(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, we are now full steam ahead into 2014. Over two million people have signed up for insurance coverage through the insurance exchanges, and while there are few glitches that still need to be resolved, the sky hasn't fallen.

Margaret Flinter: One glitch that has gained significant attention in recent weeks though has been a discovery that there was no provision to add newborns to the existing family plans purchased through the exchange. One of those very specific glitches been identified will be worked out but it does seem the biggest issue affecting www.healthcare.gov has been worked out and that's just being able to access and navigate the site successfully and enroll.

Mark Masselli: Analysts predict we will continue to see expansion this year of provisions that will make the health care landscape more fertile for coordinated care delivery.

Margaret Flinter: Well for sure, we think that we will see continued growth in the development of more partnerships, more creation of accountable care organizations, patient-centered medical homes where care that is consolidated and coordinated is the norm and not the exception. And we hope we will see some improvement in outcomes and perhaps some shared savings in the situation.

Mark Masselli: I think it's wise to temper that expectation with some degree of caution. I think the industry analysts are expecting to see some mixed results with ACOs initially but the trend is going to continue towards more coordinated care and that's a good thing for improved patient-centered care.

Margaret Flinter: Well, that's something that our guest today knows quite a bit about Mark. Dr. Robert Pearl is the President and CEO of The Permanente Medical Group, the largest physician-led system in the country serving more than four million patients. They have crafted a model of care that shares the risk and the responsibility among all the medical professionals and patients within their group to drive improvement in health outcomes. Very interesting model of how coordinated care adds so much value to the provider and the patient experience of receiving care or delivering care.

Mark Masselli: Lori Roberston, Managing Editor of FactCheck.org looks at misstatements about health policy spoken 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 e-mail us at www.chcradio.com or find us on Facebook or Twitter; we love hearing from you.

Margaret Flinter: We will get to our interview with Dr. Robert Pearl in just a moment.

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

(Music)

Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. Health spending continues its slow pace of growth. Health spending numbers from 2012 were released last week and show historically low increases in medical prices and spending. About 3.7% increase in spending during that year compared to more than 8% annual growth in the early 2000s. Analysts aren't pointing to one specific cause for this slow down, not the Affordable Care Act though its provisions are leading to more price transparency, traditionally, health spending slows during a recession and this time has been no different. But there is another factor at play here than in recessions past; there is a higher percentage of folks with high deductible insurance, meaning they pay more out of pocket for health care. Studies have shown definitively that these high deductible plans lead people to hold off on elective and sometimes even necessary care because of the cost. Also Medicare spending is down largely because the number of blockbuster prescription drugs like Lipitor ran out of their exclusivity, meaning cheaper generic drugs became available to millions of consumers leading up to 2012.

One thing that's expected to grow in coming years due to the Affordable Care Act, hiring in the medical professions. Analysts are predicting a spike in hiring across the spectrum. Health care providers are going to be hiring more nurse practitioners and physician assistants to meet the growing demands of millions of newly insured. And companies are now required to provide access to insurance and they will be seeking human services employees who are expert in health benefits management. Some Texas health executives are up in arms over limits to the number of health insurance exchange navigators in that state. Legislation has been crafted that would exert greater demands on insurance exchange navigators. Critics say it's an overt politically motivated attempt to hamper efforts by navigators trying to educate Texans about their options on the federal health exchange.

The numbers of football players from the NFL now suffering from Alzheimer's, dementia in their 40s and 50s, an agreement is about to be approved that would

absolve the NFL of legal liability but set up a fund for those former players to be compensated for taking years worth of blows to the head while working the gridiron.

And the letter of the week speaking of cognitive decline is the letter E as in Vitamin E. Studies show that a daily dose of Vitamin E early in an Alzheimer's diagnosis proves prophylactic and protective in delaying worsening of symptoms. The study published in a Journal of American Medical Association showed those taking Vitamin E doses delayed worsening of the illness for as much as six months to two years compared to those taking a placebo. More study is needed. I am Marianne O'Hare with these Health Care Headlines.

(Music)

Mark Masselli: We are speaking today with Dr. Robert Pearl, Executive Director and CEO of The Permanente Medical Group, the largest physician-led group in the nation serving over four million patients. He is also Chairman of the Council of the Accountable Physician Practices which seeks to foster the development of the Accountable Care Organizations to improve health care. A Board Certified Plastic and Reconstructive Surgeon, Dr. Pearl is also a Clinical Professor of Plastic Surgery and Medical Economics at Stanford University Schools of Medicine and Business. Dr. Pearl has published over a 100 peer review articles and is a regular health industry blogger at www.forbes.com. He has been named by modern health care as one of the most powerful physician leaders in the country. Dr. Pearl, welcome to Conversations on Health Care.

