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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well, Margaret, the growing pains continuing for the online insurance marketplaces Verizon who hosted the data hub was down, knocking the exchange side down as well. They've had a fair share of problems, Margaret, but they also have brought in some technical experts to get this thing resolved.

Margaret Flinter: That's right and even while it was happening, Mark, CMS Administrator Marilyn Tavenner was on Capitol Hill apologizing to a Congressional Committee about the problems with the exchange saying it wasn't acceptable, taking responsibility, vowing to see a fix and setting a deadline by when it would be fixed.

Mark Masselli: You know also they've encountered another problem in addition to the website, people are saying that millions of Americans are being kicked off their insurance, I think the Secretary Sebelius clearly laid out and millions of Americans annually prior to this have lost their insurance, they had insurances that were sold to them that it didn't cover anything, and anytime that they found themselves needing health insurance, many times they were dismissed from the plan, that's no longer allowed and I think that's good news.

Margaret Flinter: I agree with you and speaking of Health and Human Service Secretary Kathleen Sebelius well she's been on the hot seat taken a bit of a drumming from some members of Congress over this problems with the launch of the Federal Exchange.

Mark Masselli: Meanwhile the President chose a different venue to bring this case to the people, he travelled to Massachusetts which has had a very robust health insurance plan, but we didn't start out, it also face these similar problems, those who are in distinct memories and now people enjoy a robust plan from Massachusetts as well as the Federal Plan.

Margaret Flinter: But you know the administration I think did make a reasonable and appropriate decision to extend the deadline for the individual mandate to purchase insurance by March 31st, they've extended that deadline for opening **(2:01 inaudible)** and other six weeks out to April 15th, I think that was a good recognition that people had been inconvenienced and who knows if ultimately that made the difference but appropriate decisions to make.

Mark Masselli: Margaret I think you're absolutely right on that, and some good news came out recently for those Americans who rely on Medicare Part B Premiums, their rates won't be going up in 2014, remaining flat. Medicare Part D had save seniors over

\$8 billion in drug cost as well, so a positive bit of news for seniors relying on this program.

Margaret Flinter: Well our guest today knows quite a bit about change in the Health Care Arena, Dr. Farzad Mostashari recently left his post as the National Coordinator for Health IT at the Department of Health and Human Services. He is now at the Brookings Institution where he is going to continue to promote the expansion of Health Information Technology across the country to improve Health Care. He'll be taking a look back and also talking about his new endeavors.

Mark Masselli: We'll also be hearing from Lori Robertson, Managing Editor of FactCheck.org who would be stopping by to shine a spotlight on the statements made about health policy in the public domain.

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

Mark Masselli: And as always if you have comments please contact us at chcradio.com or find us on Facebook or Twitter, we'd love to hear from you.

Margaret Flinter: Now we'll get to our interview with Dr. Farzad Mostashari in just a moment.

Mark Masselli: But first here's our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I'm Marianne O'Hare with this Health Care Headlines. The Obama Administration on the offensive. President Obama using last week's Anniversary of his Reelection, to trumpet a campaign and making sure the online health insurance marketplace is work, saying he's got one more campaigning and President Obama vowed continue the work on the issues plaguing Health Care.gov until the system runs smoothly. Plagued with merrier problems and setbacks on the Federal Exchange or coudrey of handpick top of the line coders from across the internet spectrum are working around the clock to fix the system, some of the top folks from Google, Amazon and more. They're still shooting for an end of November deadline, they have the worst to the problems sort it out. However around of criticism against the law continue to mount with each passing day, to allow this course resonating from the right of the isle but the increase number of democrat and supporters of the Health Care Law are calling for recalibration of the timeline as it is the deadline sign up for health coverage has been extend six weeks to April 15th. And though the state based insurance exchanges are generally being run more efficiently, they are still problems being reported there as well especially a junctures where the state exchanges interface with the Federal Government website. Well tens of thousands of customers have gained coverage and exchanges across the country and states like New York, Connecticut, and California, as

of last week not one customer in Oregon had been able to sign up due the problems with their website.

