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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well, Margaret here we are another year over and a new one just beginning.

Margaret Flinter: And it's expected that by the end of 2014, there will be millions of Americans newly insured and many of them newly entering the Health Care system.

Mark Masselli: Margaret, I think it's also interesting to know that part of the story that isn't getting mentioned as of – it's expected some 15 million low income Americans will be covered by Medicaid expansion that will be significant number of new fully insured American citizens.

Margaret Flinter: And perhaps we'll have a profound impact on things like use of the emergency room and bed outcomes to chronic illness the consequence of lack of prevention so, a terribly important aspect to the health care law because it really aims at protecting the most venerable populations and I do believe this will have a impact on the public health.

Mark Masselli: The White House also announce another option for those Americans who insurance plans have been cancelled and they can't find coverage at a similar cost they will not be charged a penalty and can opt for catastrophic coverage plan that was reserve for Americans under 30 years of age.

Margaret Flinter: It's kind of a short term pleasure I think because I want to remind people that you really are much better off finding a plan that covers all the essential benefits that the health care law cost for that where you really get value for the dollar and much more comprehensive coverage including prevention.

Mark Masselli: All of these changes in health policy are effecting the medical profession as well in our guess today have a keen insight into that side of the equation.

Margaret Flinter: We're re visiting our conversion with Dr. Ardis D Hoven President of the American Medical Association should be talking about the policy initiatives on the way to help practitioners get up to speed with all of the changes impacting health care in this country from health IT adoption to changes in payment to really the transformation of delivery. And AMA along with other professional groups working very hard on the policy side to try and protect the interest of folks and their profession as well of course as their first obligation protecting their patients.

Mark Masselli: Lori Roberson managing editors of FactCheck.org stops by.

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

Mark Masselli: And as always, if you have comment email us at chcradio.com or find us on Facebook or Twitter, we'd love hearing from you.

Margaret Flinter: We'll get to our conversation with Dr. Ardis Hoven in just a moment.

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

Marianne O'Hare: I'm Marianne O'Hare, with these Health Care Headlines. 2014 is barely under way and the changes continue to the health law open enrolments start date is being delayed to November in this year. And, well only half a number of folks signed up for insurance in the online market places during the current enrolment than the White House had hope for. Business will continue to be brisk according to analysis and should continue to keep a steady pace, young invisibles not turning up as much as they had hoped either those young folks under 30 who would meet health coverage and could qualify for a catastrophic health plan, so far those numbers are fallen short of pace and expectation. And a view around the states well, it depends on where you are, if it's California, New York, Kentucky, Pennsylvania or Connecticut the numbers show robust activity on those state base exchanges. But, the states without exchanges or seeing many more challenges for folks interested in shopping for health coverage online. In Colorado the sign up is been has been slow even though they have set up their own exchanges there sending mobile unites around to grocery stores as one method to capture folks who need to sign up for health coverage. And in Iowa distance is an issue a lots of rural folks are far from any center where they might gain assistance helping them with those online insurance market places. The multibillion dollar vitamins supplement market has taking a hit, a recent study out shows that day for the most part do very little good for someone's overall health and may actually do harm in cases. The study sites the importance of gaining nutrients directly from the food you eat. I'm Marianne O'Hare, with these Health Care Headlines.

(Music)

Mark Masselli: We are speaking today with Dr. Ardis D Hoven a 168 President of the American Medical Association and the third woman to hold that position in the nation's oldest and largest physician organization. Dr. Hoven serves as the AMA representative on the board of directors of the national quality form with seeks to improve health care delivery in this country. Dr. Hoven is an internist in infectious diseases specialist focusing on HIV, AIDS in Kentucky. Where she also serve as President of the Kentucky Medicals Association from 1993 to 1994 she is a member of the American College of Physicians and Infectious Diseases Society of America Dr. Hoven welcome to conversations on health care.

Dr. Ardis D Hoven: Thank you.

Mark Masselli: You know we are in a new phase of the implementation of the Affordable Care Act in your organization of the American Medical Association has over 200,000 members since taking office in June, you have said that it's time for the medical profession to embrace the Affordable Care Act and start to exploit the laws potential for improving public health and the health care profession. So can you give our listeners an assessment of where your membership stands?

