(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, I am seeing a word crop up a lot lately in terms of health care pricing. And it's not one we're accustomed to seeing.

Margaret Flinter: And what would that be Mark?

Mark Masselli: Transparency – transparency in health care pricing.

Margaret Flinter: And that has really taken off as a trend in recent weeks since we had Steven Brill on the show talking about his Time Magazine piece on the arbitrary nature of health care pricing. A number of organizations are starting to bring their pricing out into the light of day.

Mark Masselli: The Affordable Care Act is certainly spurring open pricing information on the insurance exchanges. We've see in states like New York and California reveal insurance prices that are markedly lower than what was offered on the individual market in the past.

Margaret Flinter: And did you see the General Accounting Office recently released realms of health care pricing data at the request of Utah Senator Orrin Hatch who want to know how the Affordable Care Act was impacting insurance plan pricing on the exchanges.

Mark Masselli: This is information that simply wasn't publicly available before and well 20% of the nation's insurers didn't provide that data, 80% didn't. We now have a pretty clear document on health insurance pricing and how it differs across the all 50 states.

Margaret Flinter: Well it's going to be so interesting to see if there is a direct correlation marked between the increase and pricing transparency and a decrease in cost. I don't know that there will be, but it will certainly be great if that happened.

Mark Masselli: Then another thing that's overdo though many have tried creating a system that clearly facilitates patient engagement and ongoing communication with their care providers another trend that is expected to grow.

Margaret Flinter: David Chase founded Microsoft's Health Care business which started to create a user friendly patient portal. He has now launched his own company Avado that offers a patient engagement system that he hopes will facilitate the patient provider communication loop. He's got his eye on

developments in the industry that are going to facilitate that incredibly important and often overlooked intersection in health care.

Mark Masselli: Lori Robertson from FactCheck.org shares another misrepresented fact about health care reform but no matter what the topic you can hear all of our shows by going to CHCradio.com.

Margaret Flinter: And as always, if you have comments, email us at www.chcradio.com or find us on Facebook or Twitter because we love to hear from you. We'll get to our interview with David Chase 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 these Health Care Headlines. Confusion and the Health Care Law are contributing to the employment roles as we draw closer to the October 1st deadline for insurance exchanges to be online and ready for perusal. It makes the question what you folks really know about these exchanges and how will they work? It turns out thousands of folks are being trained and paid right now to answer those and any other questions folks might have about the insurance exchanges. There has been a hiring boom of insurance exchange navigators whose job it will be to provide the confused and uninitiated vital information to help them navigate those online insurance exchanges. Up to 9000 new hirers are expected to meet the demand. Meanwhile, another state is on the books with their insurance rates for the state based insurance exchanges. Maryland's Insurance commissioner just revealed rates that are coming in at more than 50% below the going rates on the individual market. Nine companies are providing policies for consumers in Maryland which is posting some of the most aggressively lowered insurance rates in the nation as some of them are concerned those rates will be unsustainable. Medicare that's a different story entirely. The number of doctors opting out of taking new Medicare patients nearly tripled in the last three years, as medical professionals citing poor compensation rates and increased government restrictions as the reasons. Hard to argue we can avoid harm by practicing prevention. A new study out of the Cleveland Connect shows that one ounce of dark chocolate provides 16% of the daily recommended allowance of magnesium, which promotes heart health and onset prevention why not two or three. I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We're speaking today with David Chase founder and CEO of Avado, a Patient Portal & Relationship Management system aimed at bringing the patient directly into the care team. Mr. Chase founded Microsoft's Health

Care business guiding Microsoft to a market leading position in Health IT. He is responsible for numerous health IT and consumer engagement startups and has received or implemented over a 100 Health IT systems across the country from small rural settings to large hospital systems. Mr. Chase earned his MBA from the Kellogg School at Northwestern and is a regular health industry contributor to Forbes, TechCrunch, Washington Post and Reuters. Mr. Chase, welcome to the Conversations on Health Care.

David Chase: Thank you so much for having me.

Mark Masselli: You know Dave, we seem to be really leaping off in a health care, very exciting crossroads. I think in health care we are always on an interesting crossroads but right in front of us are the enormous policy shifts that are coming with the Affordable Care Act, lots of technological breakthroughs are surrounding us. And you say there were still what I sort of call the garage phase of innovation in technology and you liking it to the early adoption of search engines like Google that transformed how we utilize information on the internet. So, from your days at Microsoft to this current revolution in health care information technology, give us a picture of how you see the market developing at the moment and also can you tell me how you think the health care community is ready for this revolution culturally?