And what about those policies being canceled by insurance companies across the country, millions of self-insured residents have gotten cancellation notices on policies but there is somewhat of a back story, most of those plans are expensive with high deductible and don't cover the essential benefits required by the Health Care Law, some insurance companies then urging them to get it more expensive plan in that insurance company stirring them away from the exchanges as the number of this policy holders look into the Federal or State Exchanges for an alternative their finding those policies are cheaper, cover more and relevant to capitalize on government subsidies, to defray the cost of health insurance. Number those insurance companies are already been fined for misleading their customers. And with all of the hullabaloo over the Health Care Law especially in Congress, there is one bright spot in the horizon bipartisan support for a fix to the SGR the Medicare Reimbursement Formula that's been plaguing the Health Care industry for years as a major under consideration that would freeze current reimbursement for 10 years and fixed the formula to reward value and outcomes, without a fix Congress holds to the Health Care industry in each grip every year while voting on the last minute so called doc fix. I'm Marianne O'Hare, with this Health Care Headlines.

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Mark Masselli: We're speaking today with Dr. Farzad Mostashari a visiting fellow with the Engelberg Center for Health Care Reform at the Brookings Institution, Dr. Mostashari was recently the National Coordinator for Health IT at the US Department of Health and Human Services where he led a national initiative to promote widespread adoption of Health Information Technology. Dr. Mostashari has served at the Center for Disease Control and Prevention; also serve as Assistant Commissioner at the New York City Department of Health and Mental Hygiene with initiative and serves as Chair of the International Society for Disease Surveillance. Dr. Mostashari, welcome back actually do Conversations in Health Care.

Dr. Farzad Mostashari: Thank you for having me back.

Mark Masselli: Well, we're in that hopefully the final stage is the rollout of the Affordable Care Act and there has been 7x24 on the troubles of healthcare.gov the Federal Portal to the online insurance marketplace and we're sure they're going to get that fixed but sort of lost in this larger focus has been the work that you've been doing on meaningful adoption of electronic, health records across the country to improve health care delivery through better health and management. So tell us a little bit if you will about your thoughts on the current crisis, but also the bigger Health IT issues that are not part of the current debate that's going on in the Congress.

Dr. Farzad Mostashari: Absolutely. So, I mean the one thing is the Affordable Care Act has taken some big steps forward in terms of getting people covered, whether it's

through the Medicaid expansion, whether is through children under the age of 26 being able to stay on their parents insurance with pre-existing conditions and this is the last piece of that puzzle fitting together to get the 15% of US population, it doesn't have access the health insurance, access to health insurance which is a good thing, and you know I think all the discussions we can't forget about -- yeah almost the moral imperative of having people be able to access health insurance which they never could do before. The website is not the Affordable Care Act and at the end of the day there are better options for people today than we had before to be able to have access to Affordable and Health Insurance. And I think that the website issues will be resolved, but at the end of the day it's going to come down not the discussion of health policies, it's going to come down to individual consumer thing. Do I have accessed to better health insurance and less expensive premiums and including with the subsidies then I have before and I think for the vast majority of Americans answers are going to be yes for those who didn't have insurance or who are transitioning as I am, I -- for me to be able to keep the insurance, the family plan that I had with my family and my federal job after I left my federal role last month would have cost our family \$25,000 a year, if I were purchasing it as an individual. On the Maryland Exchange yesterday I went on, and I went all the way through and it work.

Margaret Flinter: Yes.

Mark Masselli: Isn't that great.

Dr. Farzad Mostashari: I could get that same family plan for \$10,000 a year, that is outstanding and it's you know, it's better.

Margaret Flinter: Well Dr. Mostashari thank you so much for putting in that perspective you've obviously just left a very high profile job as the National Coordinator for Health Care Information at the Department of Health and Human Services, you also had another goal which was not just to implement them but to liberate the data that came from them to accelerate the pace of research which ultimately improves Health Care and improves health outcomes. Perhaps you could give us an assessment, how far have we come in the United States since the time that you join the ONC about four years ago?

Dr. Farzad Mostashari: The short answer is about half we done trough the basic process, the first step of bringing the age of data to health care, digitizing health care. So, when we started at 8.8% hospitals, about 17% physician practices did and within just a few short years that number went up 5/4th for hospitals and 3/4th for physician practices. Something that was you know pretty unusual just a few short years ago is now the norm, using electronic health records to take care a patient not just to billing, but as you point out that just the first step and what are we using them for and how are the meaningful use requirements around population health management around being given to examined disparities and the care you're providing and being able to share information with patients, and with each other. Those are just tactical capabilities; those are competencies in delivering health and new ways which I think we're only about five

to 10% of the way through figuring out how to use the technology in these new ways, but a whole lot of work yet to be done.

