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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, the countdown is on, and I am not talking about October 3rd for the debate or the election on November 6, but rather, November 16th is the big day in Healthcare Reform. That's the day the states need to let the Department of Health and Human Services know if they are going to run the state exchanges.

Margaret Flinter: And you know, Mark, it's still amazing to me how many have not indicated that they will. I think 13 are moving ahead; 22 said they won't, and the rest, not sure what they are waiting for to make up their minds. But we know that setting up those health insurance exchanges, whether it's at the state or whether the feds do it for them, it's going to be critical to implementing the Affordable Care Act.

Mark Masselli: You are absolutely right, and there is a lot of debate going on the far right with some folks saying, "We want to make sure that the federal government doesn't run these exchanges" and others who are adamant to oppose the presidents Healthcare Reform. We will keep an eye on all of this.

Margaret Flinter: And our guest today – well, he has created a system that could be poised to significantly reduce health care costs, certainly a priority for everybody, and those are the costs being driven by patients who consume an enormous amount of services. It's a small percentage of patients but has a big impact on total health care spending.

Mark Masselli: Dr. Jeffrey Brenner, Founder of the Hotspotter System, is going to tell us about the system he created in Camden, New Jersey, which helped to identify the patients driving the bulk of that city's health care expenditures, greatly reducing re-hospitalizations among those patients in the process.

Margaret Flinter: Dr. Brenner is the Executive Director of the Camden Coalition of Healthcare Providers. His system has been profiled in many publications and was featured on frontline, this concept of Hotspotter already being deployed in other cities. And it looks extremely promising as one approach to containing health care costs because it's not about rationing health care; it's about figuring out what the problems are and addressing them. And often, that's done in primary care not needing to be done at the level of the hospital.

Mark Masselli: And we will hear from FactCheck.org's Lori Robertson who gets to the bottom of another misspoken statement from the campaign trail.

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

Mark Masselli: And if you have comments, please email us at CHC Radio or find us on Facebook or Twitter, we would love to hear from you.

Margaret Flinter: We will get to Dr. Jeffrey Brenner in just a moment, but first, here is our producer Marianne O'Hare with this week's Headline News.

Marianne O'Hare: I am Marianne O'Hare with this Headline News. The first presidential debate is in for another week or so, but voters watching 60 Minutes the other night got a glimpse of what's in store post election on a number of topics, including health care. In an interview with Scott Pelley, both candidates responded to your questions about their plans for Health Reform, Medicaid and Medicare moving forward. President Obama said he would, of course, continue the course of Health Reform by implementing aspects of the Affordable Care Act and that he wouldn't temper with the formula for Medicare saying he wouldn't privatize health care for seniors putting on the stress on them when most are likely to be managing multiple chronic conditions.

When asked, GOP hopeful Mitt Romney repeated his vow to reveal the health care law if elected and that he thinks privatizing Medicare, offering set fee vouchers to seniors to pay for their health care would promote competition among insurance providers. Mr. Romney also reiterated a plan to turn the funding of Medicaid which pays for the health care for the poor and infirmed back to the states to handle, all of this while reducing tax rates across the board including the most wealthy of this nation.

Paul Ryan took his case for privatizing Medicare to gathering of members from AARP last week. Their analysis of his plan to provide vouchers to seniors for their health care has shown seniors would likely pay thousands more out of pocket. As a result, the speech was interrupted by several boos. Meanwhile, medical mistakes kill tens of thousands of Americans each year, and reporting those mistakes is still a challenge. The Obama Administration has launched a new consumer reporting system for patient safety. Often it's families of patients who are around the hospital setting with their loved ones who observe practices that might lead to medical errors or mistakes. The program is being launched by the Agency for Healthcare Research and Quality. It's the first such system of its kind.

And before you hurl the epithet "nanny state" against New York City for its ban on the sale of large size sugary drinks, two scientific studies offer powerful support to the measure. In one study, done by Boston Children's Hospital, several hundred children had a year's worth of beverages delivered to their homes, one group got only water where they directed to avoid high calorie sugary drinks as well. At the end of the study, that group gained less than half the amount of the children in the other group who were given access to sugary drinks. They gained

about eight pounds at the end of the study, a lot of weight for a child, especially when accrued over years. I am Marianne O'Hare with this headline news.

Mark Masselli: We are speaking today with Dr. Jeffrey Brenner, Primary Care Physician, Founder and Executive Director of the Camden Coalition of Healthcare providers in Camden, New Jersey. Dr. Brenner is the creator of the Hotspotter concept in health care which gathers health care data to identify clusters of patients in geographic areas who are utilizing the disproportionate amount of health care services and targeting services to address their needs. Dr. Brenner is a frontline primary care provider who has also been developing a model that he says will meaningfully bend the cost curve of health care while improving access to health care. Dr. Brenner, welcome to Conversations on Health care.