Dr. Robert Pearl: Good afternoon.

Mark Masselli: Since 1998, you have been at the helm of the nation's largest physician-led health care organization at Kaiser Permanente and your organization is predicated on this principle that coordinated care is best way to optimize health care delivery. We sort of think of you all as an efficient, effective and as an elegant health care organization. And for those of our listeners who are not as well acquainted with your care delivery model, how does it differ from the typical primary care environment?

Dr. Robert Pearl: I think there are four ways in which it's different. The first is integration. So we have multiple departments and the people in that department work together as one, but it's also vertically integrated which means that primary care relates to specialty care in a very direct way, and it ties into the second part, which is the technology; they share the same technology. We have a fully electronic inpatient and outpatient record, so the information is available on every patient wherever they may be at any of our 20 different medical centers, as you said taking care of four million people. A third part that's very different is that we are prepaid. It can be very difficult. But what it does is it aligns the interest of the doctors and the patients because when you avoid a complication, you help the

patient and then your organization becomes more successful. When you invest in prevention you are able to accomplish the same. When you can offer technological alternatives to having to come into the doctor's office, all those pieces now start to align and again, that's very different than the typical community around us.

Margaret Flinter: Well Dr. Pearl, that patient electronic medical record that you talked about, certainly you are one of the earliest major groups to convert into electronic health records. I am wondering what your thought is with a patient population of over four million. How have you used the electronic health records to improve health outcomes generally for patients to make an impact on population health with that incredible treasure trove of clinical data?

Dr. Robert Pearl: First is simply having data on every single patient. That means the patient never has a problem with a doctor knowing what medications they are on, what diseases they have, what laboratory information has been available in the past. The first thing is it gives us the opportunity to compare results across what we call medical centers. The medical center, it takes care of about a quarter million people and so we can compare each of our medical centers against each other. And what we find is that in any given area, some are better than others and what we can then do is learn from those who are doing it the best. So a couple of examples, what we know for instance is hypertension and across this nation it's only controlled about 55% of the time. We are about close to 90% and that happened by an iterative process of learning from each other the best ways to do that and the consequence is about a 40% lower chance of a patient developing a stroke.

So we are able to look at outcomes utilizing the (9:00 inaudible) in the fully electronic medical record, and as an example of that in sepsis, what we found is that find a day or two in advance that they actually had all the prerequisites for ultimately developing a full blown sepsis. And by obtaining the lactate levels and the other laboratory results, we can start treatment earlier and as a consequence, again, across the nation, the mortality is about 15% to 20% and we are under 9%. So it's use of that data to be able to look at large populations, large numbers of patients and as a result of that, figure out something that works better than the more traditional ways.

Mark Masselli: Well that number is so impressive. You are both a professor of medicine of Stanford University, also teach medical economics in the school of business, and sort of the transformation of health care systems really does come down to economics. You say there should be incentives and rewards for fostering wellness in patient populations. So what's your vision for shifting the economic incentives in health care?

Dr. Robert Pearl: Well there is always incentive to get better at preventing disease. And physicians are trained to treat disease, and so shifting the mental

mindset is essential. So how did the American health care system develop? It developed in a very different world. There was not a lot of things that were available to be offered to them. You can think about it very much as it being a 19th Century cottage industry. It was fragmented, it was fee for service which is a piecemeal and obviously the technology wasn't yet advanced. Now we are in a world of chronic disease, multiple chronic diseases, and so the question now becomes how do you shift doctor's thinking around this. The first thing as I mentioned is prepayment. If you are prepaid to take care of a patient and you can avoid whether it's a new problem or whether it's a complication of a problem they have, then you are able to advantage both the patient and yourself.

The other advantage that we have is our average patient stays with us for over 17 years; in the community it's only about five years. So we want to invest in that prevention. And then finally, I think our organization attracts people who are mission driven. When the typhoon hit in the Philippines, we had over 300 people volunteer to go there to provide relief and sent two teams. So I think mobilizing all those different pieces, the prepayment, the ongoing relationship with prevention and the mission driven (11:24 inaudible) can allow us to make that advance in preventive care.

Margaret Flinter: Well Dr. Pearl, you have said yourself that this is a very critical pivot point in health care. So we have the Affordable Care Act coming and all the changes we are in but if I may, let me pull up as an example again this issue of hypertension that you just talked about. And I am betting that there were other people on this team as you think about pharmacists or behaviorialists or health coaches, dieticians or nurses. Maybe tell us a little bit about what is that team -- what is potential with a Kaiser-like organization to prevent hypertension. Can you speak to that a little bit?