David Chase: Sure, I would say, you know, to begin with there is a term used in health care that is becoming a big, big focus called the triple A and which is you know, improved outcomes, lower cost and improved the patient or consumer experience and that is driving the change and it really what's driving that is the incentives around reimbursement where it makes those things really central you know, where as historically basically activity is being rewarded. And the way we see things developing is in the past the health care system has been a very siloed system where there is lack of coordination. We really see things become more patient-centric more accountable and more coordinated. And the most important medical instrument I put that in quotes the future is going to be communication and that really squarely puts not only the various members of your care team from a professional side but the kind of forgotten members of the care team, the patient, the family and the 70 million caregivers that are frankly delivering the majority of health care today.

Margaret Flinter: Well, I think Dave that's a great jumping off point to a chance to ask you about patient relationship management which is an area that you've called the new frontier in Health IT and It strikes me that for these last couple of years we've had so much focus on the meaningful uses certainly of electronic health records and of health information technology and we're continuing to struggle towards that triple aim of particularly around prevention and managing chronic illness. But you have said that what's lacking across many of these efforts is the infrastructure to engage that most important partner in health care,

the patient and that's the concept behind your new patient engagement tool at Avado this patient relationship management. So tell us about that if you will.

Dave Chase: I guess it begins with part of what I mentioned a moment ago that the majority of health care is delivered by non-professionals and our tagline is care beyond the clinic and we will say, the other 99% of your life that you're not in front of the doctor is really critical and it's critical to really weave in the patient to the family and caregivers a full fledge members of the care team. I mean in the old model a 100 or so systems that I have reviewed or implemented over the years, I took a step back and thought about well what's the purpose from a Health IT perspective of a patient and systems and frankly it was to be a vessel for billing codes. That's what our incentive system rewarded and that's what we got. And the key insight that the organizations that are really I call them the triple A in champs they are really doing the best job, is they recognize that for three quarters of all the dollars we spent on health care it's around chronic disease and it's actually not the professionals who make the majority of the decisions that most influence outcome it's the patient, the family, the caregiver making decisions like do I sell a prescription completed, diet, exercise, lifestyle. All kinds of things that there can be the best doctoring in the world but if those things don't get addressed and that, the other 99% when they're not in front of the doctor and you're a provider and you are paying on outcomes that becomes a disaster. So, it becomes natural to provide these kind of tools that allow for a much greater two-way communication and what has been provided in the past, our past has been kind of one-way broadcast.

Mark Masselli: You know David back in 2009, the Congress passed the HITECH Act putting billions of dollars into health information exchanges and today there is hundreds of different electronic health record systems out there for providers and often times there are problems integrating those electronic health record systems. So, when it comes to personal health records focused on patients nobody has really managed to get them engaged. So, who do see leading the effort to adopt your patient relationship management tools and what will be the incentive for them to do so?

Dave Chase: I would say that when you get the incentives aligned it just becomes a natural by product of the care you provide when you are in this patient-centric, accountable, coordinated kind aligned model. When you are in that model whether it's Stanmark or Kaiser Permanente or direct primary care models, they do those things and when you are in the old model looking for service quite frankly things like the PHR and secure email tends to get viewed as just more unpaid work and that's why you haven't seen much success there. It's one of the reasons why you know company like ours it's a relatively new entrant you know we expound those niches that we think represent what will become the mainstream as a whole and you get that alignment and then you know it just becomes a natural way of doing business. It just becomes a logical efficient way of doing things just like every other area of life. Really health care has been the

out-wire there and it's been the incentives more than anything that I had kept out from going on and I mean as I say you know it's about the money you know reimbursement really matters and it takes two to tango and that being that if you just you know pushed patients out the door and saying hey, you know get your act together on health, and to do these things and there is no follow-up and no incentive by the provider, many patients, vast majority don't actually know what to do. So that's I think why there has been a failure in the past.

Margaret Flinter: Well Dave, I'm going to ask you to maybe drill down one more level on that. So I think you're absolutely right this is the new frontier and I don't know if it's one of your colleagues who dug the empowered patient, the super drug of the 21st century, that breakthrough we've all been looking for where we'll have a much bigger impact. But if you look at what's out there in the marketplace you know there is will on the part of the provider community and then the IT companies have responded by having patient portals and certainly iPhones have allowed us to communicate in more ways by text messaging and so forth. But really when I look around the country I still don't see a lot of patient engagement through those strategies, through the patient portal, through alternate ways of communicating with their providers. What do you see around the country, around the world in this area of engaging patients that you look at and said, aha, you know that's a great strategy to engage people?