Mark Masselli: You started to talk about the information share with patients and I was thinking about the next 10 years really being about consumer engagement and thinking about the sort of the three A's Access, Action and Attitude. So talk to us about what you see this sort of shared decision making with patient at the center of this, how are we going to engage the consumer, what's the paradigm shift?

Dr. Farzad Mostashari: There's a whole series of behaviors that flow down from how we pay for health care, and it really runs counter to what people went to medical school to do with their lives. But there is a couple of big trends here that are changing that equation, the first is changing in payment that does two things, one increasingly the patient perspective and patient experiences are one of several factors that are going to play into physician reimbursement. And you know like it or not but there is going to be more attention and money behind those, but more substantially I think is going to be those measures and metrics relating to outcomes that the patient get readmitted. Well, some of that, a lot of that is going to be what happens to patient and how well they know how to take care themselves after they leave the hospital. So there is a lot more attention now all of a sudden because of the reimbursement changed to making sure the patient understands by golly, yes, let's bring the family member in too, so they can understand, so there is a better passage and they can help take better care of themselves. And then the other massive megatrend is the fact that that hardware and software, and platform is now ubiquities in more and more pockets we have this smartphones that are really going to be able to be equitably powerful tools if an ecosystem emerges to help turn that data into useful actions for people, and that is I think one of the most exciting things happening now is this vast ecosystem that starting to get rolling that is around health and wellness, and I think it's very exciting.

Margaret Flinter: It is very exciting, and do you know I have to draw an analogy here between the excitement about engaging patients, engaging them in decision making, giving them tools to change and to make progress. And what the office of the National Coordinator did with the creation of the regional extension centers for the adoption and implementation and meaningful use of the electronic health records and I think the question might be does that structure live on passed years of the meaningful use dollars and the High Tech Act should become something of a cornerstone or a building block that we can use when we need large scale change improvement and advancement, and the health care system but we need on the ground, we need to enroll communities and urban communities. We needed across America, I'd be so curious in your thoughts on that.

Dr. Farzad Mostashari: Gosh, I can't say it more beautifully than you just did, it's really been an incredible success story, there is nothing I'm more proud then the work that the 62 Local and Regional Health IT Extension Centers did in reaching out to in their own communities, reaching out to those most difficult implementation effect, not taking the easy, right? The Extension Centers went to the hardest, they went to the small

practices and so the practitioners in the community health centers, and the rural health clinic, and the critical access hospitals, and they got 143,000 primary care providers to help them get to this really very difficult process of changing what we've been doing for 5,000 years writing with pen and paper into electronic age. Now you're asking well now what, are we done? No, we're no done. How to use that in the process change and how to get quality improvement and how to do the patient engagement piece of this and how to succeeded Accountable Care, don't we need boots on the ground to help with that too? More than ever I would say, more than ever. And it is the -- it is really the largest force that we do have for practice transformation in this country. And yeah, you know I don't know if it's going to be the State that step up, there are many States who have now enable to leverage 9 to one federal funding actually to help those Extension Centers, extend their work to specialist on the Medicaid side, but the fundamental problem I think here is that they have been seen as something that should be free or almost free. And making that mental switch to think, I'm not going to compare it to free, I'm not going to compare it to the 50 or 100,000 dollars that's going to cost me to bring in a private sector consultant to those half of what these guys do, that I think is the challenge that we're facing.

Mark Masselli: We're speaking today with Dr. Farzad Mostashari visiting fellow with the Engelberg Center for Health Care Reform at the Brookings Institution. Dr. Mostashari was recently the National Coordinator for Health IT at the US Department of Health and Human Services, where had led as National Initiative to promote widespread Adoption of Health Information Technology. And we've talked to -- and you've talked about the transforming the health care landscape is we really need to take an American approach to payment reform and there has been a lot of focus about the Accountable Care Organizations being a big factor in this new payment models. You know wondering if it really is going to come from those areas I think they seem to be out there but in name only and I wonder what your thoughts are about Medicare and Medicaid really leading -- leading this drive because I think you have to ask yourself the question what do we paying for, we're paying for people to get healthy, right?

Dr. Farzad Mostashari: Absolutely.

