(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, it seems like we have a three-round heavyweight fight going on in Washington around the Affordable Care Act. Round one went to the administration with the passage of the Affordable Care Act but round two has seemed to go to those who were in opposition to the Affordable Care Act. A recent survey in the New York Times lays out in great detail that people seem to be quite opposed to many elements of the act. It's quite surprising.

Margaret Flinter: I was really surprised by the number of folks who thought some or all of the act ought to be repealed, and of course, trying to identify which part of the some is disturbing to people is a question. And at the same time Mark, you probably noticed, some of the innovations continued to roll out. And I noticed right here in Connecticut, the State Medical Society was successful on being funded to form a co-op. So when we see doctors organizing cooperatives to deliver care and create insurance plans that's kind of unusual.

Mark Masselli: It is, and yet troubling that perhaps the administration missed the larger battle that was going on and had put all of its emphasis on the Supreme Court but this does not bode well. And I know you are off to the White House with the meeting of nurses to really hear from the administration about their plans. So I just am wondering what the administration is planning to do if things go in the wrong direction for their plan.

Margaret Flinter: Well Mark, I think many people have said there is no Plan B out there with a different way to approach the problems of lack of insurance and spiraling cost in this country. But I suspect the administration is going to be looking for ways to continue transformations and innovations and an expansion in care to underserved populations no matter what happens.

Mark Masselli: I think you are right. Reform is coming. And not just in Washington, there is an encouraging movement underway that will help reduce waste of our limited medical resources. The Good Stewardship Program launched by the National Physicians Alliance is seeking to scale back 45 commonly over-prescribed medical tests that add to health care cost while being of no particular benefit to patients and can actually cause harm.

Margaret Flinter: That's the kind of thing if it was imposed from outside of medicine people would see it as rationing; from within, it's do no harm.

Mark Masselli: Our guest today is Dr. Valerie Arkoosh, President of the National Physicians Alliance. And she will be telling us about that and other programs the organization is promoting to improve integrity in the medical profession. It's an ambitious program.

Margaret Flinter: But no matter what the topic, you can find all of our shows by Googling CHC Radio.

Mark Masselli: And as always, if you have comments, email us at www.chcradio.com. We love to hear from you. We will get to Dr Arkoosh in just a moment but first here is our producer Marianne O'Hare with this week's Headline News.

(Music)

Marianne O'Hare: I am Marianne O'Hare with this Headline News. The Supreme Court's decision on the Affordable Care Act is probably the most anticipated piece of business dominating the federal government right now. And the decision is expected by the end of this month on what, if any of the health care law will be overturned by the High Court. And the stakes are high, not just for politicians on both sides of the aisle and the issue but state governments, nation's hospitals, doctors, insurers and patients as well. Most analysts view the individual mandate as the most vulnerable aspect of the law.

Another provision could also be challenged by the court expanding Medicaid to include coverage of more uninsured families living near the poverty line. It would also put states in a precarious position trying to adhere to covering the uninsured. And while the nation's insurers are saying they will move forward, at least some of them, with reform measures no matter what the Supreme Court decides, UnitedHealthcare, the nation's largest insurer says it will continue with several provisions outlined in the Affordable Care Act. It will let young adults stay on their parents' plan until the age of 26, won't charge co-pays for preventive care visits and will streamline the appeals process if a customers wants to challenge denial of a benefit.

And you want to quit smoking, grab an orange, a carrot or maybe a piece of celery. Study out of the University at buffalo showed those who had higher rates of fruit and vegetable consumption were three times more likely to quit smoking and three times more likely to remain smoke-free after a year, another good reason to strive for five. I am Marianne O'Hare with this Headline News.

(Music)

Mark Masselli: Today, we are speaking with Dr .Valerie Arkoosh, President of the National Physicians Alliance, an organization founded to restore trust in the medical profession by eliminating conflicts of interest. Approximately 20,000

member physicians are urged to refuse expecting monetary compensation from a corporate interest in health care. The National Physicians Alliance is dedicated to universal affordable health care for all citizens. Dr. Arkoosh is a Professor of Anesthesiology and Obstetrics at the Perelman School of Medicine at the University of Pennsylvania. Welcome to Conversations on Health Care.

Dr. Valerie Arkoosh: Thank you. It's really a pleasure to be here.

Mark Masselli: Now the National Physicians Alliance is a relatively new organization founded in 2005 with a goal of restoring trust to the medical community, which you say has eroded significantly in years due to the influence of pharmaceutical and biomedical companies. Can you paint that picture for us of just how far reaching is this practice and how deeply has it impacted the medical profession?

