Health Advisory Board and we're not going to do a better job than a robot. So what we are doing here at Jefferson is from the first time that a medical student literally starts their studies, they are basically surrounded by nursing students and pharmacy students, so before we have a chance to teach them to be arrogant or "give orders" they are learning to be a teammate, so what I hear from residency directors all over the country is that our students understand teamwork better. Think about this, we are the only discipline that requires extreme technical and teamwork competence. They never check your technical and teamwork competence. I am a pilot every two years, I have to get my competence checked. There is no surgeon in this country that is 62 years old that has had the competence checked within 30 years, so that has to change. So using simulation to create great teammates and to recognize that you're going to have to continue to get your technical and teamwork competence assessed like pilots or folks in nuclear power plants makes a lot of sense, and I think Jefferson is leading the way.

Mark Masselli: Speaking of leading the way, your book We Can Fix Healthcare - The Future is Now, really focuses on 12 areas of disruption that will sort of move the needle forward. I'm wondering if you could share with our listeners a little bit about these disruptors and how do you feel we can disrupt the system that's obviously ineffective and not elegant. [laughs]

Dr. Stephen Klasko: The book was based on a science fiction type thing that President Obama before he left said "gosh, let's get everybody gather in the healthcare ecosystem and solve the problem". And we started off doing what we do really well which was blaming everybody that wasn't us. We look at things that are very very logical, one is around health inequities and the social determinants of health; we talk about it, Philadelphia has six academic medical centers but we have the highest discrepancy of life expectancy of any city in the country, so, you know, I made a suggestion that all the CEOs of health systems of Philadelphia that 50% of their incentive is based on how Philadelphia is doing and not how their hospital is doing because that would force us to talk to each other and actually start to solve those

issues. Looking at everything you can do that you can't do in healthcare, right, so the day after Thanksgiving where we used to have to go to the mall, you can be in your pajamas and doing all your holiday shopping; but you have a stomachache the day after Thanksgiving, you are getting on the phone, listening to 11 options that the doctor might be able to see you on Wednesday, so what we were starting really is a campaign that literally patients need to demand those disruptions. The great thing is at Jefferson we are starting a process of doing that anyhow, so I have a followup book coming on March 1st called Bless This Mess – A Picture Story of Healthcare in America * this is not a children's story, it's scary.

Margaret Flinter: Dr. Klasko, you've noted as we have long noted that creativity, curiosity, and empathy are hugely important characteristics of people on our healthcare teams and you, I understand, have made some real changes to your screening and acceptance process when you look for students. I have been really curious how you see these traits of creativity and curiosity playing out in your vision of healthcare in the 21st century, and how we think about training health professionals pass the screening of the candidates.

Dr. Stephen Klasko: I got a very large grant to look at what makes physicians different than normal people and what we came up with is the way we select and educate physicians is we join a cult around 4 biases –autonomy bias, a competitive bias, a hierarchy bias, and in some respect the non-creativity bias. When you ask business people or entrepreneurs what were the three skilled sets that got them to where they are, creativity was number 1, 2, or 3 in just about all of them. Very rarely was it number 1,2, or 3 with doctors. So, if the world is changing and you're an autonomous competitive hierarchical creature, you don't want that change. So it is [Inaudible 00:11:22] and I believe that gaining mechanisms to become a doctor is organic chemistry. You know I am an obstetrician, I've delivered 2000 babies, and there is no human brain that will be able to memorize every genome when I have a baby that has got an anomaly, but 100% of time when I deliver an unscheduled Down syndrome baby or anomaly, the patient asks "doctor what does this mean." The Google Brain or the IBM Watson next to me will be absolutely great at taking picture of that baby going through its database and telling you what's wrong with it, you will never get the "what does it mean, means what does that mean to my image of a perfect baby". I think the American Association of Medical Colleges is at fault, you know adding a few social determinants or a few emotional intelligence things to the Med CAT is really spitting in the ocean. Think about this, you have to pass organic chemistry test, and then between your second and third year when you are finally going to see humans, you have to pass them all through choice test, at what point do you say whether you can actually communicate with a human. You know we just emerged with a design university and we started a program with the Princeton University where we accept students in their design and engineering program. After their first year at Princeton, we tell them to take the minimum out of science courses, become great people, get really well rounded, and they don't have to take the Med CAT and there are people in Philadelphia that are spending $150,000 for their kids to get 6 Princeton Reviews so they can memorize organic chemistry formulas and to grade on the Med CAT, another kid with a [Inaudible 00:12:45] book and won't do as well on the Med CAT, and for that to be the sole determinant of whether or not you're going be a good psychiatrist to go back to

your community, be a family doctor is just ridiculous, so that whole screening mechanism needs to be disrupted in the age of AI and I phones.

