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Mark Masselli: This is Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret, another State of the Union address is in history books.

Margaret Flinter: And President Obama didn't focus so much on the Affordable Care Act last night. That's beginning to be history but he certainly touched on many subjects that factor into the health and well-being of the American public.

Mark Masselli: But he did acknowledge the rising cost of health care driving the nation's deficits. He also said he would seek modest changes to Medicare Fund; perhaps asking wealthier seniors to shoulder more of their own health care burden.

Margaret Flinter: And he proposed cutting tax payers' subsidies to pharmaceutical companies and also, of course, touched on areas that impact public health and safety in a huge way; like stricter gun controls and also facilitating immigration so those living in this country already can get access to health care and also to education.

Mark Masselli: And also he warned Congress of the dire consequences to the nation's faith with the automatic budget cuts going to effect, the cost of goods (inaudible 00:56) which goes into effect in March 1st, if Congress doesn't come up with a new budget agreement.

Margaret Flinter: And a number of programs will be jeopardized if that happens, Mark. Certainly thousands of research grants currently underway at the National Institutes of Health; a mental health block grant that supports behavioral health services for some 400,000 Americans. These are things that, if impacted, could lead to really dire consequences.

Mark Masselli: Our guest today has been in the trenches of the behavioral health care and he is now working towards a goal of putting more behavioral health screening and treatment in primary care setting.

Margaret Flinter: Dr. John Bartlett is the senior project advisor for the Primary Care Initiative at the Carter Center's mental health program.

Mark Masselli: The Carter Center started 30 years ago by President Jimmy Carter and first lady, Rosalynn Carter; long time champions of mental health care in the health care, something we really believe in here in our own practice in Connecticut.

Margaret Flinter: The Carters, as all of us in primary care know how essential it is to treat the whole patient's needs and poor mental health underlie so many health problems, a huge public health issue and still grossly undertreated.

Mark Masselli: We'll also hear from factcheck.org's Lori Robertson.

Margaret Flinter: And no matter what the topic, you can hear all of our shows by Googling CHC Radio and as always, if you have comments please email us at CHCradio.com or find us on Facebook or Twitter, because we love to hear from you.

Mark Masselli: We'll get to our interview with Dr. Bartlett 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'm Marianne O'Hare, with these health care headlines. The President's State of the Union address focused more on job creation and building the economy than it did on health reform. The President warning this week though, he wouldn't agree to raising the eligibility requirement age for Medicare to 67, as some have suggested.

He warned Congress last week that allowing the sequester on March 1st would seriously jeopardize several key areas in health care; 12,000 research grants would go away, affecting leading research under way at the National Institutes of Health and close to 400,000 Americans receiving assistance with the Mental Health Block Grant would see that support disappear if the automatic spending cuts were allowed to go into effect. GOP members of Congress are demanding more spending cuts before they'll vote to extend the budget past the March 1st deadline.

Meanwhile the Congressional Budget Office released a report this week that showed a sharp slowdown in health care cost increases and is helping to narrow the budget deficit. Medicare and Medicaid spending a rate that's about 15% below what was projected three years ago. At least that rate is on target for 2020 at 15% lower. The report showed that overall health care spending had grown at the lowest rate in decades for a fourth consecutive years. Experts are still not certain what percentage of this shift is due to fewer people seeking health care in a tough economy.

And from the Apple a Day file, get another study out connecting physical fitness in middle age and fighting dementia; a 24-year long study compared middle age patients on a treadmill test. Those in better at the middle age mark had a 36% lower rate of dementia later on. I'm Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We're speaking today with Dr. John Bartlett, Senior Project Director for the Primary Care Initiative at the Carter Center's Mental Health Program. The Carter Center founded 30 years ago by former President Jimmy Carter and former first lady Rosalynn Carter is a non-profit organization dedicated to promoting peace and better health throughout the world. Dr. Bartlett coordinates the activities of the primary care initiative which seeks to facilitate better treatment of mental health and substance abuse in the primary care setting.

Dr. Bartlett earned his medical degree from Yale and completed his psychiatry residency at UCLA Medical Center. He is a former vice-president for Cigna Mental Health and is a Robert Wood Johnson clinical scholar. Dr. Bartlett, welcome to Conversations on Health Care.

Dr. John Bartlett: Thank you so much, Mark. Thanks for the opportunity.

Mark Masselli: John, you've logged a few decades in the area of behavioral health and substance abuse and it's estimated that six out of ten Americans visiting a primary care provider are suffering from some sort of behavioral health or addiction issue, but that often those issues do not get recognized or adequately addressed in the primary care setting. How much of an effect is this really having on people's health care in this country?