Dr. Valerie Arkoosh: Well, it's a very far-reaching practice. And I am sure that all of your listeners can think about the last time they went to their doctor's office and what they saw sitting on the table. The pen that the doctor was using and many, many times, all the pads of paper are branded with various drug company names or various drugs. The extent of this is enormous. I have some data from 2008 where it was found that the pharmaceutical industry spent $20 billion that year on all of these marketing efforts to physicians. And the reason this is so critical is that any gift, even a pen, creates a sense of indebtedness on the part of the recipient. And so the goal of these gifts is very simply to get doctors to prescribe the newer, more expensive, no generic equivalent type of drugs. And for the patient, that may be exactly the drug that they need but it also may be a drug that is not necessary and they could do just as fine with a drug that's less expensive and that we have more experience with in terms of safety.

Margaret Flinter: Dr. Arkoosh, in response to this issue, the National Physicians Alliance has developed the Unbranded Doctor program, which urges the physicians to announce the gifts and the lecture fees in marketing of educational events that can undermine objectivity and integrity, and even the New England Journal of Medicine has lauded the program as unmasking a serious problem. So the problem sounds pretty pervasive and I understand you have been holding Unbranded Doctor National Grand Rounds in which you share methods for confronting the issue, which helps people avoid the conflict of interests in medical practices and even in medical schools. Tell us about how these grand rounds have been going. What's the response and what do you hope they will accomplish?

Dr. Valerie Arkoosh: Most divisions would tell you that they are not influenced by the pharmaceutical gifts and yet, there is an enormous amount of data that finds just the opposite, that doctors actually are influenced by this marketing. And it would be hard to believe that the pharmaceutical industry would spend $20 billion a year marketing these things to doctors if they weren't influenced. And so really,

step number one is education. And we are rolling out, over the next three years, a series of 12 of these grand rounds, and we are doing this in partnership with few charitable trusts, Community Catalyst and the American Medical Student Association in an effort to reach medical students as well as the public.

Mark Masselli: You know, we recently had Daniel Wilson from the American Board of Internal Medicine on the show, talking about the Choosing Wisely Campaign, which urges medical disciplines and patients to reduce the number of unnecessary and expensive tests they order. Now, that program is based really on National Physicians Alliance Good Stewardship Project, which brought together clinicians from a number of specialties to access areas where finite health resources were being wasted often at no benefit to the patient. So, have you been able to assess the impact that the Choosing Wisely Campaign is having on the medical and patient community?

Dr. Valerie Arkoosh: Well what I am sensing is a lot of optimism. The National Physicians Alliance Project went public about a year ago. And we published three lists of five things. We call them our top 5 lists, one was in internal medicine, one is family medicine and one in pediatrics, of tests or procedures that have no evidence that they provide any benefit to patients, and in fact, can even cause harm to patients. For instance, giving a child antibiotics for an ear infection on the first day of the ear infection, that can often cause problems down the road. So, it's things like that that are on the list. And it was very, very well-received. That study or that work was actually funded by the American Board of Internal Medicine Foundation and because that was so well-received, it has morphed into this much bigger project called Choosing Wisely.

I recently attended a meeting called Avoiding Avoidable Care with about a 100 other physicians and it's really fantastic to see what's going on around this work. Physicians are eager I think to embrace evidence-based guidelines that show clearly improved quality of care for their patients. It's so hard for a doctor to say no when a patient's asking for something. And I think that doctors feel bolstered by the fact that all of their specialty organizations are now saying, "You know what, it's okay to say no to these things because there is just no evidence that they work". So I am very excited about it and I think most of my colleagues are as well.

Margaret Flinter: Well Dr. Arkoosh, I think we share your optimism on that and also the realization we are up against several decades of tradition and traditions die hard. And we wonder as we all look at the issue of cost containment what other initiatives are you planning, what else is in the pipeline that you see as achieving this aim of both improving care and quality but also controlling cost and eliminating waste?

Dr. Valerie Arkoosh: Well, in addition to all the top five work, we are of course very invested in reducing the influence of drug company marketing on clinical

decision making as well as medical device marketing on clinical decision making. And kind of hand and glove with that is support for the new Patient-Centered Outcomes Research Institute, which people call, take the initials and call PCORI. This institute will help fund research that will provide unbiased assessments or comparisons between different drugs, different medical procedures, different devices. And as that work starts to roll out, we will certainly do our best to help disseminate that to our members so that doctors have more unbiased information about drugs and devices. A lot of the information that we have right now is actually from studies that are funded by the pharmaceutical company making the drug or the device company making the drug, and obviously, they have a pretty big stake in the outcome. So we are glad that there is now going to be an independent body doing some of that work.

