(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, we are getting down to the wire, awaiting Supreme Court decision on the Affordable Care Act. You know, they come together in May and June to render their opinions from the cases that they have heard during the year. And well here, whether there will be any dismantling of provisions of the bill including the individual mandate requiring all Americans to purchase some kind of health insurance by 2014?

Margaret Flinter: Well, it's getting to be the question of the day. What do you think the decision will be and when do you think they will make it? And right now, any number of opinions out there as to how the decision will go though, few of course, who can say with certainty whether they think the law will be upheld in its entirety.

Mark Masselli: Though there is one member of Congress who is making a pretty strong prediction and that is Congresswoman Nancy Pelosi, Minority Leader of the House, and she is predicting a 6-3 vote by the Supreme Court in favor of the health care law, saying she knows the constitution. Congresswoman Pelosi calls this bill “Ironclad”.

Margaret Flinter: And while others may not be so confident of the outcome, Representative Pelosi cites the numerous lower court judges who have upheld related measures. She says, “No one was frivolous with the health of the American public or the constitution when writing the health care reform bill”, and of course, you remember she was just front and center in the whole period of time leading up to its passage.

Mark Masselli: And we certainly can't predict the future ourselves so we will wait like all the other Americans who are waiting around the radio, if you will, for the Supreme Court’s announcement some time late in June probably.

Margaret Flinter: And, on another topic Mark, June is Post Traumatic Stress Disorder Awareness month or PTSD, a time when the Veterans Administration in particularly is urging families who have loved ones who are confronting this issue to reach out and get some help.

Mark Masselli: So many of our veterans are returning from the front suffering from some type of invisible wound, Margaret, whether it's PTSD or effects from traumatic brain injury, the system has been struggling to keep pace with the overwhelming demand, and a lot of families are facing challenges as well.

Margaret Flinter: But, on a positive note, an initiative launched earlier this year by First Lady Michelle Obama and Dr. Jill Biden announced a sweeping nationwide program hoping to tackle the issue of PTSD. And our guest today, has some good news on the VA's many programs to improve access to care and also ones that are accelerating research for PTSD and a variety of other conditions that affect our veterans.

Mark Masselli: And Dr. Joel Kupersmith is Chief Research and Development Officer of the Veterans Health Administration. He will be speaking with us today about the program currently underway the Million Veterans Program, which is using the VA's extensive electronic health record system to collect genetic data from a million volunteer vets to accelerate research and discovery in a number of targeted conditions including PTSD.

Margaret Flinter: Also, would like to share with our listeners that tomorrow at Wesleyan University here in Middletown, Connecticut, we will be hosting our Seventh Annual Weitzman Symposium, which brings together thought leaders and doers related to innovations in health care. This year's topic is future-focused looking at innovations that are transforming primary care, certainly a topic that we are passionate about here and I think our listeners are as well.

Mark Masselli: And if you are interested in following the events, you can join us on Ustream or follow the discussions on Twitter. It's going to be an exciting exchange of ideas.

Margaret Flinter: FactCheck.org's Lori Robertson uncovers another misleading campaign claim on health care that will be interesting to hear.

Mark Masselli: But no matter what the topic, you can access all of our shows by visiting www.chcradio.com.

Mark Masselli: And as always, if you have comments, e-mail us at www.chcradio.com, we love to hear from you. We will get to Dr. Kupersmith in just a moment 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. While the nation awaits the Supreme Court decision on the Affordable Care Act, that would if upheld, adds tens of millions of new individuals to the insurance rolls, a study out shows individual plans fall short. More than half of the individual plans out there do not meet minimum federal guidelines for coverage under the directives of the Affordable Care Act. The individually ensured would have protected coverage in spite of preexisting conditions and would be able to choose how they

pay for their medical care, something many of those plans don't offer now. The report recommends the policies for individuals align more closely with more generous plans being offered by employers. It does not say how those policy enhancements would be paid for.

How to pay for health care in general, more importantly, how to contain costs still continues to confound even the experts at the highest level. Jonathan Gruber, MIT economist and chief architect of the Massachusetts reform as well as the Affordable Care Act has said they still don't know how to fix the cost issue with the current system in place and that ideally, a single payer solution is the most economically viable. But it was not recommended for the Affordable Care Act because it was deemed politically unfeasible. Massachusetts, which has universal coverage, is now attempting to address those cost containment issues. I am Marianne O'Hare with this Headline News.

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Mark Masselli: We are speaking today with Dr. Joel Kupersmith, Chief Research and Development Officer of the Veterans Health Administration, which is the largest integrated health care system in the United States. Dr. Kupersmith is the former Dean of Biomedical Science at Medical School of Texas Tech during which time he greatly expanded research initiatives there. He is a Scholar-in-residence at the Institute of Medicine and has more than 160 publications including two books to his credit. Dr. Kupersmith, welcome to Conversations on Health Care.

