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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, we are seeing some interesting announcements coming out of the Veteran Health Administration, VA Secretary, Dr. David Shulkin, a former guest in the show is announcing plans to move towards more interoperability in the VA Health System. He made the announcement at last week's HIMSS conference that's the largest gathering of health information technology introduced in the world.

Margaret Flinter: Well interoperability continues to be an ongoing theme at HIMSS, technology developers, healthcare providers multiple stakeholders throughout the healthcare system are still struggling with how to make that happen. And the VA recently switched its Electronic Health Record to Cerner, and secretary Shulkin said they bid the contract that way in order to have a more rapid push towards data interoperability, which is really compatible with some of their strategic goals.

Mark Masselli: Secretary Shulkin talked about his goals for developing common data standards to facilitate interoperability using an open API structure. Secretary Shulkin says, he is there to fix the problems in the VA and the open data will allow him to identify problems sooner.

Margaret Flinter: Well, easy sharing of public health data is something our guest today is quite interested in, we are re-visiting our conversation with Dr. Rebekah Gee, she is the Secretary of Health for the State of Louisiana. And at that time that we spoke, her office was monitoring the devastating hurricanes in Texas, Florida, and the Caribbean sharing what they learned in the aftermath of hurricane Katrina. They have since launched a robust Electronic Health Record system to replace what was lost and it's really a communitywide solution.

Mark Masselli: Since there will be more severe storms in the future, this is really some good information for all of our listeners.

Margaret Flinter: And Dr. Gee will also talk about the expansion of Medicaid in that state since the election of Governor, John Bel Edwards. Hundreds of thousands of residents in Louisiana have gained health coverage and they have already got some pretty impressive data on the impact that it's having on population health, so we are really looking forward to that conversation.

Mark Masselli: As we are too, Lori Robertson who stops by, she is the Managing Editor of FactCheck.org, but no matter what the topic, 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 or find us on Facebook or Twitter because we love to hear from you. We'll get to our interview with Dr. Rebekah Gee in just in a moment.

Mark Masselli: But first here's 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. No go for Idaho, The Department of Health and Human Services has rejected an attempt by the state of Idaho to offer a health insurance exchange plan that falls far short of the requirements for coverage under the Affordable Care Act. The state was making a bold attempt to capitalize on the current mood in Washington. Idaho Blue even went so far as to craft five, so called Freedom Blue Health Plans in anticipation of HHS approval that offered a modicum of coverage. While the Department of Health and Human Services didn't give approval for the plans, the White House said if they want to redesign those plans to fit the definition of the short-term health plan, the administration's response might be more favorable. The Congressional Budget Office warned such plans would send premium soaring for those buying the full coverage under the Affordable Care Act.

Curvy girls, pay attention! There is already a direct link between obesity and heart disease, but now a study out suggests a higher link when certain body parts are larger. Research data from almost half a million women in England and Wales show that women with larger hips and waist had a higher incidence of heart attack. But the risk was even higher for people who had an unusually large waist circumference or a high waist-to-hip ratio, meaning their hips were much wider than their waist. Findings show that looking at how fat tissue is distributed in the body, especially in women, can give more insight into the risk of heart attack down the line.

Concussion is a known hazard to long-term cognitive ability in kids who play football or especially susceptible to head injuries. The number of kids making tracks on the gridiron has fallen in this country due to better information on the harms of concussion, especially on young athletes. That reality is apparently setting in with American parents, the number of kids playing school football has dropped from 1.1 million nationwide in 2008 to just a little over a million. The absence of these players may have avoided between 6700 and 14,000 concussions during the last football season. News about the hazards of sports related concussions and long-term harm have grown steadily since 2009. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Rebekah Gee, Secretary of the Louisiana Department of Health, which oversees the states public health initiatives as well as Medicaid. Dr. Gee is also a practicing Obstetrician and Gynecologist, having served as Director of the States Birth Outcomes, she earned her master's in public health from Columbia University, her medical degree from Cornell and did her residency at Brigham and Women's Hospital in Boston. Dr. Gee, welcome to Conversations on Healthcare.

Dr. Rebekah Gee: Thank you, Mark.

Mark Masselli: Well, first of all we are so pleased to see that Louisiana seems to be out of the direct path of hurricane Irma and was spared of the worst of hurricane Harvey, but you will have some significant experience with the effects of massive storm with hurricane Katrina never far from mind. And I am wondering if you could share with our listeners, what are the public health steps that you've taken and what has your state done that other states should learn from and preparing for these incredibly potent storms?

Dr. Rebekah Gee: So well Mark for those who lived through hurricane Katrina, their lives will be punctuated by before the storm and after the storm. You know, there were many mistakes made, some of them were just because no city of that size 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.