Dr. Ardis Hoven: As you are aware, we knew at the frontend that the Affordable Care Act was not a perfect piece of legislation. But in fact it had some very important elements that we thought are very important to support. And would continue them to work on making adjustments and changes to correct the things in the legislation that we felt were not in the best interest of the American people. Having said that for the physician community is actually been leading in much of the change in some ways out there. If you think about what is happening now and work around model, models of care, delivery of care so the physician community has taken up a significant lead here in helping to enact many of these changes.

Margaret Flinter: Well Dr. Hoven I think we'd all probably agree that the our end signs of medicine are undergoing some significant changes in the way we are delivering it to the public and so you talked a little bit about some of the changes around things like care coordination and the changes in how teams are arranged that are beginning to make a difference. But what do you think the most dramatic changes for the medical profession are going to be and particularly for a physicians on the frontlines.

Dr. Ardis Hoven: Well what we see is that we know we have to innovate and change the way we deliver care in this country. It's not just about delivering care, it's also about the cost of care, the quality of care and the health of our patients. And so we see one of the most important pieces of this is looking at how health care is being delivered various models of care, for example, we have seen work around something called Accountable Care Organizations, we talk about the primary medical home model. Another way in which particularly folks with chronic diseases are well managed to their betterment and to, to improving the quality and cutting down the cost. So there are a lot of different models and play out there. This is where the big changes going to take place and the physician community is ready to embrace this. So those changes are out there are under way and we will direct our attention to them and be appropriate in our responses to them.

Mark Masselli: Dr. Hoven we're going to see millions of more Americans enter in the health care arena and where there is predicted to be shortages in the primary care providers. I know the AMAs liaison committee on medical education has advocated strongly for an increase at medical schools and there are a number of new medical schools opening up across the country. What vision does the AMA have for responding to the growing health care needs in making the ground more fertile for enticing medical students to choose the path of primary care?

Dr. Ardis Hoven: Specifically the AMA's work has been directed in many ways around one of our new strategic direction as you alluded to which is medical education reform. And we know that in this country, we have more medical students, we have more medical schools, we have more patients to be seen and yet we have an obstruction if you will in the whole concept of graduate medical education, which is that training piece which occurs between graduating for medical school and then going out into practice. So the AMA has been very specific in looking at GME funding how that's going take place but it is also now looking its part of its strategic focus on ways of changing educational innovation. Team base care is going to be taught in medical school, it's being taught now, team base care being physician led

care but at the same time allowing all health care professionals to function at their highest level of training and expertise. And it's that team care that's going to afford us the ability to manage the care that we wanted provided in this country in a more efficient and timely manner.

Margaret Flinter: Well Dr. Hoven, it's my understanding I think that the **counseling** graduate medical education has once again convened to really take a look at what might need to change. Can you give us any window into the kinds of changes, are there other changes in terms of distribution or investment of resources or strategies to get things right in this country that you expect to see or to at least be considered?

Dr. Ardis Hoven: What we are looking at now if we look at these various innovation models and there have been 11 schools that we have awarded grant money due to look at this. So that we have competency based training as oppose to just calendar training that we are looking at pathways that are more efficient in the use of educational time and exposure that young man and woman need. And most importantly being able to develop and continue to maintain if you will, their excitement and enthusiasm about doing primary care for example. We are going to see change occurring and we're looking all with great excitement to this.

Mark Masselli: We're speaking today with Dr. Ardis D Hoven the 168th Presidents, The American Medical Association. Dr Hoven the AMA has been very active in promoting a better system for Medicare reimbursement and the so called SGR formula which stand for Sustain Growth Rate. And I think our listeners might be familiar with this annual fix that goes on to sort of called the doc fix. And our current congress there was quite a contentious lot, but there's talk that they may actually come to some type of agreement on SGR reformed soon. So can you tell us the efforts that are under way and what you think would be the ideal solution for fixing the broken Medicare reimbursement system?