Dr. Jeffrey Brenner: Thank you very much. It's a pleasure to be here today.

Mark Masselli: You know, I think there is a common rule of thumb in businesses that 80% of sales come from 20% of your clients. This is known as the Pareto principle, and you have applied this to the health care area, and you have given some pretty dramatic examples of this rule in your mini talks around the country. Tell us what led you to your observations about the 80/20 rule and how it applies to American health care, but also how it can be applied in specific neighborhoods and cities.

Dr. Jeffrey Brenner: Camden was the most dangerous city in the country about eight years ago, nine years ago. And as a frontline primary care provider, I was really struck by the level of violence I was seeing in my practice and ended up being appointed to a oversight commission when the state took over the police department. And they brought in turnaround experts who had been involved in Bratton's work up in New York. And as I read and learned more and more about what Bratton had done, I began to realize that a lot of what I have learned there could be brought back to health care and improving health care.

One of the basic principles in policing, and it turns out to be true in many complex human systems, is that a small percentage of criminals are responsible for many of the crimes; a small percentage of students in the school are responsible for a much of the disciplinary problems, and a small percentage of patients in health care are responsible for much of the cost and much of the complexity as well. Then in fact, if you want to know about the underlying properties of a complex system, like health care, you can actually learn a lot by exploring the outliers. They tell you a lot about the system and about the properties that underlie the system.

So we spent the last four-five years getting to know the most complex expensive patients in the city of Camden, and they have taught us an incredible amount about what's broken in the city, about our health care system in Camden. But

frankly, they have taught me a lot about health care across the whole country that the barriers and challenges that patients have in Camden are really a microcosm for the barriers and challenges in our health care system all over the country.

Margaret Flinter: So Dr. Brenner, you really reached out to your colleagues as well, and I have read that you started getting together with a bunch of angry primary care physicians once a month for breakfast to talk about those challenges, and that eventually formed the Camden Coalition of Healthcare Providers. Tell us what were you and they, in particular, angry about, and how have you channeled that frustration over these intervening years into more productive way?

Dr. Jeffrey Brenner: As a frontline family doc in a place like Camden, the Medicaid rates are incredibly low, and the patients are very complicated. And I really felt like I was unable to give my patients the care that they deserved and able to meet their needs with the system as we currently built in. And pulling together meetings with other primary care docs in the city, a lot of us don't go to the hospital anymore. So we don't run into each other at the hospital, very isolated in our offices.

There was a huge reservoir of interest to get together, to share problems, to begin to think about solutions together. You can't fix a problem as complicated as health care by yourself. And in many ways, I ran myself into the ground in my small office trying to stand in a gap alone. And what I learned pretty quickly is that it was going to take more than just myself. Frankly, it would take hospitals, FQHCs, the homeless shelter patients, it would really take a city to fix this mess.

Mark Masselli: So you nicely cross walked over this model from what you had learned from the police about their focus on the hotspotting, and you started to see high use patients drill down in the data. Tell us specifically how you might scale that up on a national level.

Dr. Jeffrey Brenner: Camden is a very small city of 79,000 people. It's three emergency rooms, two hospitals. I can actually get my hands around the place. It's a finite number of people; it's a finite number of health care providers. So it's going around the country, the work is most easily taken up, I think, by smaller communities at this point and by more rural communities. There are fewer vested interests and less marketplace competition. And the more marketplace competition, the more fragmentation there is and the more difficulty you have getting stakeholders to work together.

I think this can be scaled, and people are doing the similar kind of work all over the country. I have been deeply inspired by Community Care of North Carolina that has regional efforts across North Carolina. There is a project in Southeast Alaska that's really enormous. It's a huge rural expense; it's an Indian health service project run by native Alaskans and doing similar work. We have a look

alike nonprofit up in Trenton and one in New York. They both started about three years ago; they have got boards. We have **helped** them make maps of their data and found similar geographic hotspots; we have helped them get teams out in the field to begin meeting and carrying for high cost patients. We have also helped the Trenton group get a health information exchange off the ground.

So I think the work is replicable. As I pull up the lid on different problems in Camden, I am humbled by how many more years' worth of work I have. I think this the most complex problem I have ever touched. I do think we can make a difference in the next year or two statistically at the city level, but I think that there is so much waste dysfunction, fragmentation in urban health care that I could spend a lifetime straightening this out.

Margaret Flinter: I would like to maybe ask you to talk a little bit about this process that you went through of grouping data together in logical segments and maybe have you share with our listeners a little bit about this process of segmentation we can focus on fixing the health care system which is difficult for people to understand and all of this complexity. But you actually focused on the patients and used them as your guide to what needed to be fixed and then came up with solutions. Maybe you could wrap that all together for our listeners.