Dr. Robert Pearl: Our results could not have happened without the remarkable nurses and pharmacists and other support people sitting in play. So we have literally hundreds of nurses who are continually looking inside the medical record, finding people who are not fully controlled and reaching out to them. We have staff people looking at areas such as the cancer preventive areas to see whether they have had it and be able to reach out to them. And again, this is where the alignment comes into play because when you have that focus on prevention, you make the kinds of investments that are necessary in order to reach out to people proactively. So we could not get these kinds of results without them.

But one thing that's most interesting to me is every time a patient comes to our offices, we print out for them, it's available online, it's available on our prevention app, all of the screening things they have not yet had. And the receptionist, the person who is greeting them now looks at this. So if you think about the typical office in the community, what's the receptionist doing worrying about billing, worrying about coverage. What's the receptionist doing in Kaiser Permanente, they are looking to see have you had your mammography, have you had your

colon cancer screening, have you had your cervical cancer screening, and making sure you can get it done hopefully that day because you are already in the medical center. And every month we have a ceremony where we honor these people who have saved a life.

Margaret Flinter: Oh that's so great.

Mark Masselli: That is great transformation.

Dr. Robert Pearl: Because they found someone who hadn't had a mammogram, went and had their mammogram and there was the cancer. And you can imagine what that's like for someone who is receptionist to actually have saved a life. So the whole process becomes very, very synergistic.

Mark Masselli: We are speaking today with Dr. Robert Pearl, Executive Director and CEO of The Permanente Medical Group, the largest physical-led group in the nation. He is also Chairman of the Council of Accountable Physician Practices which seeks to foster the development of the accountable care organizations. So let's talk a little bit about the work that you are doing at the Council of Accountable Physician Practices and it's a consortium of kindred spirits, folks like Geisinger and Intermountain and others. Tell us about the mission of this organization and the kind of influence you hope to have on the larger medical community during this year of reform that we are in now in the United States.

Dr. Robert Pearl: So the Council of Accountable Physician Practices was started several years ago and it brought together 31 different medical groups. At that time, the idea of integrated group practices, ones that were technologically enabled, was not being seen by others, and an opportunity to come together to be able to tell that story. Now we are five, six seven years later and it's now become accepted across this country, ideas such as Accountable Care Organizations that has same kind of integration, meaningful use, the same use of the computers. All the processes that we started several years ago are now becoming commonly accepted.

Now our focus is very much on helping others to understand how do you put together these integrated groups, helping each other to figure out how do we raise the quality and the service and make our care more efficient and effective for all of us. And we bring together groups like Geisinger, groups like Mayo, groups like Kaiser Permanente, Intermountain, Virginia Mason. You are now able to now compare what I like think of as being the best of the best and figure out now how to get even better. I think the nation is yearning to understand this idea of integrated care particularly one that's provided in a technologically enabled and prepaid way and I think the Council of Accountable Physician Practices can do that.

Margaret Flinter: Well, I think you are exactly right. And resonating through everything that you just said are two phrases for me. One is quality improvement and the other is managing change, both of which are so essential. We are very keenly focused on this issue of quality improvement, the science of quality improvement and how you use it to make things better. You are looking at a huge national corporation with your health centers with 250,000 patients assigned to each. Maybe give us just a little bit of an insight how does Kaiser and how do you take this issue of quality improvement and make it real as a living breathing process everyday as you work to make things better throughout your system

Dr. Robert Pearl: I start by saying you have to segment the different aspects of quality. And by that I mean some of them such as cancer prevention, either you have had it or you haven't had the recommended approach and find a system to reach out. And that requires a commitment at every point. Half of the patients in the country in a typical year never see primary care. To be dependent upon primary care only you are not going to get it done. So the specialist has to be involved, that requires the same data systems, the same focus, the same leadership around that. Number two, you have diseases and we talked about that earlier like hypertension, where you want to do early intervention to avoid the late complications. So there again, you want to have the systems and we talked about that, the nurses, the pharmacists, the licensed, more skilled people starting to look at how can they help the physician, work with the physician to make that happen.

I think there is a third level of prevention which is Zeke Emanuel talks about is tertiary prevention, people with heart failure who could be managed for a long time without having to be admitted to the hospital with all the secondary consequences. We can intervene more easily, and now you need to even know more sophisticated set of systems. I think the fourth area that we often don't think about in terms of prevention which is in the hospital. So a typical hospital in the United States has about 4% of the patients from pressure ulcers. So we have dropped that under 1%.

The opportunity to make sure that when the patient is admitted with chest pain and the heart attack, you build into the electronic medical record each of the right steps to do, the six bundles of cardiovascular care which even though we were doing very well a few years ago at 92%, we are now at 99.9% using the technology and the focus.