Since then what we've found is a number of things, first and foremost developed a network. In Katrina, there was a lot of communication going in different directions, but there was not the ability to confirm, there was not an ability to coordinate. We now do, we have a central command, I have what we call our EOC Operation Center where we coordinate all of the healthcare activities for the state. We are able to assist facilities with evacuation plans, make sure that they have their generators, what they need, to weather the storm or to leave for the storm, we're able to coordinate.

We also focused on pre-storm evacuation, so prior to Katrina folks hadn't experienced that level of devastation, now we really insist that everyone leave, and we have a very robust medical institution evacuation plan that includes making sure that every facility has the ability to evacuate. So we now have medical special need shelters, so prior to the storm, we would have medical staff that would show up and assist in the general shelters. So what we learned, that you have a lot of vulnerable individuals, some of them need a higher level of care, a nurse to care for them during the day. And so we set up special need shelters, we have a mega shelter in Alexandria and we also have one in Baton Rouge that we can set up and maintain and staff.

We also finally have much more robust command of the data. We use our data

to know where people are before the storm, who are fragile, we make sure that they have an evacuation plan. So, we have a much better handle on where people are.

Margaret Flinter: Well Dr. Gee, we have issues related to people having gone without prescriptions, we cannot ignore the mental health issues. Maybe you could talk with us a little bit about what health issues you expect will affect the victims of hurricane Harvey, and how are State Health Departments helping each other really rise to the challenges that we think were obviously going to be seen more of.

Dr. Rebekah Gee: Unfortunately with the climate changing on our globe, we have to expect that these things may happen with more regularity and unfortunately on the coast we're all on the same boat. We were very fortunate with Harvey that the storm did not hit Louisiana, so we were in a very good position to help our brothers and sisters in neighboring Texas. Around 95% of the people who came into our shelters are Texas residents, so when we look at folks, the most common thing that happens, and we saw this in the flooding in the Baton Rouge area last August is that individuals leave quickly, they leave without their prescriptions, without durable medical equipment. And so we have now plans in place to make sure that they are able to refill their prescriptions even if they are not due. And we work out the ability to cross state lines in terms of providing medical care, unfortunately, we get to dust off this plan to a little bit more regularly than we would like.

Mark Masselli: You know, I am wondering, have you seen any technology assistors out there that might be helpful to managing populations and keeping track of them. Is there anything new in terms of technology that might also give some assistance?

Dr. Rebekah Gee: Sure. So we've seen significant advances in healthcare technology and particularly with record keeping, because the most important thing in a storm is knowing where your vulnerable population is. So we now have a single point of entry to report medical assets and also to report medical needs, we have a registry that identifies where every vulnerable individual is and areas that are high risk. And so the advances in IT infrastructure with a single data port of entry allows us to know where people are and it also allows hospitals to report their capacities, whether their generators are up and running, how many beds are filled at that particular hospital so that we can plan in the condition of an evacuation, grant management system, post storm, so that we know where the moneys are coming in and how to distribute them. So we're much more prepared from the data standpoint.

Margaret Flinter: Dr. Gee, we had former Louisiana Health Official, Dr. Karen DeSalvo on the show. She talked about one of the casualties of Katrina and how the state rebounded from what was the loss of certainly millions of paper health

records and said that it's spurt [PH] a dramatic shift in your state to the use of Electronic Health Records. And others talked about the impetus that Katrina gave to really developing a more robust primary care system, really implementing a stronger primary care structure, I mean, if you'd like to share with us a little bit about some of the progress in that area.

Dr. Rebekah Gee: 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 Governor Edwards made and which was to expand Medicaid. Here in Louisiana, we have a large number of working poor folks who one in four of them were uninsured, no way to access primary care except for, 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 a 100,000 of them have received preventive health services. Tens of thousands have gotten a colonoscopy, 19,000 women have gotten diagnostic breast imaging, 3000 adults being treated for diabetes over 30,000 were treated for depression and mental illness. And that's something that we realized post-storm when they have to lose their homes, lose everything they worked for, that sometimes potentiates the mental illness and stress. And so having a whole system of care for them where they have insurance, can go to a federally qualified health center, have a medical home and that has been a real sea change for Louisiana.

Mark Masselli: We're speaking with Dr. Rebekah Gee, Secretary of Louisiana Department of Health which oversees the states public health initiative. Dr. Gee, another storm is brewing in the arena of health policy in this country, we watched just the congressional leaders and the White House attempted to repeal and replace the Affordable Care Act. I am wondering what your thoughts are about that, and as you mentioned Governor Edwards really stands out as a real leader in making the expansion you talked about, tell us about the state's infrastructure to manage 400,000, what strain does that put on the system?