Dr. Ardis Hoven: It's a very important issue and the one reflects over the last ten years we've had 15 patches to the SGR. Now what we mean by that is thread and cuts based on a formula that doesn't work anymore it's based on the GDP not on providing care. Thread and cuts to physician reimbursement and that has been a big destabilize if you will within Medicare. And it's **threaten** many practices and it's very disconcerting for our seniors out there every year to see congress debate these and then at the last minute at the 11th hours patch it kick the cane down the road and wait till one more year appears. This years the AMA, along with our physician colleagues in the state and specialty society throughout the United States collaborated together and came up with a plan to tell or help congress fix the problem. And it's not only to repeal the SGR which is the first step, but it is then the second part of this which is to provide five years of stable reimbursement of physician practices so that they could then begin to work on the infrastructure to moving towards innovative models of Health Care Delivery as we were talking about earlier. It's these models of delivery of care which are going to be best for patients, improve health outcomes in this country. And at the end of the day going to save on the cause of health care, and so this is what we have presented to congress, we have been very pleased with a positive uptake both sides of the isle looking at this and saying yes this is something we should do, we must do. And I am much more optimistic than I have ever been in the years past, about or ability to see this change. Now, again the climate is difficult,

but this is something that is fiscally responsible, if you think about it we've spent over the last ten years $146 billion patching Medicare. It's the right thing to do for this country and it's the right thing to do for health care in this country.

Margret Flinter: Well Dr Hoven, when we look at how we are going to increase both the capacity of all primary care providers as well as influence those outcomes, whether you look at Virtual Visits or Telehealth other members of the health care team serving enrolls this primary care providers as well as ensure every staff community health workers. I am sure with 200,000 members and in state all across the country you've – these things have to be met with a some -- equals parts of enthusiasm and resistance. And I wonder from where you sit how you work with the different regions and the states and the stakeholders. What's your structure to try and built a consensus and I guess the second part of that would be do you see a generational shift kicking in where a new generation is sort of rising up within medicine that sees things differently?

Dr. Hoven: Let me start first with how we get the work done, and how we determine our policy. The AMA actually represents about a 185 states in specialty organisation so all 50 states and then the balance being the rest of the specialty and sub-specialty societies in the United States are represented by delegates to the health delegates at the AMA which is the policy setting body of the organization. It's a very democratic organization, it's done by consensus votes. We have supporting carcasses that provide information and input into the organisation as well. So at the end of the day the work product has been very carefully looked at by a variety of individuals and a variety of practice settings, specialty setting and at the end of the day, we come out of the room having join together using our tools and expertise to good use and to good policy. The AMA then takes that policy and advocates on behalf of physicians and patients in this country. On Capitol Hill with CMS other groups such as American Hospital Association the payers those folks who we have very good representation and very good working relationship throughout the country. Youngman and women coming in to this arena now actually come with great passion and enthusiasm. And I am very optimistic, they will continue to be our leaders they bring a view of health care which reflects change and unsupportive of changed. And they are going to be those taking care of us in the future not only politically but in policy setting and at the bedside and I'm very optimistic about their enthusiasm and their knowledge. And I will tell you they are the brightest and the best we have ever seen.

Mark Masselli: You don't wanted to get back to reimbursements and you talked on Medicare and the need to probably stabilize those rates. And putting in our head on is a community health centre where we're engaged in providing services especially populations. We know the private physician community also does a tremendous job in this area and as part of the Affordable Care Act, the rates were increased, they're often times the lowest that a practitioner will received. But all across the country states were allowed to sort of nationalized their Medicaid rates by going up to the Medicare levels. Any sense of how the adoption has gone and whether or not physicians across the country are adding more Medicaid patients to the roles?

Dr. Ardis Hoven: I will tell you this--the sense in the country right now amongst physicians is they're very concerned about Medicaid expansion only because they're

worried about obviously the reimbursement part of it but are they going to be able to handle the volume. And I say that only because that's what I keep hearing and my responds to this frequently is you know these are patients that are already in the health care delivery system, they're getting their care at the wrong place at the wrong time by the wrong person and we need to flip that formula and make it look better. Having said that I find amongst my physician colleagues a willingness to see medicate patients, a willingness to work with the system and a willingness to work with their states to help make Medicaid delivery in their states, the best they can possibly be. It isn't easy sometimes, it's fiscally troubling issue for many states as you know but our physician colleagues out there works at the state level with Medicaid programs and are trying to be very creative and helpful in getting access improved for these patients.