Dr. Jeffrey Brenner: About nine, 10 years ago, working with a medical student, we began to collect patient level claims data, that's billing data, from the three local hospitals. It took us about three years to get a full data set. We had no idea what we were doing, all the demographic information and diagnosis codes on every Camden resident that went to any of the three hospitals for inpatient care or ERUs. That's an incredible data set, say over 500,000 visits, and it took us years to really figure out what to do with the data. We didn't have funding to hire people to hump us and slowly taught ourselves on how to build Microsoft access database, how to link across the hospitals and link people up that had gone from one hospital to the next.

Pretty quickly, we learned that half the population uses an ER hospital in one year, that someone had gone 324 times in five years, 113 times in one year, that we spend about $100,000 a year just on ER and hospital care for Camden residents. Most of that's public money, Medicare and Medicaid, because the city is so poor. The #1 reason to go to an emergency room is head colds. #2 through 10 are all primary care problems. So the data really spoke volumes to me of how much money we are wasting for really care that could be delivered in the outpatient settings.

Mark Masselli: We are speaking today with Dr. Jeffrey Brenner, Primary Care Physician and Founder and Executive Director of the Camden Coalition of Healthcare Providers in Camden, New Jersey. Dr. Brenner is the creator of the Hotspotter concept, collecting health care data to identify patients who

extensively use health care resources and are the primary drivers of health care expenditures in this country.

Dr. Brenner, you have actually been focusing in systemically on how to reduce health care costs, which seems to be the Holy Grail in health care right now. By identifying these high use patients, you are able to bring down overall health care costs in communities pretty dramatically, up to 50%. You also say you have had to break a few eggs to make this omelet. Can you tell us about that process?

Dr. Jeffrey Brenner: Ultimately, the biggest problem is reducing cost in health care reduces someone's revenue. So we really have an inflationary cycle in health care. And the more people in beds, the more you cut scans or hospitalized, the more revenue everyone makes. And I think we have gone way beyond the point of meeting the population's needs. We spend twice as much in America as every other industrialized country, and I don't think people are dying in the streets in France or Canada, Germany. It doesn't mean that we need to copy their systems, but I think we need to get a lot smarter about looking around the world and borrowing best practices and borrowing good ideas.

If we don't do that, we are going to stand at a very ugly fork in the road. One fork in the road is rationing, and right now, we do that every year. When your co-pay goes up or your deductible goes up or your employee contribution goes up, that's slow rationing. The other fork in the road is much harder fork which is rationalizing the delivery system, and you can't make gains in that when there is a last-minute budget cut at the state or federal level. So the bulk of the federal debt going forward is health care, and the quickest and easiest way to solve the problem is just to do across-the-board cuts.

The other way to solve the problem is to voucherize Medicaid or Medicare; give people a voucher. But the problem with that is that the voucher won't meet the expenses because health care goes up 6% to 10% a year. So we have got a really profound problem on our hands.

Margaret Flinter: When you spoke about the segmentation a few moments ago, the dominant chief complaints that sent people to the emergency rooms were things which could have been addressed in primary care. So it kind of leads to the natural question, you and your coalition that you worked with, you all primary care providers, but did you find a way to significantly increase the capacity for primary care? And if you did, then were you able to also move people out of their traditional habit of going to the emergency room and into this new expanded primary care system?

And maybe a second part of that, I have heard so much about the use of community health workers and non-health care professionals to meet this broad range of needs that the folks in the hotspotting regions had.

Dr. Jeffrey Brenner: Our organization has about 36 full-time equivalent staff, and two to three are physicians; the rest are nurses, RN, LPN level. And health coaches, we use AmeriCorp volunteers for our health coaches, project managers, program assistants. So for the outreach work and primary care delivery improvement work that we do, you don't need physicians. Our goal is to make physicians in the primary care setting more efficient and more effective. And unfortunately, no one wants to go into primary care. Physician assistants, nurse practitioners and physicians are not specialized into primary care.

So we are going to have to figure out how to do more with less, meaning how to take the existing primary care workforce and get a lot more done with them if we are going to fix this. A big effort in Camden and a big effort that needs to move forward nationally is to really think hard about how the inside of a primary care office works and how to make it work much, much more efficiently through delegations, standardization, training staff up.

Mark Masselli: I noticed it sounded like a hint of despair in your response around controlling cost, and you laid out that it's a moral problem facing our country. You have got the Affordable Care Act which is going to roll out in 2014. It's going to bring in 30 million new uninsured people who will now have covered, so it seems like that's going to add to the cost in health care. I guess I wanted to get drilled down on some real specific ideas that you have of how you might incentivize the system to really make changes. It doesn't sound like that's in the works, and the system doesn't seem to be disciplined enough to say that we are going to just reduce costs. Or do you see the magic formula of getting these under control?

