

(Music)

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, the Department of Health and Human Services released another rule for how states will setup minimum income eligibility requirements for their uninsured residents by 2014. As directed by the Affordable Care Act, on Friday, Acting Administrator for the Centers for Medicare and Medicaid, Marilyn Tavenner, announced new guidelines for states incorporating uninsured residents into their systems.

Margaret Flinter: That's right Mark. Now, CMS had already announced the rules for state to set up insurance exchanges for individuals and small businesses. But a big part of this transition to universal coverage or near universal coverage by the year 2014 is this so called Medicaid expansion and that of course caused some states to balk out the directives in the Affordable Care Act. But these new rules we are seeing don't deviate too far from the existing guidelines for Medicaid coverage for those folks at or near the poverty line.

Mark Masselli: That's right, Margaret. The new rules announced Friday expand the income eligibility requirements from a 133% to 138% of the poverty level, a 5% increase. But still ensuring that many and the most vulnerable group would gain access to health coverage either by being included in Medicaid or being eligible for inclusion in the new insurance exchanges. The Medicaid expansion is expected to add 17 million beneficiaries by 2016.

Margaret Flinter: And one rule, Mark, that's being called for is a single streamlined online application either for Medicaid eligibility or for eligibility in the health insurance exchange for those families whose incomes are above the Medicaid cutoff. And as we know, from experience, anytime you convert these paper processes to an electronic application, it streamlines cost and efficiency, so I think this is a really good directive that we are very supportive of.

Mark Masselli: You are right on that. And it's interesting to note that even in some states like Mississippi who have joined the legal protest against the ACA, they are at least making moves to incorporate the new rules and their state is one of those that stands to benefit greatly from the Affordable Care Act, with roughly a third of their population gaining access to health care one way or another.

Margaret Flinter: Well that would be remarkable progress. And on that note, Mark, we are pleased to welcome today's guest, Massachusetts Governor Deval

Patrick to our show. When Governor Patrick took office in 2006, it was the same day that the Massachusetts health care reform measures went into effect.

Mark Masselli: And they were past of course, Margaret, by the previous Governor Mitt Romney but you knew that. There is quite a lot about the Massachusetts health care reform measures that are working and they are providing a strong template for what to expect with full implementation of the Affordable Care Act.

Margaret Flinter: We have a fascinating interview with Governor Patrick coming up in just a moment. But as always, if you have any questions about our show, or any of our shows, Google us at www.chcradio.com, we love to hear from you.

Mark Masselli: Coming up, our interview with Massachusetts Governor Deval Patrick 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 this Headline News. Anticipation is ramping up for next week's Supreme Court hearing on the Affordable Care Act, a primary issue whether the Federal Government can order individuals to buy a commodity, in this case, health insurance, a centerpiece of the Health Care Reform Legislation. The President's health reform isn't the only thing at stake. The High Court is deciding on a deeper issue of whether the constitution puts limits on Congress's power to regulate the economy. The plaintiffs in the case, 26 states, argue the Federal Government has exceeded its power by ordering every American to purchase health insurance, saying the individual mandate is essentially forcing commerce on citizens. Three days of oral arguments begin Monday and audio from the Supreme Court hearings will be released at the end of each day's testimony.

Meanwhile, in Texas, where one in four residents is uninsured and the battle over Planned Parenthood continues, Governor Rick Perry cutoff federal health funds earmarked for Women's Health Initiative to all Planned Parenthood clinics where many underserved residents receive frontline medical care. The government has responded by suspending funds to the state. Now, Texas is suing to get that money. Meanwhile, health care and the economy, there is a hiring boom of sorts. Health care constitutes 17% of the nation's GDP and hiring in health care set records in January and February. 227,000 jobs added in February alone.

And from the buffet line past the red meat and soda, couple of studies out show just one 12 ounce can of sugary soda per day increases your risk of heart disease and diabetes significantly and just three ounces of red meat per day increases your risk of heart attack by 16% and stroke by about the same amount.

