(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, here we are in the midst of a pretty dramatic flu outbreak. Hundreds of thousands of Americans are flooding the nation's hospitals, several states declaring a state of emergency because of the severity of the flu epidemic as well as Norovirus and just seasonal--

Margaret Flinter: But you know Mark, it makes a pretty compelling case for why getting the flu shot in a timely fashion is so important. We are seeing the cost in lives as well as productivity and the burden on the health care system, all things that can at least be moderated by widespread use of the flu vaccine.

Mark Masselli: You know and it really takes an epidemic like this sometimes to remind people. I know that we struggled a lot as we were encouraging them to come on down for their flu shot.

Margaret Flinter: And remember, it's not too late. The Centers for Disease Control is telling folks who have not yet gotten the flu shot please get one immediately. It takes about two weeks for your immunity to build but it will still give you a fighting chance to avoid getting sick and of course, not sickening others in the process.

Mark Masselli: Speaking of the CDC, Margaret, they have a great flu tracking map on their website for anyone concerned about traveling to high risk areas.

Margaret Flinter: And Mark, I have actually downloaded, I bet you have too, an app to my smartphone that lets me follow all the latest information on the flu epidemic.

Mark Masselli: Our guest today knows quite a bit about health information technology and the government's effort to bring it up to speed in the 21st Century.

Margaret Flinter: Lygeia Ricciardi is the Acting Director of Consumer eHealth at the Office of the National Coordinator at Health and Human Services.

Mark Masselli: She will be talking about the agency's efforts to improve access to the electronic health record and their efforts to empower Americans to engage in the eHealth movement by gaining control of their personal health records.

Margaret Flinter: And FactCheck.org's Managing Editor, Lori Robertson, comes to us and checks out a claim that 11 states reportedly have more people receiving welfare checks than paychecks.

Mark Masselli: And as always, no matter what the topic, you can hear all of our shows by Googling CHC Radio.

Margaret Flinter: And if you have comments, remember, email us at www.chcradio.com or find us on Facebook or Twitter because we love to hear from you. We will get to our interview with Lygeia Ricciardi in just a moment.

Mark Masselli: 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. President Obama made an announcement this week aimed at curbing the national epidemic of gun violence at a White House briefing with several children nearby and family members from the Sandy Hook shooting. The President outlined 23 measured aimed at beefing up background checks for those seeking to purchase guns, more security resources in the nation's schools and more avenues for behavioral health clinicians to report those suspected of considering violence. Some measures will require just the President's signature, others will need approval from Congress.

The American College of Physicians in the meantime is urging the nation to take up the issue of gun control as a public health issue. New York State has become the first in the nation to issue stronger gun control laws signed this week by Governor Cuomo. Two of the nation's largest pharmacies, CVS and Rite Aid, say they are running out of flu vaccines in the wake of an early and virulent outbreak and increased demand with outbreaks in 47 states, and health emergencies being declared in Boston and New York, the demand continues to grow. About 135 million vaccine doses were produced in advance of this year's outbreak so far, a 128 million have been distributed. Meanwhile, a spokesperson for the CDC say there are pockets of vaccines being stored for various populations that if needed can be moved to where they need to be.

The Department of Health and Human Services kicks off an awareness campaign this week aimed at the tens of millions of Americans who currently don't have health insurance. They are re-launching their website to better inform folks on how to navigate those online insurance exchanges where they will be able to purchase plans for a variety of choices. Failure to purchase insurance by January 2014 could result in a tax penalty. I am Marianne O'Hare with this Headline News.

(Music)

Mark Masselli: We are speaking today with Lygeia Ricciardi, Acting Director of Consumer eHealth at the Office of the National Coordinator for Health Information Technology at the Department of Health and Human Services. Ms. Ricciardi is responsible for developing and managing a national consumer eHealth program which seeks to better enable consumers to be engaged partners in their health care through the use of health information technology. Before joining the Office of the National Coordinator, Ms. Ricciardi was the health specialist and speechwriter for the Chairman of FCC and earned her Master's in Technology and Education from Harvard with extensive study at the MIT Media Lab, our favorite place. Lygeia, welcome to Conversations on Health Care.