And then another two other very important areas; one is prevention. And what we are seeing under the Affordable Care Act is a tremendous focus on making sure that patients get proven preventive treatments to keep them healthy in the first place so that we turn ourselves into truly more of a health care system rather than our current sick care system where we wait for people to get sick before we do anything. And that I think can at least keep people healthier and working and being functioning members of our community for a longer time. And then finally, we have been following very closely the various payment reforms that are also part of the Affordable Care Act. And these payment reforms will start to move us away from our current system, where physicians are paid for the quantity of care that they provide, and they will start to move us toward a payment paradigm, where we get reimbursed for the quality of care that we provide. And I think right there, you will start to see a change in cost.

Mark Masselli: We are speaking today with Dr. Valerie Arkoosh, President of the National Physicians Alliance, seeking to eliminate conflicts of interest in the medical profession by urging physicians to stop taking financial compensation from pharmaceutical and biomedical companies, which can then impact the physician's integrity and objectivity. Now, you were just talking about the Affordable Care Act. Tell us a little bit about your position around the challenge that's been made to the Affordable Care Act. Have you been active in filing a brief to the court on the Affordable Care Act challenge?

Dr. Valerie Arkoosh: Yes, we were. Actually, we signed on to one of the Amicus brief. And we feel that the law should be upheld in its entirety. The law has a number of provisions that will make health insurance more secure for those that have it and also overtime less expensive. And it also reduces discrimination by insurance companies against women and also people with pre-existing conditions. Women have historically been charged higher premiums than men, even when they were beyond child-bearing years. And very importantly, and very popular, is that insurance companies now must cover pre-existing conditions in children and would also have to do so in adults in January of 2014. So I think what's important and what's been kind of lost in the argument around this is that

the individual mandate, which is the provision that says everyone in the country must take personal responsibility and have health insurance, is important in order to have coverage of pre-existing conditions. A lot of people would just simply not buy health insurance when they were healthy; they would wait until they got sick because they know they would be covered. And under that scenario, very few healthy people would probably own insurance. And so, the way that insurance works is that we have a large group of people, a small percentage of whom are sick and actually using their insurance and they are being covered by all the healthy people who aren't, and then when a different person gets sick, there will be other healthy people to cover them. So if we are going to ask health insurance companies, or demand actually, that they cover pre-existing conditions, really just about everybody has to be in the insurance pool in order for that to work. There has certainly been a number of judges on both sides, both conservative, historically conservative judges, as well as more liberal judges, that have found it to be constitutional. So we will see what the Supreme Court says.

Margaret Flinter: So Dr. Arkoosh, let me ask you this. Certainly one of the central missions of the National Physicians Alliance is returning the practice of medicine to its foundations and service and integrity and efficacy with the patient but I would be curios about your organizing approach to this work. You have a national organization and you have done some remarkable work nationally but ultimately this is really done on the ground and locally organized in communities where physicians organize. How are you doing that? How are you working at the local level across the country?

Dr. Valerie Arkoosh: Well I think one of the most important differences about the National Physicians Alliance is that we are not a typical trade association, we are actually a 501(c)(3) charitable organization. And as part of our mission, when we think about issue areas that we are going to take on, we start by saying, how is this going to affect patients. And historically, most trade associations tend to look at an issue and ask the question, "How will this affect doctors?: And we work, as you said, mostly on national issues but we are very open to issues that bubble up locally and we encourage our physicians to become specifically engaged in their communities to work on those issues.

We also work a lot with other non-physician coalition partners. A lot of it's around producing educational materials. For instance, we just produced a wonderful brochure with the National Women's Law Center about all the new benefits for women under the Affordable Care Act. So it really depends on what the issue is but we love working with organizations on the ground in different states or cities on issues that people care about locally. I am really looking forward to the day when if we have a patient sent to us from another hospital for instance maybe in the middle of the night, we can access their records at their other hospital. I do obstetrics mostly. I am an anesthesiologist that works on the labor floor and the pregnant woman calls 911, the ambulance by law here has to take her to the closest hospital that does obstetrics. And so we have to repeat everything. Even

though that patient has had all of her prenatal care, we have to repeat all of her blood work and ultrasound and all those things because we just can't access those records in the middle of the night.

Margaret Flinter: It's a big challenge. How do you think they are going to be able to step up to the plate and begin to take on some of this work without bias from the industries?

Dr. Valerie Arkoosh: Well I think what we are going to see is since the development of electronic medical records, organizations that are historically not sites of research like some of these large multi-specialty group practices for instance that may have a couple hundred physicians, they are going to be able to use those electronic medical records very effectively to look at the patients that they are actually caring for and seeing how various treatment algorithms work in their patients. That will probably still stay in the academic health centers where that work has been historically done. But what we will see out in some of these bigger group practices is this work on what I would call more outcomes research where they are able to take their own large groups of patients and look at how various treatment options work.