Mark Masselli: So or we're paying to save money, short-term savings, and I wonder if Accountable Care Organizations without the federal leadership here really going to -- really come into to their own right now, and so tell us what you're thinking about what you see the future to be about new payment approach to really shift this landscape and absolutely been a cross curve but to clearly get away from this terrible model that we have now which requires the body to comment, you know and sort of, so lot I -- just is in focus on the patient or outcomes.

Dr. Farzad Mostashari: I am a big believer in the concept of the Health Care Organizations and I think it is the single best hope we have for primary care in this country. I think it's a huge opportunity and it's really the primary care physicians in all this and that hold the keys to the kingdom and they don't even know they're holding it. And with the Accountable Care Organization which is a national program that's

available to any primary care provider that a group of primary care providers, they have more than 5000 Medicare beneficiaries. The core concept there is if you improve quality, if you improve chronic disease management, care coordination, and you keep people healthy and out of the hospital and then you get to share in the savings that from that and that is just an enormous opportunities for primary care because primary care providers don't account for more than a few tiny percentage point to the total health care cost, so by investing more and this is what we've been saying all along but now here's an opportunity to walk the talk, right? If you deliver more and better primary care and keep people healthy, you will be able to recoup those cost to be able to reinvest in the kind of improvement and the kind of care that you've always wanted to provide.

Now the challenges here is knowing how to do that is not easy, we have a lot of the information tools but we don't have I think as you pointed out the widespread understanding of how to use the tools to meet those payment models. How to be able to reduce those admissions that are enabled to care sensitive, how to be accountable and to be able to account all my patients and I'm anticipate who is going to be the one to get in trouble and to reach out to them affirmatively instead of waiting for them to make an appointment with me. And those are fundamentally new skills and we have Accountable Care Organization learning network here at Brookings that I'm really working to invigorate the physician ACO part of the process. And I really invite anybody who is a physician ACO, if you're a primary care practice and you're not thinking about it, by god you're missing the opportunity and I'd love to have you engaged with me here at Brookings on that activity.

Margaret Flinter: You know it's -- in many ways you're describing a phenomena I think of recent years which is the all health care people have understood every responsibility to be lifetime learners, lifelong learners.

Dr. Farzad Mostashari: Yes.

Margaret Flinter: Staying current with the developments in science, but now that's been a new focus put on people to be lifetime learners of practice transformation of lifetime learners of quality improvement and of new techniques and yeah we -- you know we just had this conversation with a team of our colleagues this morning, has this gone to the level of the schools of the health professions, about the undergraduate schools and certainly the graduate professional schools from your purge, what are the transformations happening in the education and preparation of the next generation that are going to make this a smoother, easier platform for everybody?

Dr. Farzad Mostashari: That's a great question. I have long regretted that when I was going through my medical training there really wasn't much of a focus at all on improvement science, on managing population it was 100% focus.

Margaret Flinter: Right.

Dr. Farzad Mostashari: You have a person in front of you who have an illness, and almost to the exclusion of even understanding the context, the community that that person comes from. The time and where are we and when are we, and what's happening of which the population with that person is merely one example, and how they improve a cohort of patients. Those are skills that are still not being taught, and the electronic health record, I know that there are in many schools -- the students don't even have the right to touch the record, because they don't -- they haven't figure out the policies of how to make sure that the counter signing in a medical aspect or liability issues or addressed. But those are solvable problems and absolutely I think the medical students, nursing students and others can be huge assets, and part of their training must be how to use information systems to improve population health, as well as individual health. The wonder array of light that I'm seeing, we're doing a pilot -- ONC is doing a pilot study now, with the experiment with the curriculum with educators and tough medical school but I had recently heard from someone that some of the newer medical schools are actually incorporating these themes into including the one I heard in Connecticut. So and maybe again some of the disruptors, some of the new comers that for which -- are the most interesting things occurred.

Mark Masselli: You know I want to harking back to the days that you and Tom Farley were working in New York City's Department of Health and Mental Hygiene.

Dr. Farzad Mostashari: Yes.

Mark Masselli: First of all a shout out to Marry Bloomberg for how did he assemble the two of you it's sort of a great end others -- and others who were there but you know for this learning the public health folks who are also listening, talk about sort of passion that brought there you all were thinking about really radical transformations of the municipal environment, and they had national, international implications, what we need back in our communities at the governmental level, what type of leadership do we need to continue that because there are really the place for real transformations in our country. Certainly the national work that you've done has been exciting but I still harking back to those days and the excitement that you brought into the national arena.