Lygeia Ricciardi: Thank you so much; glad to be here.

Mark Masselli: You know, sort of between the Affordable Care Act and advances in technology health care, America is undergoing significant changes, some would say a revolution spurred on by dramatic developments in Information Technology. So in this changing landscape, patients are increasingly expected to take a greater role in their own health care, and grabbing a quote from somebody which is kind of exciting, "The engaged patient is the super drug of the 21st Century", I love that. So one of your tasks of better enabling consumers to take an active role in their health care is a daunting task, one I know you are probably excited about. So tell our listeners how your team is helping patients unlock the power of the new health information technology.

Lygeia Ricciardi: Sure. I think it's important to realize how much we as patients or consumers play an incredibly humongous role in determining our own health on a daily basis anyway. Sometimes when we think about health and health care, we think about doctors and hospitals and nurses and other providers, and certainly they are essential components of health and well-being but it's also essential to remember that the biggest factors that shape our own health are the choices that we make everyday ranging from what we eat, whether we sleep enough, whether we exercise, that kind of thing to when we seek medical care, where we seek it, all these kinds of things. But with the advent of new technology and with some of the policy changes coming about as well as a result of the Affordable Care Act, increasingly there is a recognition that patients need to be engaged in the process of improving health and health care. And technology provides us a lot of tools to do so.

And what we do in our office at ONC in the Consumer eHealth Program is to really follow a three-pronged strategy that involves the three As as we call them Access, Action and Attitudes. And Access is about giving consumers access to their health information in an electronic format. Action has to do with the idea that once you get this information, you want to do something useful with it so, really supporting the growth of an ecosystem of tools and services that let you take your health information and do something worthwhile with it. And the third A, Attitudes, has to do with the point that we are really undergoing a

transformation in health care that's not just technical or payment oriented but it's about roles and responsibilities and the way people think about their roles vis-à-vis their health. And we want to encourage people increasingly to feel like they can partner with their health care providers, rather than kind of waiting to get direction from their doctors or nurses or others, they can work with them toward better health together.

Margaret Flinter: I want to pull the tread on a few things you said there. I think we are approaching about half of our nation's primary care practices having made the switch to electronic health records, like getting the patients to engage and to use their patient portal to access information, that's been a heavier lift. And I just the other day had a conversation with some leaders in this area and they said that where patients are accessing not just their labs and immunizations and the list of things but where they are actually able to see the notes that their providers have written, it's really a very emotional experience and one that further strengthens their relationship with their primary care provider. I wonder if you would like to comment on any of that.

Lygeia Ricciardi: Yeah. Well I think it sounds like the project you are referring to is the Open Notes Project which was funded by the Robert Wood Johnson Foundation and developed by a number of organizations in partnership in the Boston area primarily. And they have shown some really exciting results that indicate that patients are interested not only in getting a list of basic sort of medical numerical facts but also some of the information that helps to articulate the context for them which is a lot of what they would find in getting access to their provider's notes.

Countless studies show that when patients get the idea when they are introduced to this concept of having access to their own health information, they think it's a good idea. I think part of what's going on here is many people haven't really even thought about it until now because it just hasn't been a part of our typical medical care and practice. And as you say, we are about reaching the 50% point in terms of provider electronic health record adoption but that increase has come about only in the last few years. So now that you are getting more and more doctors online, they are able to push the information or increasingly will be able to out to their patients. So I think we will start to see a change in these numbers. 66% of patients were actually so interested in getting online access to their information, their health information, that they would consider switching doctors to get it, and the Open Notes Project backs up this enthusiasm.

Mark Masselli: Lygeia, one of the programs that we have been following on this radio show has been the Obama's Administration's focusing on the Blue Button Initiative at the VA, and it called for all of the VA health records to be available electronically to patients and providers. Now we are approaching one million vets whose records are now easily accessible via Blue Button. But your department was not going to stop there; it's going to move from one million using

Blue Button to 100 million of the broader national patient population. Tell us about what's going on with these expansion plans to improve access.