Mark Masselli: You know I want to ask a question about the pharmaceutical and biomedical companies. Have you laid out for the pharmaceutical and biomedical companies a set of principles that they should all act by, that aligns with the NPA's philosophy, and if so, could you talk to us about its development?

Dr. Valerie Arkoosh: The Association of Academic Medical Centers has a set of documents about the relationship between an academic health center and pharmaceutical industries or device companies that we endorse. And the American Board of Internal Medicine Foundation has a document called the Physician Charter, and one of the components of that talks about transparency and integrity and practice and the importance of making sure that we position, take responsibility for careful use of finite resources. And so we have really filled what we think was a different hole, which was to help doctors understand how important these issues are. And so we urge our members and really all physicians not to let the drug rep come in with lunch, and there really is no free lunch, and not to accept the pens and the pads of paper and to be very, very thoughtful and careful about going to a continuing medical education conference that's sponsored by a pharmaceutical or a device company because often times the information that's presented at a conference like that may not be free of bias.

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

Dr. Valerie Arkoosh: The innovations that I am really excited about are those that are going to help doctors and patients to recapture that most fundamental

component of healing, which is simply time to talk to each other. And I think that as we see some of the various reforms rolling into place here, doctors are going to be able to reconfigure their practices so that they can spend more time with the patients that they need to spend time with and use other means to interface with patients that just need a quick lab result or just have a very quick question that another member of the team can answer, and I am really excited about that.

Mark Masselli: We have been speaking today with Dr Valerie Arkoosh, President of the National Physicians Alliance, an organization dedicated to providing quality affordable health care for all, and restoring integrity to the medical profession. Doctor, thank you so much for joining us today on Conversations.

Dr. Valerie Arkoosh: Thank you. It was a real pleasure.

(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, 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: Well, Mark and Margaret, we have seen a lot of viral claims about the federal health care law. For instance, our readers recently asked us about an email that was reminiscent of the bogus death panels claim. I am sure you remember those. This particular email said that an emergency room doctor in Tennessee had said that the health care law was currently denying dialysis to some Medicare patients and that the law will deny major medical procedures to anyone over age 75, beginning in 2013. But the email was a complete fraud. The name of an actual doctor or the real life person who exists at a Tennessee hospital is given in the email but a spokesman for the hospital says that the doctor never said the things that are attributed to her, and the spokesman said the claims in the email just aren't true. The doctor said that there was a guest in her home, who fabricated the account and she was very upset about it. The spokesman said from the hospital's point of view, patients' access to care has been increased because of the law, if there had been any effect at all. We have said many times at FactCheck that the law doesn't create any death panels or ethics panels as this emails says, nor is there any mention of any provision at all that would specifically affect those over age 75 so this is just a complete fabrication. We recommend extreme skepticism when it comes to viral emails. It's incredibly rare that we find an email that's actually correct. We recommend deleting them not forwarding them. And that's my fact check for this week. I am Lori Robertson, managing editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us www.chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

(Music)

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Global maternal death rates have declined since 1990 however, each year across the globe, more than three million newborns die and 360,000 women die in childbirth as well, often from preventable causes. A year ago, Secretary of State, Hillary Clinton announced the launch of Mobile Alliance for Maternal Action or MAMA, founded along with the United Nations Foundation and the mHealth Alliance linking the vastly expanding mobile communications network with health care workers and expectant mothers in impoverished areas of the world. While many women in these regions don't always have direct access to health care, more than one billion women in low and middle income countries own a mobile phone. MAMA's premise was simple; alert expectant mothers with weekly phone messages that remind them of nutritional and other health advice during their pregnancy and weekly well baby advice for moms and newborns, the challenge according to Global Partnership Director Kirsten Gagnaire fine-tuning the message so they work with the cultural guidelines of each community.

Kirsten Gagnaire: We have a whole set of materials. Our most in-depth right now is these adaptable messages and basically they are messages that cover the 42 weeks of pregnancy and the first year of a child's life and there are multiple messages for each week.

Mark Masselli: Mothers will receive either text messages or voice messages sent directly to their phones reminding them of the basic things like bringing newborns in for vaccinations.

Audio Clip: Baby is due to have some more immunizations this week. Like the ones he had at three months, these immunizations--

Mark Masselli: And community health workers are kept in the loop as well. The MAMA program is already being scaled up in Bangladesh, India and South Africa and is looking to expand to 22 countries within the next couple of years. Using ubiquitous mobile phone technology to reach isolated expectant mothers, yielding a better outcome for maternal and infant health, 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.