Dr. Joel Kupersmith: I am happy to be here.

Mark Masselli: You know, as a veteran, and you served in the Vietnam war, you have a unique understanding of the veterans' experience and it goes without saying that many of the conditions your team is researching stand to have a direct impact in the lives of vets, many of whom have ongoing conditions as a result of their service. Now the VA is conducting a number of research initiatives on everything from building better robotic prostheses to improving treatment for brain injury. Tell us about some of the success stories that have led to improvements in treatment in patients' health.

Dr. Joel Kupersmith: Well, we have had a long history; actually, we have had an 87 year history as of this year. We have been here for four score and seven years. Our program started in 1925 but was greatly expanded after World War II and then again in recent years. And we have had many successes over the years not only in post deployment conditions but in others. The first cardiac pacemaker was implanted in the VA, the first liver transplant was done in the VA, first software for CAT scanning was done in the VA, three Nobel Prizes, much of the early work in high blood pressure was done in the VA including the clinical trial that proved that treating high blood pressure actually works to prolonge lives

and prevent disability. In more direct post deployment conditions, we have done a lot of work in PTSD and in traumatic brain injury and Post Traumatic Stress Disorder. The only really extensive treatment for it was proven in the VA Prolonged Exposure Therapy, which we have implemented. More recently, we found that a drug helps nightmares that people get in PTSD, we proved that, and also, a lot of research to improve general outlook by athletic endeavors and that sort of thing. So we have done a lot of work over the years.

Margaret Flinter: Well Dr. Kupersmith, first, one of the areas that we have long admired the VA for is the way you have led the way in promoting the integration of behavioral health with medicine and with primary care. And perhaps, nowhere is there more of a need for team-based approaches to care than in the population of our returning soldiers, many of whom have such complex mental health as well as medical issues. What is your research in this area telling you about best modes for delivering quality integrated care to meet those complicated needs? And maybe you can expand that to lessons that primary care in general can take away from the experience within the VA?

Dr. Joel Kupersmith: Well, that is really a very good point. But I think the best example of that is the care for depression. Depression is an important condition obviously in our society but it particularly affects individuals post deployment. First, we did research and showed that a collaborative care program between primary care physicians and mental health professionals, particularly psychiatrists, psychologists, was highly beneficial and an efficient way to treat it. And once we proved that was true, we tested it throughout our system in a way that it's unique for the VA being a large research establishment that's embedded in a health care system. So we could test this in our health care system to show that this care could be delivered to sort of work out what the bugs might be in delivering it and make the interactions between these professionals, between the primary care physician and the mental health physician or psychologist.

Mark Masselli: Dr. Kupersmith, I am not sure the public knows that the VA has been an early adopter of electronic medical records now for some time and fair to say that it's greatly enhanced the organization's ability to collect and mine data. What's the VA experience and what have you learned about the implementation of electronic medical records with such a large patient population and how can that be used to improve research and quality of patient care, and maybe you can also help the rest of the nation practices who are now slowly transitioning to the use of medical records, what can they learn from your experience at the VA?

Dr. Joel Kupersmith: I think many things. Firstly, it has been here for a while. We do have probably the longest continuous experience with electronic health records. It is essential to our research in many ways, to our genetics program, to everything that we plan to do in clinical research really involves the electronic health record. We look at -- try to look at patients, suicide has been a problem obviously and we are looking at how we can improve the predictability of it so we

can look back through electronic health record just to see what visits there were by the individual who may have either committed suicide or tried to commit suicide before that.

I also want to mention one other thing that I think we are doing now for the future in research and it's called Point-of-Care Research. And that is usually when you do a clinical trial, a randomized control trial, which is the most scientific way of evaluating new treatments and so forth, you sort of pull the patient out into a sort of separate universe of this trial with separate physicians and very particular patients are often picked and separate ways of approaching the patient. Well, instead of doing it that way, for many things that we can study, we are doing this within the health care system and we are doing it now with actually also in diabetes, delivering insulin therapy after surgery. The physician who was seeing the patients still sees the patients and all of it is recorded in the electronic health record. So the electronic health record serves as the data and this enables us to do studies in a realistic health care environment. So, it makes our studies really much more valuable I think and much easier then to translate into care when whatever therapy is proven to be better is shown in these studies.

Margaret Flinter: Dr. Kupersmith, this may actually be what you are referring to or perhaps it's separate. Another innovative program launched by the VA that we are tracking is the QUERI Program, the Quality Enhancement Research Initiative, which encourages research that has a direct impact on the quality of the care that's delivered within the VA system. Could you describe that QUERI program for us? Is that what you were referring to or is that something different?