Dave Chase: I mean there are a number of different examples, certainly one that I am bullish on is what's called Direct Primary Care Concierge Medicine for the masses and where they have done that and they basically operate in a very efficient low overhead manner and so by necessity they do things to make it very easy for patients to track their health remotely. I am afraid in what we do today is the equivalent of, we send patients to a foreign land called health care, you know we give them directions in a second language and then we push them out the door. Doctors are time starved and then what do they do thousands of times a year but essentially hit the replay button on the response to the FAQ to explain a diagnosis with treatment and medication and what the smart ones are doing is, they don't need to have skill but they will pull out your smartphone and shoot a video that respond to those questions. And then in that time that you have between the patient and the provider they can have a more specific nuanced conversation and you know there is no real cost to doing that I mean one doctor who has just used, I think he called at his 41st appointment that he would work into a schedule, and he just pulls out the phone and, you know, take three minutes to answer some question he commonly get in a pretty short amount of time he had a nice library of a personalized content.

Mark Masselli: We're speaking today with David Chase founder and CEO of Avado a Patient Portal & Relationship Management system aimed at bringing the patient directly into the care team. He is responsible for numerous Health IT and consumer engagement startups. He has reviewed or implemented over a hundred Health IT systems across the country. Dave, let's take a look at some of

the early attempts to launch Interactive Personal Health Record systems and Microsoft “Vault” continues to evolve but the other big player Google Health didn’t get far off the launching pad before shutting down its operations. Where do you think they went wrong in their approach and what have you learned from observing that failure?

Dave Chase: One, there was a timing aspect where the incentives weren’t there some years back and so that reduced the motivation on a part of providers to do that. But I actually think the biggest thing was there was too much work required by the consumer and it was a one-sided product. I mean there needs to be a provider side just as I mentioned earlier it does take two to tango and so while you can come in from the outside and say health care is broken I’ve got a better way, you do need to understand the nuances and the idiosyncrasies of health care and how things are paid and I think they just addressed one piece of the puzzle rather than the entire mix and I think that’s really what has kept all of those from getting any kind of meaning adoptions.

Margaret Flinter: Dave, you mentioned direct primary care a few moments back and for our listeners some have called that concierge medicine where a patient’s access health care outside the health insurance system or in addition to the health insurance system by paying a membership fee basically to a primary care provider and for that fee they gain access to their primary care provider anytime they want. I know the founder of the micro financial micro loan a system in Nobel Prize winner has supported that. But it’ often thought of as a system for the wealthy to sort of buy a higher level of care. And yet, I think you’ve presented it as possibly the opposite also way to signal innovative approach to health care delivery of kind of do it yourself organizing your medicine. Can you tell us just a little more about that and what do you sees is both the impact in this time of the implementation of the Affordable Care Act but also beyond that?

Dave Chase: There is a very little amount of clause in the Affordable Care Act it does allow for the direct primary care medical homes to sit inside of the health insurance exchanges. You know that’s sort of a coming things so in the meantime they have gotten off the ground and you know historically a criticism of concierge medicine is that it creates a two-tier health care system and for one the price point generally is though you mentioned the one by the Nobel Peace prize winner with Grameen America and they are initially addressing the undocumented immigrants who are borrowers, there are 17 dollars borrowers of these micro loans in the US and it’s $10 a week which they can afford and that is could be economically self-sustaining model. And the irony is I have often rejected this notion of creating a two-tier system because it’s so affordable and now I am sort of agreeing there is a two-tier system. It’s actually the lower income people who have the direct primary care model are actually getting a better quality care than the richer, middle and upper income people because they are not subject to the seven-minute drive-by appointment so it become a norm in primary care. So it’s actually the lower income people not exclusively but in

these examples who are getting great care. I have seen no model that has achieved the Triple A better than the direct primary care model in terms of reducing cost, improving outcomes and they have patient satisfaction where it's better than Google or Apple. So, it's really quite phenomenal what they're doing.

Mark Masselli: But let's take a look at the future of tech-enabled health care and the engaged patient -- we've had forward thinkers on our show like Eric Topol and e-Patient Dave sort of envisioning a future that fully embeds the engaged patient as part of the care team and bypass is the older way of care delivery with adoptive technologies. And so with so many systems emerging simultaneously and the health care law driving the population towards full coverage, how do you see all of these forces helping you achieve the tipple A image you were just talking about as of better access, better outcomes in lower cost in health care for the future?