Lygeia Ricciardi: The Blue Button is just basically a simple concise way of saying as a consumer, a patient, give me an electronic copy of my health information. So through the VA, what people did, was they log on to a portal and they would click on a literal blue button that had a picture of an arrow that showed download my data, and they could take that data and have it stored on their computer or on a mobile device so that they could take it and use it however they liked. The point is it was not locked into the VA system or any other system. They could take that data and data with it what they wished. So there are some great stories coming out of the VA of people who for example were able to take an iPad into the emergency room and show an emergency physician who was caring for them what kind of conditions they had or what kind of medications they were on even if they themselves were say unable to speak.

And we are interested in really expanding upon Blue Button and making it available way beyond veterans to Americans widely across the nation. So one of the things that we are doing is our office, the Office of the National Coordinator, together with CMS, the Centers for Medicare and Medicaid Services, are working on a program called Meaningful Use. And in order to qualify for those incentives, providers need to agree not only to use an electronic system or to purchase one but to use it in certain ways that lead toward or support better patient care. And one of the things that we have built into that is the requirement that patients should be able to export their data electronically just the way the folks did at VA with the Blue Button. And so that's becoming a requirement for providers nationwide who participate in this program.

Margaret Flinter: Well I understand there's something called a Blue Button Mash Up which invites innovation from the developer community. Are you setting priorities and are you capturing from the next generation of developers of this? Are we going to see the youngsters of the tech world coming forth with ideas as part of this mash up?

Lygeia Ricciardi: Yeah. So one of the tools that we use in our office to encourage people to get involved and really to encourage the growth of that market ecosystem I was talking about is challenges, Prizes and Challenges. So we issue challenges for technology developers and also for the general public. So for example, in the case of the general public, we have put out a number of video contests in which we ask the public to submit a short video about their experience using technology for one thing or another or in a certain context. For the technology developer community, we have put out some contests looking for people to address certain kinds of gaps in the marketplace where we think there are some. For example, we put out a challenge called the Mash Up Challenge, I think it was last June, in which we encouraged developers to take data that comes out of a blue button download and take that data and combine it with

some other kind or kinds of data that would make it useful. So instead of just getting a simple download that says, here is your blood pressure reading, here are the medications you are on and your allergies and those basic facts, how can you combine that with other data to sort of elucidate what that means either relative to other people in your community, relative to norms.

So that's an example of one contest that we put out, a company called Humetrix won that. And you can see actually on our website HealthIT.gov, you can see some of the winning entries and other entrants into that and other challenges that we have sponsored. But that is one of several ways through Prizes and Challenges that we engage a broad community. Another, to go back to a question that Mark asked earlier, is through our Pledge Program, and through that, we basically expand the audience we can reach beyond the providers and others who are eligible for Meaningful Use incentive to encourage a lot of other kinds of organizations to join the movement and be part of getting electronic health information in consumers' hands and in a way that they can really use it.

So we started that program little bit more than a year ago with about 30 mostly companies and organizations who agreed to do a couple of things. One was if they are the kind of organization like a hospital or a health plan, they agreed to make health information electronically available to patients. But this was folks who weren't necessarily required to do it under Meaningful Use because they weren't even in many cases eligible for these incentives. But they recognized that this was a good thing to do and agreed to do it and do it relatively quickly. So that's one kind of way that organizations can fulfill a pledge. The second way was by getting the word out and really encouraging people, helping members of the general public to understand the benefits of getting access to your health information and using it to really engage more fully in your care whether that means helping to coordinate care among numerous providers who might be caring for you or whether that means communicating with your doctor on a much more frequent basis or whether that means using a whole variety of apps and tools like maybe remote monitoring devices, a digital pedometer or a glucose reader, and taking that information and using it either on your own or through on online community but kind of using health information technology and sometimes they are called eHealth tools to be more apprised of your health and more engaged in improving it.

So we use the Pledge Community as well as Prizes and Challenges of ways to engage a broader community and get them all to work collaboratively toward this shared goal.

Mark Masselli: We are speaking today with Lygeia Ricciardi, Acting Director of the Consumer eHealth at the Office of the National Coordinator for Health Information Technology at the Department of Health and Human Services, which seeks to better enable consumers to be partners in their health care, through the use of health information technology. Lygeia, we have had the opportunity of

talking with Dr. Patricia Mechael over at the mHealth Alliance, which is doing work out of the United Nations Foundation. And they have really got so many exciting partnerships going on with NGOs, business communities all over the world. What are you seeing that's happening around consumer engagement around the world that you wish was going to happen here in America? Are there things that you are chomping at the bit to say, let's crosswalk that over from Africa to the United States to help further the work that we are doing here?