Dr. Joel Kupersmith: Yeah. Now, what it is again, because we are a research program embedded in the health care system, we have a natural **door** toward translating a research directly to the veteran. So what has been organized is a group of initiatives actually in this quality enhance. So the depression program is an example. Post Traumatic Stress Disorder, we are translating Prolonged Exposure Therapy which was proven to work in congestive heart failure. They have done -- one example of what they have done is improved the transition of care in hospital to care at home; in HIV, we have expanded testing. There is also another one that's an eHealth Initiative and we are working -- that's working with various aspects of our electronic health record.

Mark Masselli: We are speaking today with Dr. Joel Kupersmith, Chief Research and Development Officer at the Veterans Health Administration, which is the largest integrated health care system in the United States serving over eight million veterans. Dr. Kupersmith, in addition to running your own programs at the VA, you have been selected to serve on the Federal Coordinating Council for Comparative Effectiveness Research, which was setup with monies from the American Recovery and Reinvestment Act, also known as the Stimulus Bill to conduct research comparing the strengths and weaknesses of various medical interventions. Now the Obama Administration is seeking to improve

transparency in health care and your work with the council aims to give clinicians and patients valid information that will I guess hopefully lead to improve performances in the United States health care system. Can you talk to us a little more about this project and how does it relate to the overall work that you are doing at the VA?

Dr. Joel Kupersmith: It's a very actually nice marriage of what the VA is doing and now others are doing. And first of all, just about the VA, the VA has been doing this kind of research for 35 years or so. And what the council did, it had a certain amount of money from the Stimulus Bill, how to use that effectively in Comparative Effectiveness Research? And what the council decided was to use it to build infrastructure for the ability to do Comparative Effectiveness Research. But the VA has been a very large part of this, part of Comparative Effectiveness Research. We are also interested in the council in new ways of doing research, new methodologies and I think those are beginning to be adopted. Actually, the Point-of-Care Research is one of those that attempting to do this within the health care system is an approach for Comparative Effectiveness Research again to find a realistic environment to do the research and I think it fits with Comparative Effectiveness Research very well.

Margaret Flinter: Dr. Kupersmith, you say that one key to the success of the research being conducted at the Veterans Health Administration is collaboration and rather than being isolated or insular, you have reached out and enlisted veterans groups around the country and listed other research institutions and other groups to join with you in your research efforts. Tell us more about these collaborators, maybe particularly the veterans groups and how you have worked to enlist and coordinate and maintain the participation of so many diverse elements.

Dr. Joel Kupersmith: Let me first say that our collaboration with the universities has been fundamental to VA research. Almost all of our researchers had medical school appointments and VA research is crucial to the research programs of a number of medical schools, University of Michigan, Yale, Stanford, many others around the country. And we really work in teams so that's a very important collaboration to us. And now, as far as the veteran service organizations, these are also very important collaborators in many, many ways. They have been very helpful. And just to give you a few examples, I think one example of a program in Milwaukee actually, that was program, a peer-to-peer help in treating your blood pressure and in losing weight. And many, I think it was eight veteran service organizations, the American Legion, the Veterans of Foreign Wars, Disabled Americans Veterans were participants in this. And what they found actually is there was a modest effect on blood pressure but there was a lot of effect on weight and they called it the POWER program. Another place is in our genomics program, in our Million Veteran Program, we worked very closely with the veteran service organizations from the beginning, we did a survey of veterans, how we

could recruit veterans better, they helped us in that recruitment and that's another example of where we have worked very closely.

Mark Masselli: Can you pull the thread a little more on that Million Veterans Program, the MVP program? It sounds like an enormous undertaking and walk us through how you envision the Million Veterans Program working, what will the potential outcomes be.

Dr. Joel Kupersmith: The Million Veterans Program is a program to collect genes out of million veterans and link it to the electronic health record. A total of 40 medical centers are involved around the country. And we send veterans a letter, they can opt into this program or opt out. If they opt in, we arrange at their next scheduled appointment to collect a blood specimen for genetic analysis and other analysis and they agree to allow us to examine their records in the future for possible studies so it's a database and then for those studies we will have to get repeated consent and so forth. And as of now, over 110,000 individuals have agreed to this.

Mark Masselli: Very impressive.