Dave Chase: When you get into you know, we just spoke direct primary care there is actually some Medicare Advantage Program that has done phenomenal work here. And the interesting thing is that they realize that if they take time with patient and you know particularly with the elderly with their family and caregivers to explain their choices without being a gatekeeper like the old HMO model. In many, many cases probably the majority of the time they actually choose the less invasive route because they're informed of significant risk particularly when you talk about the frail elderly where you know when you go in a sound surgery or transplant or whatever that is not what that is. And in many cases there are also alternatives where the quality of life can be significantly better. And so if you took those models that already exist in pockets around the country and scale those up you essentially don't need to do anything else to essentially solve health care. It's just that's not been brought together in the one integrated whole into one place and I think that's where there is a tremendous opportunity and some exciting things going on and some communities like Tampa that are really trying to step up and then be that place where that whole brought together.

Margaret Flinter: We've been speaking today with David Chase founder and CEO of Avado a Patient Portal & Relationship Management system that's aimed at bringing the patient directly into the care team. You can learn more about his new venture by going to www.avado.com and you can find him on LinkedIn. Dave, thank you so much for joining us today on Conversations on Health Care.

Dave Chase: It's been my pleasure

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a non-partisan, non-profit consumer advocate for voters that aim

to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well Mark and Margaret, this week we'll look at who is exempt from the individual mandate that's part of the Affordable Care Act. This is the requirement that starting in 2014 people have to have health insurance or pay a fine. So, who is exempt from this? Well, it's mainly low income individuals such as those who earn too little to be required to file tax returns. For 2012 that was those earning under $9,750 a year or $19,500 for married couples. Also exempt our employees who can't afford their work based insurance. These are employees who would have to pay more than eight percent of household income for coverage and those who can't get an affordable offer of coverage on the insurance exchanges. There are also exemptions for hardships in obtaining coverage and those are determined by the Secretary of Health & Human Services. The law also exempts those who have gaps in coverage of less than three months, members of Indian tribes, members of a health care sharing ministry and members of certain religious groups that are already exempt from social security taxes that last category is made up mainly of Anabaptist groups such as Mennonites and Amish**.** Also exempt those who are in jail. A few readers have asked us about Americans who are living overseas. Those who live abroad for a full calendar year are exempt but those who live in another country temporarily are not. Also residents of US territories do not have to comply with the mandate. 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 countries 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, e-mail us at chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health care.

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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. In one of the most popular TEDtalks of all time game developer Dr. Jane McGonigal made a pretty bold prediction.

Jane McGonigal: If you want to solve problems like hunger, poverty, climate change, global conflict, obesity, I believe that we need to aspire to play games online for at least 21 billion hours a week by the end of the next decade. No, I am serious.

Margaret Flinter: McGonigal is the director of Games Research and Development at the Institute of the Future. And she is a thought leader in the growing trend of the gamification of improving health and social wellbeing

through interactive video games. But she didn't realize that her prediction would come home to roost on her own doorstep. After suffering a severe concussion in 2009, she said come to the classic symptoms of traumatic brain injury, constant pain, chronic headaches, fag, depression, even suicidal ideation.

Jane McGonigal: In all seriousness suicidal ideation is quite common with traumatic brain injuries. It happens to one in three and it happened to me. My brain started telling me Jane, you want to die?

Margaret Flinter: So she created the game super better. McGonigal's research shows that when people engage in gaming they are more likely to reach out for health to empower themselves through their game avatar and to use the avatar to slay the symptoms they are battling. So, McGonigal's avatar became Jane the concussion slayer.

Jane McGonigal: Within just a couple days of starting to play that fag of depression and anxiety went away. It just vanished.

Margaret Flinter: Within a year the other symptoms dissipated and went away. She decided to put the game online for anyone to access and the feedback totally unexpected.

Jane McGonigal: Not everybody has a concussion, obviously, not everyone wants to be "the slayer," so I renamed the game Super Better. And soon I started hearing from people all over the world who were adopting their own secret identity, recruiting their own allies, and they were getting "super better" facing challenges like cancer and chronic pain, depression and Crohn's disease.

Margaret Flinter: She says that the game revealed the phenomena the scientist called post traumatic growth. Well some people experience dramatic growth after traumatic event. The game just seems to get people to that place more quickly. Super Better, a simple online game that allows players grappling with all kinds of conditions to battle those symptoms in order to better manage and hopefully defeat their condition. 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.