Mark Masselli: We're speaking today with Dr. Stephen Klasko, President, CEO with Thomas Jefferson University and Jefferson Health, a consortium of 13 hospitals and health centers around Philadelphia with the largest faculty-based Telehealth network in the country. We have been talking about technological advances that are going to sort of reshape their relationship may be between clinicians and patients, and I am wondering if you could share with us how you are leveraging technology to do that?

Sort of thinking back of how ineffective the design of the EHR has been. It is my portal Alexa and Siri, how will I be communicating so that wherever I am, is the center of the universe versus wherever the doctor is.

Dr. Stephen Klasko: You really bring up a great point, Mark. Part of the reason EMRs are not very patient or doctor friendly is because we weren't involved in their development because we didn't want to be and I think, you know, we made a decision at Jefferson that we weren't just going to buy products off the shelf as related to Telehealth, again because it was about getting care out to where, where people are. If you have a mom or dad in a cancer center in this country, let's say you are in Denver and this cancer center is in Philadelphia, you are still calling your mom and saying "Mom what did the doctor say?" and she says "I don't know here, she came in at 5:30 in the morning with 6 young people, but I am confused." We started something very simple – virtual reality. When you come into Jefferson, basically say who would you like to communicate with, send them software, we text them we are making rounds, they're part of rounds. Literally I got to be an undercover boss in that, I had a surgery at Jefferson right before Father's Day, my kids were coming down from three different cities, and all they knew was that dad had emergency surgery. Five minutes after anesthesia, there were 3 I pads with my three children and the doctor telling them, I am going to be okay, so those are the kind of things that we can do with Telehealth, somebody calls on a virtual triage now, we can send them to the ER at Jefferson. We can send them to an urgent care center, which is one block away, to get in and out and it will cost $50. We can get them reported the next morning at 7:30 or we can handle that with Telehealth. What that does from an outcomes point of view or an efficiency point of view is very similar to what you've come to expect at a Target or Wal-Mart that I can go to the store or I can get it done in an e-basis.

Margaret Flinter: Well Dr. Klasko, I think we agree this is the space that's right for innovation, something that we do see as a huge problem and that is clinician burn out. You have noted increasing regulatory burdens and just the inefficiency of the care delivery system itself and more importantly you say you have some workable solutions to clinician burn out, so let's share those with our listeners.

Dr. Stephen Klasko: You know, for a lot of physicians it is a science fiction thing, they've basically entered a different planet than they started. You know, if you are a private physician that was used to being autonomous and now all of a sudden, it's regulation, it is the huge systems, its insurers telling you they're not going to contract with you. It's really scary and frankly you don't have the skill sets to solve it, so we did a study where we looked at medical stats around the country, Margaret. You know, in most

medical staff, 20% of the doctors just get it, 15% will never get it, they are just going to be angry no matter what, then there is the 65%. Leaders spend 40% of their time with the folks to get it because we feel comfortable, and the least amount of time with the people that will change the culture. So we train the trainers at 20%, and we don't have to spend as much time with them, we leave alone the 15%, we call that administrative hospice and then we concentrate on a very very innovative leadership academy with the 65% in the middle. They do internships so they can actually start to solve problems and when you look at the physician burn out rates, folks through the leadership academy, it's literally one-fifth attitude wise of the folks that I have been going through, so the more people we can get to start to understand the changes and that they have control over those changes, I think we can start to affect the burn out. So Telehealth is a great example, so when we started the Telehealth thing, I went to every chair and said none of you is going to get your incentive unless 80% of your faculty signs up and does at least one Telehealth thing a month, and I thought I was going to have a revolt; but now they love it, whey, they have control over the patients, they can do some postop rounds, so with physicians as long as it is their idea, they start to feel better, they feel that they are disrupting stuff. We totally advocated our responsibility with EMR and then we were stuck with Epic and Cerner and Allscripts, that really is not very patient friendly or doctor friendly.

Mark Masselli: You know what, there's recent announcement by Amazon, Berkshire Hathaway and JP Morgan Chase to disrupt the healthcare system, this seems to be the beginning of an era of disruption and I am wondering how you see the future in terms of all these new players and providers out there.