Dr. Rebekah Gee: So, we have had actually very excellent results in terms of primary care visits in the first year and a half of our program. We have made sure that our managed care companies assign every member to a primary care practitioner. We've done education to make sure the people know that they have an opportunity to receive primary care. We are in the middle of working on a system of care we designed that's focused on primary care. We are looking at hospital rates and things that would potentiate our ability to incentivize primary care including looking at Accountable Care Models. On the legislator front, we are seeing that the Federal Overhaul Legislation has failed seeing the 11 governors including my own John Bel Edwards, who signed a bipartisan letter talking about the fundamental principles for health reforms, and I am very optimistic that the bipartisan spirit will continue. What we've seen out of the federal proposal so far is very disappointing, what they don't address are the fundamental drivers of cost. What I see as the biggest challenge is the overall

cost of care, we spend double what other countries spend on healthcare and we don't have as good of an outcome. We have poor diabetes and we have poor obesity numbers and our behavioral health problems are more robust.

So we are failing to deliver prevention care and we are failing to deliver health, so we need to deal with some of the fundamental cost drivers, one of the major ones is pharmaceutical cost. Right now, the tax payer has to shoulder the burden of whatever pharmaceutical industry wants to charge for their drug that results frankly in lack of treatment and/or higher cost to the healthcare system because the pharmaceutical prices are just so high. So we are addressing that, we are working with the National Governors Association on some work that would lead to some different proposals for some of those drugs that are really common, a good example is Hepatitis C where you have -- in our state 70,000 people with Hepatitis C and in the Medicaid program, we only treated 320 of them last year. People also spend a lot of money at the end of life and for care that they might not even want. You know, people tend to want to die at home, but we do all sorts of very intensive things to them at the end of their life.

So, what we really need is a very robust discussion about what we can do to get the cost of healthcare down, what happened in the Congress this year was really a discussion about block granting and other mechanisms that would fundamentally result in decreased coverage and in millions of people losing their healthcare. Let's focus on the things that would bring greater value to this discussion like how do you cover these people and cover them at a lower cost, how do you promote healthy behaviors. And so these are all really important discussions that I really look forward to having over the upcoming year.

Margaret Flinter: I want to look at something that I think has been a success and cause for optimism in Louisiana and that's the very successful public health initiative that you have overseen is Director of the Birth Outcomes Initiative with a goal to decrease infant mortality rates statewide, and we would be really interested in hearing from you on some of the strategy and tactics that you deploy to address birth outcomes.

Dr. Rebekah Gee: I'm an obstetrician and continue to see patients and so I was asked to come up with some things that would move the state out of the 50th grade [PH] that we got and save baby's life and to help deal with health disparities and help deal with infant mortality. So, we set on a very strategic course for things that would work to reduce prematurity and to reduce infant mortality or the number of babies who die before year one. And we set about statewide by educating hospitals, nurses, Primary Care Clinics about what they could do, we spearheaded healthy babies that were to wait along with the March of Dimes which effectively ended the practice of elective inductions before 39 weeks in Louisiana. We worked on getting every woman progesterone who needs it, women who are high risk who have had a preterm baby before, we were doing horrible at that. We have quadrupled the number of women who get

progesterone. We also focused on women who would have -- be healthy going into a pregnancy and that women would time their pregnancies for when they were ready. We had a 25% drop in infant mortality in Louisiana last year, that is much higher than the national average of 15% drop over that time.

Mark Masselli: Congratulations.

Dr. Rebekah Gee: We made progress. There were 92 fewer African American babies who died if stats had just continued in that way and a 160 overall fewer babies who died during that period, so we were really proud of those results.

Mark Masselli: I know certainly the country as a whole is looking at the devastating impact that the opioid crisis has had causing so many accidental deaths in this country and that coupled with the obesity epidemic, which is impacting a third of the nation's children. And I believe obesity numbers may be somewhat higher in the South, but I am wondering if you could just talk a little bit about how you are thinking about these too chronic and complex health problems and any strategies that you might have cross-walked over from the great results that you were just discussing.

Dr. Rebekah Gee: Sure. Well, let me start with the hard one, which is obesity. We are the most obese state in the nation, the number of obese people in our state can fill our Tiger Stadium over 16 times.

Mark Masselli: Oh, wow.