Meanwhile, what's the fastest growing food chain in America at the moment, Five Guys Burgers and Fries. I am Marianne O'Hare with this Headline News.

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Mark Masselli: Today, Margaret and I are speaking with Massachusetts Governor, Deval Patrick, a graduate of Harvard Law School, Former Assistant Attorney General for Civil Rights, under President Clinton, a vocal supporter of health care reform in his state and around the nation. Governor Patrick, welcome to Conversations on Health Care.

Deval Patrick: Thank you so much for having me.

Mark Masselli: When you were elected in 2006, the groundbreaking Massachusetts Health Care Reform Law was already in place but there was still a lot of work to be done to fully implement the law. Can you tell us what it was like transitioning the State of Massachusetts into the first state in the nation to offer a plan for full insurance coverage? You are pretty close to the entire population. Can you tell us what your biggest obstacles were?

Deval Patrick: Well, it's been a very exciting time. You are right, the bill was signed the year I was elected and it took effect the day I took office. And I think one of the most exciting things of that was this broad coalition of advocates and legislators and folks from different parties and from the business community, and from labor and so forth came together and decided that they had more than the usual two choices, meaning between a perfect solution or no solution at all. And we tried something, very much a hybrid system. I would say that our biggest challenges in the early days were making sure people had information about the services and opportunities available to them under our health care reform, reaching what I call the invincibles, those 20 something males who think that they will always be as vigorous and as strong as they are right now. And then the issue of affordability, both on individual policies and where the mandate would kick in, so that we didn't want it to be penal, folks having to purchase something they in practical terms couldn't afford. And of course, we have been working on the issues of premium increases year over year for sometime now, making some progress there as well.

Margaret Flinter: Governor Patrick, you know it's been several years now and long enough really to see some outcomes of almost everyone in your state having insurance and of course that's always been the goal, insurance is the first step. As the only state that's accomplished this level of health reform, you have some important things to share with us I think. Maybe you could tell us about the outcomes as a direct result of most of the population being insured in Massachusetts. What do you say?

Deval Patrick: Well Margaret, first of all, you are right. We are over 98% of our residents with health insurance, 99.8% of children. I don't think any other state in America can touch that. But over 90% of our residents have access to a primary care physician and can actually get an appointment. There was a survey recently that four out of five residents have seen their primary care physician in the last year. More businesses are offering health insurance to their employees today than were offering insurance to their employees before health insurance reform went into effect. Health disparities have gone down among African-Americans and Latino residents as well cancer rate's down. Lots of very, very good statistics that come out of this but Margaret, the stories are even more compelling. There is a woman I met named Jaclyn Michalos, who was diagnosed first with breast cancer after she was able to afford health insurance under health care reform in Massachusetts and is today cancer free. And I hear stories like that over and over again, people who put off seeing a doctor or getting treatment because they couldn't afford it, they couldn't figure out how to make it work before health care reform went into effect. So if you believe as I do that policy only matters where it touches people, this is touching a lot of people in a very, very positive way.

Mark Masselli: Governor, it's slow in the last two years, health care cost of continued pace economic growth in the past decade not just in Massachusetts but really around the nation. You can pretty articulate that you see cost containment as the next important rung in the ladder to improve health care reforms already in place, certainly something the Affordable Care Act is seeking to do on the national level. Tell us about your strategy to control cost and what appears most promising.

Deval Patrick: Well it's interesting. You know, in health care reform in Massachusetts, the framers dealt with access first and put cost off for another day, and that day is here. We saw premiums rising on average over 16% a couple of years ago. They are less than 2% in Massachusetts today. As I say, and as you said, this is a national problem. It's not limited to Massachusetts but we are I think going to be the place to crack the code on that. And we have taken some steps to move away from fee-for-service which is the custom as you know, we have a more aggressive rate review through the insurance commissioner, we have new programs like group purchasing, cooperatives and limited network plans. I know this sounds a little like the policy speak, Mark, but the idea is to try some new things, some ways of delivering whole person care, really wellness care, and paying the provider for that quality and value rather than for every test and every office visit. Providers tell us that this is not only more cost effective care, in fact, it's better care.