Dr. John Bartlett: That's an excellent question Mark and frankly, one that gets right to the heart of what we see as the opportunity here. State of the heart epidemiological studies; I mean studies that look at the incidents and prevalence of diseases in a population show that in any given year in this country, about 25% of the general population meet current diagnostic criteria for mental health or substance abuse issue. Now, that doesn't mean that they are all diagnosed. It certainly doesn't mean that they get treated but they do meet diagnostic criteria, so we know that issues like depression and anxiety and addiction are widespread on the general population.

We also know that these conditions are associated with high levels of both morbidity and disability. In fact, in the developed world; countries like the United States, Canada, Western Europe depression is the leading cause of disability adjusted life years. In other words, it carries the greatest burden of disease; far greater than something like heart disease. They are prevalent, they cause a lot of disability, a lot of morbidity and most importantly in the context of what's going on in this country right now with our tremendous budgetary and financial issues, there is a tremendous amount of expense associated with the co-occurrence of a chronic medical condition like heart disease or diabetes, and depression or anxiety. In the debates around the Affordable Care Act that show that up to 15%

and even 20% of cost associated with chronic medical conditions could be directly related to co-morbid mental illness and/or substance abuse.

If you throw in behavioral issues like lifestyle choices, smoking, lack of exercise, obesity; you start to see the scope of the issue and in fact, current studies from major leading managed care companies show that about six in ten patients who show up in a primary care doctors have some behavioral component; either a condition like depression or anxiety or a lifestyle problem as part of their presentation. So it's really a huge issue.

Margaret Flinter: John, tell us more about the Primary Care Initiative itself at the Carter Center's Mental Health Program and how is this initiative moving us forward in ameliorating this problem of lack of access to mental health and addiction services and let me add the word "effective" to that as well, lack of access to effective mental health and addiction services.

Mr. John Bartlett: Traditionally, the focus of mental health and addiction policy has been on those most severely impacted; people with what's called severe and persistent mental illness, people who are addicted and need abstinence based treatment, etc. and that has really been a tremendous focus for the last 30 years or so, and frankly successful because we add things like the institution of parity with the Mental Health and Addiction Parity Act, but beginning with the release of David Satcher's, when he was the Surgeon General, he released a report on mental health in America in 1999 and that really started a growing recognition that there was a hidden crisis about accessing appropriate and effective mental health care.

When I say hidden, it occurred in people who were seeing doctors. They weren't seeing specialists; they were seeing primary care doctors or general medical doctors or medical specialists, whatever. So that report really highlighted this; there is a large associated behavioral component to the presentation of many, many people. So depression, problem drinking or drugging and unhealthy lifestyle choice, etc. A lot of the work has been done in the area of depression for obvious reasons; it's an important condition. It's one that we have treatments for and treatments frankly that can be implemented in the primary care sector.

Over 50% of the people who get treated for depression receive their treatment only in the primary care setting. Under routine approaches to these patients, only 30% show clinically significant improvement. Yet at the same time, for many of the past several years anti-depressant medications have been among the most widely prescribed classes of medications in the country. In 2005 in fact, they were the most widely prescribed class of medication. So what we have is we have a tremendous amount of time, energy, money going into the treatment of a condition like depression and yet, only a very low clinically significant response rate, so we're literally wasting tens of millions of dollars on not ineffective treatments but ineffective courses of treatment.

The medications have all gone through FDA review but it's how they are being prescribed, how they are being followed; that is not going on in the primary care setting, not because primary care doctors are bad people they are busy people. The average primary care visit lasts somewhere between 12 and 15 minutes. In that 12 to 15 minutes, primary care doctor has to deal with three or four chronic medical issues, as well as a depression/anxiety problem, drinking, drugging, etc. Depression sort of comes usually at the end; "How is your sleep? Are you feeling better?" "Yes," etc. It's not adequate follow-up and so in fact, what we find is that response rates are not very good in the primary care setting. We really have a lot of work to do in terms of becoming more scientific about how we not just prescribe medications but more importantly how we follow treatment response.

Mark Masselli: John, you've got a great perch at the Carter Center where you work with multiple partners in the pursuit of eradicating disease globally but also providing better health care to Americans here at home. I wonder if the conversation that you were just having now came out of the work that you had done at the Health Education Summit where you jointly held the summit with the American College of Physicians and issued a paper, *The 5 Prescription for Ensuring the Future of Primary Care*.

Perhaps you were telling us part of that already or if not, can you tell us about the both the collaboration with the College of Physicians and what are you prescribing for primary care practices?