Dr. Stephen Klasko: So Mark I think this is a big deal, this is a clarion call not just of those three employers but to other employers, that it's not fair to our employees that the thing that's most important to their healthcare is stuck in the 90s. The whole pharma thing is a mess, the largest payer in the country CMS cannot negotiate healthcare cost in pharma and that Canadians spend 1/5th of what we do for certain drugs, that along with what Intermountain and Ascension have done, they said "we're going to start our own generic companies and pharmacy benefit managers" that's the disruptor.

A second thing is we have this thing called Insurers at 17 or 18 cents with a dollar, really middlemen that are basically, so it's other people's money, so I think really what's happened is Jamie Dimon and Warren Buffet and Jeff Bezos are really smart folks and they said you know what, "Government we've given you enough time, pharma we've given you enough time, providers we've given you enough time. It's clear to us that you just don't get it and we've transformed another of other industries, so now we're going to take it under our own clutches." So I think it's more than the million two employees because I think you've got to see a lot more direct employer to provider to pharma entities.

Margaret Flinter: We've been speaking today with Dr. Stephen Klasko, President and CEO of Thomas Jefferson University and Jefferson Health and author of We CAN Fix Healthcare. You can learn more about their work by going to Jefferson.edu or follow him on Twitter at Klasko. Dr. Klasko, thank you for sharing your vision and for joining us on conversations on healthcare today.

Dr. Stephen Klasko: It has been great talking to Margaret and Mark.

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Stephen Klasko

Mark Masselli: At Conversations in Healthcare, we want our audience to be truly in the knowing when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor at factcheck.org; a nonpartisan, 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: The head of the Health Science Committee made a false claim about funding of graduate students from the National Science Foundation. Representative Lamar Smith, Chairman of the House Committee on Science, Space, and Technology, said that the NSF funds "more than twice as many graduate students in the social and behavioral sciences as in computer science, mathematics, or material science. In fact 21.5% of the 22,821 graduate students were in math, computer science, and material engineering. That's more than 3 times the number of psychology and social science students. He claimed the NSF is funding too much low priority research in the social and behavioral sciences and not enough research in "fields most likely to yield scientific breakthroughs, technological innovation, and economic growth. Smith has a right to view some scientific fields as more important than others but he is wrong about NSF funding for graduate students. His office urged us to reach out to NSF for specific numbers, so we did, and NSF spokesperson told us that Smith's statement only focuses on a single program and therefore is inaccurate. If we look at NSF funding for graduate students across the agency, NSF funded the most graduate students in the physical sciences including physics and chemistry, literally 18% of the 22,821 graduate students with NSF funding. In second place was computer science, 14% of the students were in that field. When we add in math and statistics students and material engineering, 21.5% of the graduate students funded were in the fields as mentioned. Psychology and social science students meanwhile made up only 5.9%.

I'm 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'd like checked, e-mail us at CHCRadio.com. We'll have factcheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Of the 6.6 million births per year in this country, over half are unintended and among teens those rates are even higher. Colorado has been conducting an experiment for several years to examine what might happen if sexually active teens and poor women were offered the option of long-term birth control such as IUDs or implants. The first question to answer "will they take the offer".

Dr. Larry Wolk: What was so striking was the word of mouth amongst these young women to each other and the network of support that was built to access this program through these clinics to help the tens of thousands of women over the course over four to five years, really did result in the significant decreases in unintended pregnancies and abortions.

Mark Masselli: Dr. Larry Wolk, Medical Director of the Colorado Department of Health and Environment.

Dr. Larry Wolk: The resultant decrease is 40% plus or minus, in both categories pregnancy and abortion, when you extend this out over an additional year, to more than 50, even approaching 60% reduction in those unintended pregnancies and abortions.

Mark Masselli: There was a significant economic benefit to the state as well.

Dr. Larry Wolk: We've seen a significant decrease in the number of young moms and kids applying for and needing public assistance. You know, we hope that in longer term this will translate into better social and economic outcomes for these folks.

Mark Masselli: The incidence of sexually transmitted diseases dropped in this population as well.

Dr. Larry Wolk: And amongst young women, 15-24, we have seen a decrease in sexually transmitted infections and the rates are now below the national averages.

Mark Masselli: A free long-term contraception program offered to at-risk teens and women trying to avoid the economic hardship of unplanned pregnancies leading to a number of positive health and economic outcomes for all involved, now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare. I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health.

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Recording: Conversations on Healthcare broadcast from the campus of W E S U at Wesleyan University, streaming live at wesufm.org and brought to you by the community health center.

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