Margaret Flinter: Governor Patrick, you have been described as somebody who can bring people together as a uniter, and you have said that health care is a common good, it's like clean air, safe streets, and effective education, and the government has to play a role in insuring that the conditions exist for a health

care system that we all want. But what is this role of government in insuring the conditions? What are those conditions and maybe most importantly, as governor, how do you unite the many sides to accomplish this?

Deval Patrick: Thank you for the question, Margaret. It's an important one. And I think it does have to do with something sometimes policymakers overlook and that is really creating the right atmosphere for what you are trying to do. I am not a person who believes that government should try to solve every problem in everybody's life. And when it comes to health care, I feel very strongly that health is a public good. And we can say all day long, we shouldn't have universal access to health care but many people are getting their primary care in emergency rooms right now, which is a higher cost setting issue as you know. And many of the kinds of things treated in emergency rooms by the uninsured or the underinsured are preventable ailments at much less cost than they have been dealt with at the primary care levels. And to the great credit of this broad coalition that came together to invent health care reform, they stayed together, they stuck together to refine it, as we have gone along, because it has required refinement and would for something as complex and new in many respects as this is.

Mark Masselli: We are speaking today with Massachusetts Governor Deval Patrick about the impact health care reform has had on his state. Governor, we have been talking about some of the successes of health care reform in Massachusetts but if you listen to the political pundits in Washington, you might find it hard to recognize how it relates to your own experience in Mass. And it's been mystifying to hear the spate of criticisms about the Affordable Care Act which is inspired in large part by the reform in Massachusetts. And we have, on one hand the Supreme Court is about to hear the arguments and the challenge to the legality of the ACA. What are you doing at the national level to address what seems to be an abundance of information about the mounting legal challenges to reform that is largely as you have mentioned benefiting so many people, real life stories of people?

Deval Patrick: I think that as Americans learn more about national health reform, support for the ACA will grow. Our oldest daughter is out of college, is working a couple of different jobs right now. It now means she can stay on our health care policy until she is 26. Co-pays for preventive care, that's gone now. The fact that if you get really sick, you are not going to be thrown off of your insurance plan or go bankrupt on account of that, which was a common occurrence in United States before the ACA. I mean these are huge real benefits for people. And when you add to that the estimates, I think it was the Congressional Budget Office, that the Affordable Care Act is actually going to reduce the deficit, which stands to reason back to the point that we are investing instead in prevention rather than on costly care at the backend or in emergency rooms, and it's good for the country. It is amazing you know health care reform is very popular in Massachusetts, it polls very high in the 60% and 70%. Sometimes if you ask

folks in Massachusetts what they think of the Affordable Care Act, it polls in the 50% range, they are the same thing. So there is a lot of work to do to inform people. The intentional misinformation of the Affordable Care Act, as that is overcome by real facts and a willingness to get people to listen, I think we will be alright in the end and the country will be better for it.

Margaret Flinter: Governor Patrick, you are a champion of Civil Rights. You have cited that in the Hispanic male population in Massachusetts because of health reform 36% increase in early detection of testicular cancer which of course is highly treatable at that stage, a huge benefit to an underserved population in just a few short years. I would like to share with our listeners a little more about your initiatives in Massachusetts and how you have achieved such great successes.

Deval Patrick: Well, people are working together Margaret, that's really the secret. I mean we have made reducing health disparities a centerpiece of what we were trying to do and health care reform has enabled us to scale up some of those initiatives around public health and preventative health. You mentioned what's happening in terms of Latino and Hispanic men and testicular cancer. We have seen a similar 36% decrease in cervical cancer in women because of wider access to screening. So, these really traditional notions of getting early access to detection, to testing, to screening, to information **down** to all of our benefit and the fact that this is a universal program means that we are reaching in to communities that have traditionally been left behind and the health of those communities is improving as well.