Lygeia Ricciardi: There are a lot of interesting things going on in other parts of the world that I think we can learn from, and many other countries have health systems that are more streamlined or simple than that in the US so it can be easier to adopt new technologies. But I really do think actually sometimes change is a little bit slower than we like but I do really see it taking off and I feel like we don't need to look across international borders to see change. What I like to do is look across industry borders. So health care is a little bit behind. But if you just look at how much we are using technology in other parts of our lives, I think people are really empowered by Information Technology, by the Internet, by mobile devices, by online communities, and we now have, many of us, the power of what would have been a huge computer years ago in our pockets that we are able to access immediately. And I think that there is so much we can learn from other industries and increasingly from the fact that there is so much data being generated which can be sort of shared across boundaries so that we can understand new things by combining data about how we shop and how we eat and how we feel, those kinds of things. So kind of mashing up data in ways that yield new knowledge is something that's really exciting to me.

Margaret Flinter: Lygeia, we had ePatient Dave on the show, as I am sure you know, talking about the ePatient Movement which certainly has gained momentum. But often, people don't make the jump on to something new without some personal experience to spur them into action, and storytelling is certainly one of the great ways that happens. You have worked as a speechwriter. I know you are an expert in communications along with so many other things. Tell us about your relationship with members of the ePatient Movement and how you are tapping into their efforts to help grow this movement to the broader population.

Lygeia Ricciardi: So first of all, I would say I think of myself personally as an ePatient, somebody who is engaged and empowered and enabled by technology but somebody who really tries to be involved in my own health and health care whether for myself or for my family members. As a brief illustration of that, I have a young daughter, and to make a long story short, I think that by being an engaged patient or a caregiver in this case, my husband and I were able to spare her unnecessary open heart surgery. So definitely I mean I come from this from a personal perspective. I was an ePatient before that even occurred certainly but it really resonates and makes sense to me.

In terms of how we work with ePatient Dave and many other ePatients whom I respect greatly, we try to incorporate consumers and patients into every single thing we do whether it's policy making or public meetings or even participating in judges the Prizes and Challenges I was talking about, being part of things that the Pledge community does, really everything. I mean we really feel that the patient and consumer voice is critical to helping to grow our understanding but that of all of our other colleagues in the policy-making world and in the private sector too. And patients are perhaps the central player in health and health care so it's essential that they be part of everything we do.

Mark Masselli: We have been speaking today with Lygeia Ricciardi, Deputy Director of the Consumer eHealth at the Office of the National Coordinator for Health IT at the Department of Health and Human Services, which is seeking to enable consumers to be better partners in their heath care through health information technology. You can find out more about the work they are doing by going to www.healthit.gov. Lygeia, thank you so much for joining us on Conversations on Health Care today.

Lygeia Ricciardi: Thanks so 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 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, we received a lot of questions from readers about a viral email claiming that 11 states have more people on welfare than they have employed. As with the vast majority of viral claims, this one is false. It's a distortion of a Forbes Magazine article by an investment strategies writer who compared the number of private sector workers with those he said were "dependant on the government including government workers and pensioners and Medicare recipients not just those on welfare". In fact, none of the 11 states on his list has more Medicaid recipients than workers, either workers total or just workers in the private sector. And Medicaid recipients can also work in the private sector but they earn low incomes that qualify them for Medicaid coverage. That means Medicaid recipients could be counted as both takers and makers, the label that the Forbes writer, William Baldwin, uses.

We also looked at the number of food stamp recipients or those receiving cash assistance through the Temporary Assistance for Needy Families Program, what most people think of as welfare. But workers in these 11 states also outnumbered those receiving that assistance. The email that's making the

rounds twist Baldwin's article claiming that these 11 states which Baldwin described as death spiral states have more people on welfare than working. That's off base. Baldwin told us that his article and the viral email "are not the same thing at all". 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 www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

(Music)

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