Dr. Jeffrey Brenner: I think the Affordable Care Act is not perfect by any stretch of the imagination, but it's the best we have right now, and there are a lot of tools in the Affordable Care Act around innovation that we can use to begin redesigning and rethinking the health care system. There is $10 billion worth of funding which can be used and is being used now to hump innovators out on the frontline begin doing the kind of redesign work that we need to do. Up till now, there has been very little money spent by the NIH and by foundations in research, and it is to really get deep on redesign of health care services.

Compared to how much money we spend on inventing new drugs, new devices or basic research, very little money has been spent on actually redesigning the health care delivery system. So I am very optimistic about the learning that's going to come out of that. There is just an incredibly fertile moment right now, and people are doing very innovative work around the country. The question is, will it happen fast enough and of scale enough to bend the curve nationally.

And I think we are headed for a collision. Sometimes the only way to fix a really messy problem is when you run into a wall. So I am hoping that enough places around the country well plan to flag and get a beachhead on the problem so that we are far enough long in the innovation before some of the real problems begin

to emerge. At national level, political leaders and the body politic don't even agree on the causes of the cost increases and the cost inflation, much less agreeing on the solutions.

I would say that we are going to need to come to consensus eventually on what's driving it. I think that allowing the states to have some freedom and flexibility to begin tinkering with ways to bend the cost curve would be a good idea. I don't think that Texas is going to have the same solution that Vermont has, that Pennsylvania has, that California has. So we will meander our way to some solution as we always do in America.

Margaret Flinter: We have speaking today with Dr. Jeffrey Brenner, Founder and Executive Director of the Camden Coalition of Healthcare Providers and the Developer of the Hotspotter concept of health care delivery. You can find out more about Dr. Brenner's work at Camdenhealth.org. And Dr. Brenner, thank you so much for joining us on Conversations on Health Care, and thank you for the incredible work you are doing.

Dr. Jeffrey Brenner: Thank you.

Mark Masselli: At Conversations on Health Care, 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 U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, Mark and Margaret, this week we will take a look at the claim that the federal health care law hurts businesses. This is an old claim that we have been seeing more recently. For instance, a new republican T.V. ad wrongly claims that businesses are "forced to drop health care coverage" and that families are using their health care benefits. The ad says, "That's what's happening." But that's not happening now at all. Instead, this claim, which comes from the National Republican Congressional Committee, is based on a survey of corporate executives and human resource officers that found most employers don't anticipate dropping coverage in the near future, but a small percentage do.

The survey found that 9% of the companies representing 3% of the workforce said they anticipated dropping health insurance in the next one to three years. The question asked was not specific to the health care law. One-third of employers did say they would consider dropping coverage in the future if the essential health benefits that will be required by the law end up being more generous than what the companies already offer. But that's the hypothetical that may or may not come to task.

Also, the ad doesn't mention that about 30 million uninsured Americans are expected to gain health care coverage under the law in the next decade. That's according to the nonpartisan Congressional Budget Office. 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 at Chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. Huston, we have a problem, or actually has a problem. The large south Texas City with massive urban sprawl has one of the highest ozone pollution rankings in the country. Extreme Texas heat, oil refineries nearby and millions of cars are a sort of perfect storm for ozone reduction, and that's bad news for the hundreds of thousands of residents who suffer from COPD, asthma or congestive heart failure, for whom ozone is often a trigger for medical incidents.

Dr. Dan Price of the University of Houston has developed a system that will allow folks to chart ozone pollution outbreaks in real time and pinpoint locations around the city at any given time using a computerized mapping system that collects real ozone pollution data and makes it instantly available online.

Dr. Dan Price: And so people who are sensitive who have asthma triggers with ozone, for example, should be educated to look for this and say, "Oh, well, I can stand for an extra half hour; I can work out in a different space, inside space or jogging or bicycling in a different area," and that information just leads to better choices."

Mark Masselli: Dr. Price in collaboration with the American Lung Association is rolling out the nation's first real-time ozone pollution mapping system that will tell folks concerned about their health where and when ozone pollution exceeds acceptable levels. Utilizing a network of pollution sensors already in place, Dr. Price and his team at the Houston Clean Air Networks developed the program that will allow the data to be collected and displayed not just for folks worried about triggering and asthma attack, cardiac event, but for public health officials and epidemiologists as well. Ozone-related health incidents are often manifested for up to 72 hours. So it's difficult to pinpoint where the patients who often end up in the emergency room ran into the trouble.

Dr. Dan Price: And so we can start having a revolution for what type of exposure people have had at their houses or at their elementary schools, etc. over the last 10 years and start doing better correlations.

Mark Masselli: Houston Clean Air Network and Integrated Information Network readily available online that can alert a patient to potential hazardous risk helping them reduce events requiring hospitalization, that can also help public health officials keep up population healthier. 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.

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