Mark Masselli: Governor Patrick, you have had a strong background in corporate America and much of the criticism about health care reform on the national level is going to put undue pressure on small businesses in the country and add to unemployment. In your experience in Massachusetts, how has health reform affected the business climate and what has the real impact been for employers as well as the uninsured employee?

Deval Patrick: Well, it's been a great story thereto. I tell you first of all the number of businesses offering insurance to their employees has actually grown since health care reform here, it's up to 77% which is well above the national average. And I should also say by the way in the five years we have been implementing health care reform, we have gone from 47th in the nation in job creation to 5th in the nation today.

Mark Masselli: Congratulations.

Deval Patrick: So thank you. And more to do obviously. And what we have done here, after a couple of years of having all of the leading lights in the industry sitting around my table and I keep saying to them, why are premiums going up so fast and so high when the cost of everything else is flat or going down. And the

answer was always, it's complicated Governor. And finally, I said, look, enough, the authority I have right now is to cap excessive increases in premiums, let's start there. And everyone balked, but we got their attention and then we started to work on new models of payment and delivery of service meaning moving away from fee-for-service to more integrated care, medical homes. And frankly, a lot of these have been accelerated because of the Affordable Care Act and that's why we have come down from as I said earlier, nearly 16%, over 16%, average annual premium increases just a couple of years ago to 1.8% this year.

Margaret Flinter: Governor, one thing you have in common with your other governor colleagues around the country is the shortage of primary care providers because that's really a national problem. But there are some innovative programs underway around the country and in particular in Massachusetts that hope to bring more people into primary care. Maybe you could tell us a little bit about what you are doing in Massachusetts and what's been most successful for you because certainly when we talk about health reform, that question always looms large on people's minds.

Deval Patrick: That's a real, is an issue frankly I didn't fully appreciate until I got deep into this. We kept hearing about how medical students aren't choosing primary care because frankly they just don't make enough money to pay off the cost of medical school. And so how we looked at ways to do loan forgiveness, to encourage more medical students to choose primary care and then stay in Massachusetts and then to disperse those new doctors to underserved parts of the commonwealth. We have a very well-developed community health center network here as well, absolutely critical to the success of health care reform, so that more people can get high quality care in their community. It's making a difference. As I said earlier, over 90% of our residents have a primary care physician today and you can actually get an appointment which is pretty great.

Mark Masselli: That's very important. Governor, in Massachusetts, you have been a proponent for the adoption of models like group cooperatives and pooling of health care resources. So talk to us a little bit about how this can work on a national level and maybe how it relates to the ideas like accountable care organizations and other measures in the Affordable Care Act.

Deval Patrick: There is a remarkable consensus I think, Mark. What I sense among practitioners and policymakers, I mean all the governors were nodding their heads at the last meeting we all had in Washington about moving away from fee-for-service in favor of paying for the quality or value of the care, that whole person care. And as I say, it's really affirming to hear practitioners say so often this is why I went to medical school in the first place. So we are seeing lots of pilots assisted frankly by the Affordable Care Act, more providers trying medical home or accountable care models, as you referred, to manager wellness. We are working with the health care community to accelerate this kind of transition. And because through MassHealth our version of Medicaid, employees, prisoners

and so on, when you add all that up, the state actually touches something like one out of every five person's health care at some level. And so we realized that was quite a lot of buying power. We ought to throw that weight around in favor of the models we are trying to drive in the marketplace. And that had an enormous benefit. We saved well over a billion dollars in our own health care costs last year and we will do another several hundred million in the coming fiscal year.