Dr. John Bartlett: We have a very active and collaborative relationship with the primary care specialties; the American College of Physicians, the American Academy of Family Physicians, etc., and actually what I was talking about did lead to the Health Education Summit market, it actually came out of an earlier summit meeting that we had here, called the Medical Home Summit which happened in the summer of 2009 and at that summit we brought together about 50 people from the fields of primary care, behavioral care. So the question that we tried to address at the Medical Home Summit was could the patient centered medical home be used as a platform to scale up evidence based approaches to integrated care? Out of that meeting came a couple of recommendations. One was that we work closely with the accrediting organizations, like the National Committee on Quality Assurance to make sure that whatever standards were developed for accrediting patient centered medical homes focused very clearly and explicitly on the importance of recognizing, screening and addressing behavioral health issues in the primary care and that was an effort that was successful with the release of the new, revised standards for the patient centered medical home about a year and a half ago.

The other thing that was, the recommendation that came out of the Medical Home Summit was that we do something to address the education of health

professions. That led to the Health Education Summit which we co-sponsored with the American College of Physicians. At that summit, we tried to address the question of are we training the health profession students of today to work efficiently and effectively in the health delivery system of tomorrow.

Margaret Flinter: Well John, we look at this pipeline; where is this workforce coming from and as we look at the early implementation of elements of the Affordable Care Act and then more of it coming in January 2014, how is the Affordable Care Act speaking to the issue of workforce size and development, education and training?

Dr. John Bartlett: In the context of integrated care Margaret, it's doing some things well. I mean it certainly has made a commitment to increase the size and impact of the primary care workforce in this country. So there are provisions within the Affordable Care Act that increase the reimbursement to primary care physicians which have traditionally been underfunded like psychiatrists and other mental health clinicians have traditionally been underfunded.

In terms of promoting integrated care, it's exactly those initiatives that you just spoke about; the patient centered medical home demonstration projects and the accountable care organization demonstration projects that really are advancing integrated care as well. I mean, it's my belief that when you start moving into an environment like an accountable care organization where a single entity is responsible for both the clinical and the financial results, if you do not aggressively screen for and address behavioral health issues like depression and problem drinking, drugging you'll never be able to meet the financial or clinical goals. So, that's really the next generation of hope for integrated care in a way. In terms of producing a workforce that is trained to work in that direction, there is still a lot that needs to be done frankly. There is a great emphasis now on teaching team based work to health profession students but in terms of focusing that on the role of the behavioral specialist within the team and the recognition on the part of primary care providers that behavioral health issues are a major part of what they are going to be seeing in their primary care practice. There is still a lot of work that needs to be done.

Mark Masselli: We're speaking today with Dr. John Bartlett, senior project director for the Primary Care Initiative at the Carter Center's Mental Health Program which is seeking to train primary care clinicians to better identify and treat behavioral health and addiction issues in the primary care setting. Now the Carter Center relies a lot on the idea of team work to achieve its goals and it's worked pretty well for the organization, but you say that teaching team work is an essential element of medical training of the future. Explain to us how you see team work model evolving in the emerging area of medicine.

Dr. John Bartlett: I think that the primary care is a team based sport, frankly. People come in with incredibly complex presentations and because of the current

emphasis on efficiency in the primary care setting, the care of individuals happen in a team based environment. In 12 to 15 minutes, no single individual can address appropriately all of the issues that people bring into a primary care visit. It doesn't mean they have to do it all themselves but it does mean that in a comprehensive, integrated, effective primary care environment all of the services need to be provided and you can only do that through a team based approach.

Now, the interesting thing; actually you pointed it out earlier that I spent a number of years as senior vice-president and corporate medical director for Cigna Behavioral Health Care. I worked in industry with companies like General Electric and Martin Marietta and IBM, and the amount of money and resources that corporate America puts into training teams to be high functioning teams is huge, it's literally tens of millions of dollars. We put no money into that in health care. When I graduated from my internship; I was a medical intern at Jefferson University in Philadelphia, I got in my car, I drove to California where two weeks later I was the leader of a treatment team at UCLA. I knew nothing more about psychiatry than I had two weeks ago when I was a medical intern but I was the team leader. So, we don't do a very good job of training people to be more effective team members. We need to pay attention to that.

Margaret Flinter: I want to maybe move one degree away from what we think of as the classic primary care office and think about innovation; maybe one step when we're still within what we would think of as general domains of primary care and ask you to comment on your work in this area, your thinking about how it contributes, and I'm thinking specifically of things like school based health centers.

Dr. John Bartlett: One of the interesting things that we are doing here is that we've actually sort of moved the concept of integration beyond the context of integrating primary care and behavioral care. We're actually moving into integrating the medical and behavioral delivery system into the greater community. One of the things that I'm involved now is working with faith based communities around the country to move behavioral health screening out of the health care environment into the faith based environment through pastoral screening and counseling frankly.