Dr. Rebekah Gee: It's tough though, we have also some of the best food in this country and in the world, people come here to eat our food. So this is the behavior and behaviors are equipped to change, so our Wellhead Program was recently awarded one of the national awards for best prevention programs of any state health department in the country. And this designates well spots and community organizations, businesses that would like to be encouraged and recognized for healthy behaviors and promoting healthy behaviors get a well spot designation, so that's been a great success. Another big challenge is smoking frankly is, and the cost of caring for adults who smoke is tremendously high and we still need to do a better job, getting smoking rates down. So, on opioids, we have had tremendous success this legislative session because this has come to such a head, we first started to see it a couple of years ago with increasing rates of what we call neonatal abstinence syndrome and the real crisis has really just been mounting. In last year, for example, on East Baton Rouge we saw more overdose deaths stats and all motor vehicle deaths and homicide deaths combined. And so our legislature, our medical association and our Medicaid program along with Blue Cross Blue Shield have partnered to do some very powerful things. One is that we set seven-day limit. We know that 80% of people who are addicted to heroin start on an opioid, so part of it is just decreasing the number of people that ever get a long-term opioid prescription

and have a chance to get addicted. We also had created a 13-member [PH] advisory counsel on heroin and opioid prevention. We strengthened our prescription monitoring program. We also made mandatory medical training for docs so that they know the impact of the opioid epidemic and have more education on addiction. You know, when I went to medical school, we didn't get any training on addiction and addiction treatment, you know pain with [Inaudible 00:19:38] treat pain. We didn't think a lot about the ramifications of our actions, we prescribed opioids. So this is really a sea change in terms of mandatory education and I think that's the result in much better outcome to the people of our state.

Margaret Flinter: We have been speaking to Dr. Rebekah Gee, Secretary of the Louisiana Department of Health. You can learn more about the Department's work by going to their website ldh.la.gov or you can follow Dr. Gee on Twitter @rebekahgeemd. Dr. Gee, thank you so much for the incredible work that you are doing and for joining us on Conversations on Healthcare today.

Dr. Rebekah Gee: Thank you Mark and Margaret.

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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: President Donald Trump made a reference to association health plans and short-term insurance when he boasted "we're having tremendous plans coming out now, healthcare plans at a fraction of the cost that are much better than Obama Care." No such cheap plans have come out yet, but the administration has proposed rules that would expand the sale of less expensive insurance with fewer benefits. For some, cheaper plans with fewer benefits would be better than those offered by the Affordable Care Act. For others, particularly those with medical conditions, a plan with less coverage wouldn't be an improvement. The proposed changes also could increase the price of coverage for those who remain on the individual market and ACA exchanges. Association health plans are created by a group of employers such as those in a similar trade and short term plans are as the name says those offered for a short period of time. The reason the plans would likely be cheaper is because they wouldn't be required to cover certain benefits. The plans also could vary pricing based on personal facts such as age and gender and short-term plans could price premiums or deny coverage based on health status. Right now association health plans that are sold to employers in the small group market must follow small group rules, an association health plans sold to individuals such as the self-

employed must follow individual market rule. Under the ACA plans in those markets must cover 10 essential health benefits and can only vary pricing based on age limited to a 3:1 ratio, tobacco use, family size, and geography. Short-term plans don't have to meet ACA requirements at all including prohibitions against deny or pricing coverage based on health status. The administration acknowledges that the young and healthy are likely to sign up for these short-term plans leaving an individual market with a higher concentration of unhealthy and therefore higher cost individuals, and that's my FactCheck for this week. I am Lori Robertson, Managing Editor of FactChek.org.

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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've a fact that you would like checked, e-mail us at chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you, here on Conversations on Healthcare.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. It's a known fact that the current generation of American children is more obese than any previous generations. And at a Washington DC Community Health Center Unity Health Care, a pediatrician was in a quandary over how to tackle this growing health scourge. He began with the unique solution targeted to a teen patient whose body mass index had already landed her in the obese category. What he did was write a prescription for getting off the bus one stop earlier on a way to school. The patient complied with the prescription and has moved from the obese down to the overweight category. He then decided to expand this program by working with the DC Parks Departments.

Robert Zarr: How to get there, parking, is parking available if someone's going to drive bike racks? There is a section on pets, park safety.

Margaret Flinter: Dr. Zarr writes park prescriptions on a special prescription pad in English and Spanish with the words "Rx for Outdoor Activity" and a schedule slot that asks, "When and where will you play outside this week?"

Robert Zarr: I like to listen and find out what it is my patients like to do and then gauge the parks I prescribe based on their interests, based on the things they are willing to do.

Margaret Flinter: He wants to make the Prescription for Outdoor Activity adaptable for all of his patients and adaptable for pediatricians around the country. Rx for Outdoor Activity, partnering clinicians, park administrators,

patients and the families to move more yielding fitter, healthier young people, and now that's a bright idea.

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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 WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.