Margaret Flinter: Governor Patrick, when I think back on our show over the last year or so, I think maybe Massachusetts has been disproportionately represented because you have been doing so much in health reform and innovation. We have had economist Jonathan Gruber on the show and Larry Levitt, some incredible innovators with MIT Connections like Jamie Heywood from the founder of PatientsLikeMe and John Moore from the MIT Media Lab. And we have also looked at Massachusetts for a couple years now for the work that's been going on in the development of health information exchanges and advancing Electronic Health Information Technology. How much of a role has your progress in that area played in your success in health reform and how do you see technology and health information technology contributing to moving health care forward meaningfully in United States as a whole?

Deval Patrick: Well I think it is about this idea of seamless care, of whole person care. I remember that the ambassador to New Zealand came to visit me once and he explained how you get a medical record, an electronic medical record at birth in New Zealand, and it's accessible anywhere in the country, any pharmacy, any doctor's office, any emergency room, and it's also accessible by the way to the patient. We are not quite there yet. But you can imagine how useful that system is in number one, avoiding errors, right, which is a big part of health care costs but also assuring a seamlessness as you are transitioned from one specialist to the next or as you move. We have a 98% adoption rate for electronic prescriptions and we have led the nation in that respect. We are about 70% I would say of the state providers now using electronic health records. So we have got some distance to go but we have got a great progress, and starting in October will build that statewide health information exchange so that we can connect all the providers in the state and share information using e-health records. So making progress I think is absolutely critical that we use technology to help us with both equality and the affordability of care. And I think a part of that is what we must do in government to simplify systems as well so that if there are common codes and common forms and so forth that are used in reimbursement, we can make that a template across the state. That also helps to get cost down and we want those cost savings to be passed on in the form of lower premiums to residents.

Mark Masselli: Governor Patrick, we like to ask our guests this final question. When you look around the country and the world, what do you see in terms of innovation and who should our listeners at Conversations be keeping an eye on?

Deval Patrick: Some really exciting things happening out in Oregon State and Washington State, Arkansas, which has many fewer insurers than many states so they have sort of a more captive audience and everybody can come to one table. I think they have got some very interesting models happening as well. Again, I think if you start from the perspective that health is a public good and that everyone is entitled to access to great care, then a lot of the creativity and energy that in other places is spent on arguing whether the federal government should have any role in this is more productively spent on how to make people better and their quality of life higher.

Margaret Flinter: We have been speaking today with Governor Deval Patrick of Massachusetts, the only state that has implemented full access to health care coverage for all of its residents and the model for the Affordable Care Act. Governor Patrick, thank you so much for joining us on Conversations today.

Deval Patrick: Thank you for having me Margaret and Mark, you be well.

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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. As a physiatrist, a doctor who specializes in physical medicine and rehabilitation, Dr. Julie Silver knows a thing or two about treating other people's pain. Then, she herself was diagnosed with breast cancer. After enduring surgeries and toxic chemotherapy, she was left so weakened by the treatment, she was unable to work or even take care of herself or her three small children. And she realized that there was no rehabilitation program to help her and the 12 million other cancer survivors like her as they tackled the residual symptoms that often follow cancer treatment. Dr. Silver, a Professor of Medicine at Harvard, noted that much of the debilitating aftereffects came from the rigorous treatments not from the cancer itself and her symptoms included everything from pain and fatigue to cognitive impairment, loss of strength, and depression. She combined her expertise and physical rehab with her personal cancer experience and that of others, and founded Oncology Rehab Partners. She then developed the STAR Program which stands for Survivorship Training And Rehabilitation. It's a comprehensive certification program, for health care professionals and institutions, that provides evidence-based treatment protocols to speed the healing of cancer survivors. The STAR Program has been adopted by over 30 hospitals and health care programs around the country and is helping to restore a better quality of life and health outcomes for patients. A program that helps restore patients dealing with cancer to a normal home and work life through complex and targeted rehabilitation therapy, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

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

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