A couple of years ago, we co-facilitated a meeting with the National Center for Primary Care at Morehouse School of Medicine where we brought together a group of individuals from organizations such as yours who have moved pretty far down the path towards patient centered medical homes, and then we invited a whole bunch of other people who were interested but had not made that commitment yet. And it was funny, all the people who would sit there and say like, "We are really interested in this but we need to get paid for it." All the early adopters said, "Don't worry about that, it will more than pay for itself, it's the right thing to do." Interestingly enough, when you start moving this into the pastoral environment, they just focused on that "it's the right thing to do," and so we're

very interested in using this mobilization of the faith based community. We could just as easily look at mobilizing the business community, as you talked about. It's using these other channels to bring screening and early interventions out into the community in an effort to improve overall community health that we're getting very interested in at this point.

Mark Masselli: We've been speaking today with Dr. John Bartlett, senior project director for the Primary Care Initiative at the Carter Center Mental Health Program, the Carter Center founded 30 years ago by former President Jimmy Carter and first lady Rosalynn Carter. You can learn more about all of the exciting work that's being done at the Center by going to cartercenter.org. Dr. Bartlett, thank you so much for joining us today on Conversations on Health Care.

Dr. John Bartlett: Thank you so much, Mark and Margaret.

(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, the contraception mandate is back in the news. Last year, the Obama administration announced that most employers would have to offer insurance that covers contraception for free. Churches were exempt but not other religious organizations, such as hospitals and universities, and the administration later amended it saying that religious groups wouldn't have to provide free birth control coverage but instead the insurance companies would do so. Well, now the Administration has proposed that religious groups could offer plans that don't cover birth control, and then the health insurance companies would automatically issue employees a separate policy that only covers birth control, at no cost.

The Administration has argued that free contraception is cost-neutral as it prevents unplanned pregnancies. Critics say premiums would go up. Who is right? Several studies have been conducted on this topic but the results are conflicting and inconclusive. In Hawaii, for example, where there is a contraception mandate a study concluded that it didn't increase premiums. Studies in Pennsylvania and Kentucky simply couldn't determine if free contraception ultimately produced savings and a Texas study said, free birth control wouldn't generate enough savings. The reason, said that study, women would buy contraception on their own even if they weren't getting it for free. We found there wasn't clear evidence to conclude that it's cost-neutral or that it

would increase cost. 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'd liked check, email us at CHCradio.com. We'll have factcheck.org's Lori Robertson check it out for you, here on Conversations on Health Care.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our community's and everyday lives. It's no secret that the nation's kids are sedentarian, overweight and the problem isn't being remedied in many of the nation's elementary and middle schools, where there is little or no structured physical education.

The National Foundation on Fitness, Sports and Nutrition has partnered with other organizations to find tools that will improve the physical health of students in schools across America. There is a new Phys Ed partner in town, enter a popular interactive video game, Dance Dance Revolution; a game that engages players in real physical activity with energetic music and visuals on a computer monitor to keep participants moving for sustained periods.

Rich Killingsworth: Dance is one of the things that resonates with children and it has really advanced two components here; using a gaming context and promoting more physical activity through either a physical education program or through recess time, or through those break periods where children can access this at school or other youth serving organizations.

Mark Masselli: Rich Killingsworth is the Foundation's former director and says their congressionally chartered mission was to create private sector partnerships that will enable all Americans and especially American children to lead healthier lives.

Rich Killingsworth: So we're looking at where children and others are spending their time and when you think about how we spend our time during the day, six to eight hours of our day is spent behind a screen; whether that's a computer screen or a TV screen. Using that moment and for children to create more activity and something that resonates with them; gaming is a powerful tool, it's a social tool and if we can build in ways for them be active through that it's going to be sustainable. It's going to resonate with them, they are going to be attracted to it and use it as part of their cultural way of connecting.

Mark Masselli: So they formed a partnership with DDR creators Konami to create Dance Dance Revolution – Classroom Edition. The PC-run program is

user friendly, led by a teacher and each kid has a dance pad that tracks their BMI, their calories burned and their physical output during this session.

Rich Killingsworth: It gives them a baseline for where they are and then how they are improving, and that culturally is very different from where we were. Kids are more oriented to numbers now and how progress is important in their social network.

Mark Masselli: Killingsworth says that the pilot programs in a number of schools have been extremely promising. Kids are already familiar with the game, have fun engaging in it and there is a competitive element as well that spurs the kids on. The partnership also includes the American Diabetes Association, the American Alliance for Health, Physical Education, Recreation and Dance. Dance Dance Revolution – Classroom Edition; a fun, familiar and fast-paced video game being used in a simple school setting to significantly increase daily movement and improve physical fitness. Now, that's a bright idea.

(Music)

Margaret Flinter: This is Conversation 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 wesufm.org and brought to you by the Community Health Center.