Dr. Joel Kupersmith: 20% of them have come on their own, have heard about this study or seen something about it and have gone to a VA and volunteered. They know that there may or may not be benefits for them but they also know that they will be helping other veterans as well as other individuals. The reason we think that in the future this will really change the way medicine is practiced is one thing we can do obviously, if we have the genes, we can maybe predict susceptibilities to diseases. But I think even more importantly, when we learn about the genes, which is the hardwiring essentially and then how those genes affect the body, whether it's the biochemistry of the body, let's say proteomics and metabolomics, how these genes work. We can then learn how we might be able to treat these diseases better and actually we have already started that. In Schizophrenia, we have a drug that helps schizophrenia in really a much better way than has ever been done before. So that's one of the things we can do.

The other thing again because of the research is within the health care system we can actually determine what the practical value of some of these genetic tests will be and how useful it will be and how efficient it will be in use. And I think those things are something again that the VA can do because we have programs like the QUERI Program and others.

Margaret Flinter: Dr. Kupersmith, you have spoken to so many innovations already but we like to ask all of our guests this final question. When you look around the country and around the world, what do you see in terms of innovation that our listeners at Conversations should be keeping an eye on?

Dr. Joel Kupersmith: Well, I will give you something that's hot off the press, in fact, it was just published in Nature and it's a Brain-Computer Interface. And this is an approach for patients with paralyzed limbs or who have prosthesis and **first** through an implanted electrode, individuals were able to through their thoughts move a prosthetic limb and actually move to some more refined motions like grabbing a ball and moving it. This was just published in Nature by a team of VA researchers also collaborating with Brown University and Harvard and MIT but done at the VA. I think this is something for the future. I mean it can even in the future through thoughts move wheelchairs. So, that's something -- that's the one I would point to.

Mark Masselli: Well our nation should be very proud of the work of the VA. We have been speaking today with Dr. Joel Kupersmith, Chief Research and Development Officer at the Veterans Health Administration. Dr. Kupersmith, thank you so much for joining us today.

Dr. Joel Kupersmith: Well thank you, thank you very much.

(Music)

Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a non-partisan, non-profit 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: Well, Mark and Margaret, this week we will look at competing claims about health insurance premiums and how the health care law has affected them. We have seen republicans claim that premiums have gone up substantially because of the law and the Obama Administration claim that families could save more than $2,000 each year because of the law. So who is right, well we actually found fault with both of these claims. Premiums for employer-sponsored family plans shot up last year by 9% compared with 2010 rates, and Republicans have said that was all because of the health care law. But experts we consulted said the bulk of that increase was due to rising health care cost as it usually is. We found several experts agreed that the law caused about 1% to 3% increase due to more generous coverage requirements such as allowing children to stay on their parents policies until age 26.

Now on the other side of this debate, the Whitehouse has said that families buying coverage through state-based exchanges, which the law calls for, could save $2300 a year. But we dug into this claim and it turns out there are several caveats. This isn't $2300 savings compared to what families are paying now, rather, it's a savings in 2014 compared to what plans with increased benefits would have cost without the law. So, the Whitehouse looks at an analysis from

the non-partisan Congressional Budget Office that said premiums on the individual market would go down because healthier people will join this market and that lowers the risk for insurers. But overall the CBO said, premiums on the individual market would go up on average because the law also requires a minimum level of benefits and some people would choose better plans on their own as well. So, families may end up getting more coverage through those state-based exchanges but their premiums will also cost more on average not less than what they are paying now. And that's my fact check for this week. This is 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 Health Care.

Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Smoking remains one of the world's leading causes of preventable death and yet quitting is still a challenge for so many smokers. Pregnant women who smoke pose a greater health risk to their growing babies increasing the likelihood for preterm birth and other lifelong health consequences and that's to say nothing of the health danger for infants exposed to secondhand smoke. A recent study published in the Journal of Women's Health highlights another promising intervention, municipal smoking bans. Municipal smoking bans are a relatively recent phenomena so there has been very little study of their impact on maternal smoking cessation and infant health until now.

In 2003, Pueblo, Colorado initiated a citywide smoking ban that was strictly enforced. Researchers compared Pueblo to El Paso Colorado which had similar population demographics but no municipal smoking ban. During a two year period, they compared maternal smoking rates in each city and infant health statistics as well and what they found was pretty astonishing. 38% fewer pregnant women in Pueblo smoked and there were 23% fewer preterm births compared to the maternal and infant population in El Paso. They say the smoking ban had a direct improving impact on maternal and infant health in a short period of time. The report suggests that the evidence should be fodder for communities around the nation to consider following suit. A strongly enforced municipal ban on smoking, leading to significant improvements in maternal and infant health outcomes, not to mention for the entire community, now that's a bright idea.

(Music)

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

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

Conversations on Health Care, broadcast from the campus of Wesleyan University at WESU, streaming live at www.wesufm.org and brought to you by the Community Health Center.