Dr. Farzad Mostashari: You know Tom -- Tom and I wrote a paper and it was about Near City Smoking experience and then how smoking in teens was dropped by half and adult and after years of beings dime and it came down because of the combination of things that we did, driven by data, driven by evidence, but really hard policies but you know whether it's smoke free or whether it's cigarette attacks, whether it's coming down on more enforcement, whether it's education, whether it's marketing and so forth. But at the end of the article we said you know in order to have sustain improvement as federal action is needed which is kind of a standard thing that people that local to the state level, they always write in the end of their articles right like we need federal action.

(Multiple Speakers)

Dr. Farzad Mostashari: And the editor made one change, they cross out that line and said our evidence shows that local action can't have a major impact. And I think that's I guess the lesson that I take away from that is that everyone of us can be leaders in our community, and to paraphrase the warning that I heard this today you know, doing, saving lives is simple, it just hard.

Margaret Flinter: Great.

Dr. Farzad Mostashari: We know what to do, we know what to do saving lives is simple, there are few simple thing, right, the ABC's right focus on the blood pressure control and the cholesterol, and smoking and there are public programs that we know work, it just hard to do them but let's do them, and we will see the results. And that I guess is what I will give real praise to Marry Bloomberg, he was never afraid of doing the simple but hard thing that would save lives.

Margaret Flinter: Well thank you for that shout out to personal to local and to national leadership, all of which you embody. We've been speaking today with Dr. Farzad Mostashari, visiting fellow with the Engelberg Center for Health Care Reform at the Brookings Institution, and recently National Coordinator for Health IT at the US Department of Health and Human Services. You can learn more about his work by going to brookings.edu; also follow him on Tweeter @farzad_md, Dr. Mostashari thank you so much for joining us on Conversations on Health Care.

Dr. Farzad Mostashari: Thank you.

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Mark Masselli: 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, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for this week?

Lori Robertson: We've seen true and false claims about the Health Care Navigators, these are the Federal Workers funded by the Affordable Care Act that educate the uninsured about their options on exchanges, and help them enroll for coverage. Let's start with the false. House Republican claimed on the energy and commerce committees website that a Fox News reports makes clear that navigators were going door to door to enroll Americans, after the Obama Administration said that they would not be going door to door, but the Fox News report was mistaken, the workers that showed weren't navigators, they were representative of the United Way of Florida, and a group called Enroll America. Neither group receive federal funding under the Navigator Program, we spoke with both groups and centers for Medicare and Medicaid Services to confirm that. Now for the true, Senator John Barrasso claims that navigators don't have to go through criminal background checks that's right. There is nothing in federal statute that requires such checks. A handful of states five of them to

be exact have added that requirements, and there are other safeguard and protecting against identity theft which was Barrasso's concern. And that's my FactCheck 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 like 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.

(Music)

Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday life, when Derreck Kayongo was a young refugee living in Africa; he learned the true meaning of survival.

Derreck Kayongo: He tell the world can you simply describe as a kid **(28:11 inaudible)** hut place, it's finding all your pieces and trying to put them back together.

Margaret Flinter: Rescued by an aid organization and brought to the United States, he knew he had to do something to make a difference in the lives of those many children left behind. Children displaced by war, orphan by disease, living in extreme poverty, 2.4 million children died each from lack of access to basic sanitation.

Derreck Kayongo: We have about two million people kids die of sanitation issues, mainly because they don't wash their hands.

Margaret Flinter: And when Kayongo learn the hotels around the United States disposed of 800 million bars of soap every year, he knew that was a resource to tap into.

Derreck Kayongo: 800 million bars of soap in the hotels throw away in the US alone every year.

Margaret Flinter: He found that the Global Soap Project, the discarded soaps are gathered and processed to the plant to sanities, it's melt and reforms new bars of soap that will be distributed around the world to children and families living in poverty or in disasters zones like Haiti and with that the children were given lessons and basic hygiene, some learning for the first time, how to thoroughly wash their hands and why. The Global Soap Project earned Kayongo the distinction of one at CNN's hero finalist, and he was also winner in the Annual Classy Awards. We support philanthropic work that improves health and wellness around the globe. A simple idea repurposing the waste of soap and providing one of the most simple tools of hygiene to those in need around the world, now that's the bright idea.

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Margaret Flinter: This is Conversations on Health Care, I'm 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.