And then finally, I would say the opportunity of the future which is to use particularly in mobile technology to reach out to the patient. I think we are moving in a world away from the sole accountability for health care, for preventions, for outcomes, being a medical system and increasingly making at the patient level, and engage them in managing it. So it's an every point in the process, and an organization that wants to continually learn, learn from the

successes, learn from the comparisons, and learn from the problems is one that's going to be at the forefront of the quality leadership.

Mark Masselli: Dr. Pearl, in a recent blog you wrote for Forbes.com that you addressed the ongoing battle between the traditionalists and the medical profession and the technologists who are incorporating technological advances to improve care. And there is this friction that goes on, you have called it the Medical Prize Fight, so how can we bring the best of both of these perspectives Big Data and Big Wisdom, if you will, to achieve these workable syntheses to complete these ideas?

Dr. Robert Pearl: We have to separate health care into segments, and we don't do a very good job. This is what the business school does, segmenting a particular problem, recognizing that one solution never holds across everything. So there are some areas that we know what to do. You come in with chest pain, we know exactly what to do, and building that into an electronic medical record and getting everyone to do the right thing has been demonstrated time and time again to provide better outcomes. We know how to make sure that we put a central line in place, and we don't created infection. We just have to do it every single time.

So the technology needs to drive the process when we are certain what's going to happen. There is no easy way, at least today, to be able to use technology to figure out what they need, and that's where the human touch and human brain becomes so essential. Although even there, we are trying to use our technology to inform our physicians based on 40 millions medical records that says this patient has 82% or 56% of a particular problem to assist that.

And then the third area is the end-of-the-life type care. I was talking to someone two days ago who was saying that their mother was 87 years old. All she really wants is the doctor to listen to her. She can't find a doctor who is going to take the time to listen to her. And that's what I think we need to understand. At that moment, it doesn't require technology; it doesn't required sophisticated care; it does require the human touch, particularly the human ear.

Margaret Flinter: We have been speaking today with Dr. Robert Pearl, executive director and CEO of the Permanente Medical Group. You can follow Dr. Pearl on Twitter by going to @robertpearlmd or follow his Forbes blog by going to Forbes.com/sites/robertpearl. Dr. Pearl, thank you so much for joining us on Conversations on Health Care today.

Dr. Robert Pearl: Mark and Margaret, thank you so much.

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of

FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, democrats are exaggerating the impact of the Affordable Care Act on children in Pennsylvania, claiming that repealing the act would take away health care from 657,000 children in the state with preexisting conditions. No, it wouldn't. The Democratic Congressional Campaign Committee has sent e-mail blast making this claim targeting Representative Mike Fitzpatrick who favors repeal, but that 657,000 number comes from an Obama administration estimate for all children living in Pennsylvania under age 18 with some kind of preexisting condition. It's not an estimate of how many had gained coverage because of the law's protection or an estimate of how many would lose coverage if health care law were repealed.

It's true that the health care law requires insurance companies to cover all children under age 19 with no preexisting condition denials or exclusions. The same protection also stands for adults. But repealing the law wouldn't take health care away from 657,000 children as the DCCC claimed. The figure is a high-end administration estimate for all kids in Pennsylvania with preexisting conditions, whether they were covered already with private or government insurance or uninsured.

If all of those kids were put in the individual market for some reason, they could potentially be at risk of being denied coverage or charged more without the Affordable Care Act's protection. But all those kids weren't getting insurance on the individual market before the law, and they wouldn't all be seeking such coverage if the law were refilled. And that's my Fact Check for this week. I am Lori Robertson, managing editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at Chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. The flu doesn't just exact its toll on public health; it impacts a meaningful punch on the economy every year as well. Comprehensive vaccination programs have had an impact on curtailing flu outbreaks, but there is still a lot of room for improvement. In 2011, an estimated 100 million workdays and close to $7 billion in lost wages were attributed to the flu, largely because many employees without paid sick leave are more inclined to work while sick. An estimated 80% of those who come down with flu-like symptoms ignore doctors' orders and go to work, leading to more widespread co-infections.

In a first of its kind study, researchers at the University of Pittsburgh School of Public Health decided to analyze the impact on flu outbreaks in the workplace and to ask what would the difference be if there were universal access to paid sick leave. Lead researcher Dr. Supriya Kumar says their study showed a pretty dramatic link between access to paid sick leave and a reduction in flu outbreak in the workplace. They also created another option, what if there were new sick leave category focusing just on flu days.

Their model showed that if those workers, specifically diagnosed with flu, were guaranteed just one payday off to recuperate, there would be a 25% reduction in the spread of flu. And when workers were guaranteed two paydays off, the numbers went up to a 40% reduction in co-infection. A universal paid leave program for all workers that has the potential to greatly reduce flu co-infection in the workplace, positively impacting both public health while saving billions of dollars in the overall economy, now that's a bright idea.

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 Wesufm.org and brought to you by the Community Health Center.