Margaret Flinter: Well Dr. Hoven, we appreciate that and I want to appreciate the fact that you in your practice career chose to specialize in HIV-AIDS care and became and – are just a tremendous advocate for the underserved and very well where the health disparities in our country. I know that something that the AMA is concerned with as well, perhaps you can share with us a little bit about the AMA's initiatives to address health disparities and how do you see that work reflected in training and practice in research across the country?

Dr. Ardis Hoven: The AMA actually has done several things and continues to do it over the last decade. One of the most important is probably been the AMA's minority affair section, which serves as a grassroots forum if you will for increasing the voice of minority physicians in the AMA itself. This is important because it's an important link to the minority patient population, so what it does is it brings to the AMA a very important perspective to our discussions around issues around disparity and professional concerns. So it provides us real life, real time information that enables us as an organization to be much more appropriately reactive to the issues. The commission to end health disparities, another entity is co-chaired by the AMA and the National Medical Association again recognizing that health care disparities exists due to multiple factors including race and ethnicity and this group works together to increase awareness amongst physicians. You know the other thing we've been very active in, is our doctors back to school program and I'm not sure whether you're aware of it. But physicians in medical schools students across the country visit schools and community organizations to help young minority children realize that they can pursue a career in medicine. And it's an exciting thing, the feedback is wonderful, this is not only African-Americans but Hispanics American Indians and so we're trying to look and get the percentage of the physician population to represent those the people they served and so this is something we talk about and work about.

Mark Masselli: We've been speaking today with Dr. Ardis D Hoven, President of the American Medical Association, you can learn more about her work and the work of the AMA by going to ama-assn.org, Dr. Hoven thank you so much for joining us today on Conversations on Health Care.

Dr. Ardis Hoven: Thank you I've enjoyed it.

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 US politics. Lori, what have you got for us this week.

Lori Robertson: Well in late October Health & Human Services Secretary Kathleen Sebelius testified on Capitol Hill about the troubles with the health insurance exchange website. She said it was illegal for her to obtain insurance herself on the exchanges which led Colorado representative Cory Gardner to accuse her of lying. It turns out Sebelius is right, she didn't explain this to Gardner when he was questioning her but the exchange plan can't be filled to Medicare and relief. And Sebelius in addition to having insurance through the federal employees health benefits program is a Medicare enrollee. Gardner ask Sebelius why she wasn't in the exchange and she initially said she has affordable coverage through work so she's not illegible. That's not correct those getting employers sponsored insurance could buy exchange plans but it wouldn't make financial sense in those cases as employers often makes sizeable contribution toward workers premiums. Gardner urge Sebelius to find a way to join the exchange and she blurred it out it's illegal with no explanation. Gardner later accused her of lying but as HHS explain she also had Medicare part A making it illegal for an exchange plans to be sold to her. Meanwhile Gardner and other members of congress and their staffers are required by the Affordable Care Act to get insurance on exchanges in 2014. And that's my fact check for this week I'm 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.

Mark Masselli: each week conversation highlights a bright idea about how to make wellness a part of our communities and everyday lives. Outgoing New York City Mayor Michael Blumberg is leaving his post with another public health feather in his cap. Launched in May of 2013 the city bike, bike sharing program has in a few short months reach the milestone. In the first five months since the program launched city bike users have logged over ten million miles in over five million rides. The program funded by city bank allows subscriber to join either on an annual fee of $95 or for daily or weekly rates at a far reduce price. Members are given a key that will unlock any of the 6000 bikes found at the 330 city bike stations in Manhattan and Brooklyn how popular is the bike sharing program? Very, they're reaching an average daily ridership of 35000 the estimated number of calories burn since the program begin in May 403 million the equivalent of 732,000 big max or nearly 419,000 pines of Ben and Jerry's – Jerry Garcia ice-cream. Since taking off as Mayor Blumberg has launch the first city wide smoking ban in building and launch the fist in the nation ban on trans fat in restaurants. The bike sharing program has been so successful the city has plans to scale the program up to all five borrows adding hundreds of miles of bike trail and thousand of bikes to newly develop bike stations. And another bonus the program will over time have an impact on the CO2 admission from cabs and cars

Chicago and Washington DC have similar programs and have plans to scale up their effort as well. An affordable bike sharing program that has encourage hundreds of thousands of city dweller and visitors to exercise their way to their destination enhancing their health in the process, now that's a bright idea.

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

Mark Masselli: And I'm Mark Michelle 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.