(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, stand to the wire, just a few weeks left for open enrolment on the insurance exchange.

Margaret Flinter: Well, that's right, Mark and roughly a million more Americans signed up for insurance on the exchanges in February, that brings the latest count to 4.2 million enrollees, still short of what the administration have wanted which was close to 7 million by the end March of this year.

Mark Masselli: Then the other number that's fallen short as well is the so called young invincibles only about a quarter of those who have signed up for insurance on the exchanges are between the ages of 18 and 34.

Margaret Flinter: There is still some remarkable numbers to note despite some of those shortfalls. Close to a million people have signed up for coverage on the California Exchange alone and about a quarter million new enrollees in New York State, so there are pockets where the healthcare was really having a huge impact.

Mark Masselli: Should be noted, the administration is really targeting those young invincibles and we will see how that works as we draw close to the end of the March.

Margaret Flinter: Some states are looking into the possibility of extending open enrolment for another month. Oregon is one, their exchange has had problems, functioning perfectly. Likely, it won't be fully operational during this time period, so they are hoping for another month from the Obama Administration and I think Nevada and New Mexico are asking for more time as well.

Mark Masselli: In-spite of these problems, we could look at the glass is half full, there are now millions of Americans who are covered by health insurance and millions more who are covered under the Medicaid program and that's bound to have a positive impact on the population itself over time.

Margaret Flinter: Because once these folks get into the healthcare system, Mark, hopefully they will be able to get both prevention and timely treatment for their health concerns and each of those health concerns come with their own diagnosis cost. So our guest today is an expert on health information management and medical coding. Now, most patients and our listeners won't notice a big change come back to over first but there are big changes in store in something called the ICD-9 to ICD-10 conversion, a new coding system that is

more complex but also is going to give us much better information on the state of health of people.

Mark Masselli: Lynn Thomas Gordon sees over the American Health Information Management Association. She is going to fill us in on this switch to ICD-10

Margaret Flinter: Lori Robertson, Managing Editor of FActCheck.org is going to step by uncovering misstatements made about health policy in the public domain and remember, no matter what the topic, you can hear all of our show by going to CHC Radio.

Mark Masselli: As always, if you have comments, please email us at CHC Radio or find us on Facebook or Twitter, we love hearing from you.

Margaret Flinter: We will get to our interview with Lynn Thomas Gordon in just a moment.

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

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. Backing off on Medicare Part D, the Centers of Medicare and Medicaid is withdrawing part of its proposal for sweeping changes to the Medicare Prescription Drug program. Marilyn Tavenner of the Centers for Medicaid & Medicare is saying, they listen to concerns from both sides of the isle as well as stack-holders in the medical and patient communities, who came out strongly against those changes. The CMS plan would have limited number of plans insurers could offer customers and greatly limit the drugs available to Medicare Part D consumers. CMS heard from numerous stake-holders in the patient community, pharmacy world, and politicians from both sides of the isle crying foul over those changes.

The White House is doing a full-court press to aim up enrollment in the insurance exchanges before open enrolment ends March 31st. The so called Young invincibles have not turned out in numbers they had hoped. Of the 4.2 million who have signed up for health coverage under the Affordable Care Act, only about 25% are in that coveted 18 to 34 year old group. So in addition to hiring thousands of new folks to help process the insurance sign ups, they are taking to the airwaves as well, advertising on shows popular among the millennial generation. President Obama even appeared on actor Zach Galifianakis' interview show parity Between Two Ferns to reach that target audience.

New weapons on the AIDS upfront, scientists have proven a newly developed gel can have a prophylactic effect against AIDS transmission, even when

administered after intercourse has occurred. Scientists at the University of San Francisco revealed monkeys given a gel containing Raltegravir, an FDA approved drug for HIV, only one in six monkeys contracted HIV in the gel group. In a placebo group, all monkeys became infected. And another study showed that when uninfected partners are given a low dose of antiretroviral drugs, it could inhibit transmission of the virus from infected partners.

Crohn's disease affects some million Americans who must suffered the pains in the indignity that a company that's testing all this order which seems to start with an overacted immune system causes abdominal pain, diarrhea, bleeding, weight loss and other symptoms. Many patients have to take powerful steroids which have their own side-effects. Mounting evidence had suggested that microbes living in the gout might contribute to the problem. A study at Mass General looked at the gout microbes of 1500 Crohn's patients and found in abundance of bacteria that cause inflammation, and a lack of the microbes that counterbalance that reaction. They suggest they need to more to find super pro-biotic to balance out those intestine of Crohn's patient. I'm Marianne O'Hare with these healthcare headlines.

Mark Masselli: We're speaking today with Lynn Thomas Gordon, the Chief Executive Officer of the American Health Information Management Association or AHIMA, the premier association of health information management professionals worldwide. AHIMA is working to advance the use of electronic health records in its one of the four cooperating parties responsible for the ICD-10 coding guidelines. Miss Thomas Gordon was also Chief Operating Officer of the Children's Hospital of Michigan and was a member of the information management taskforce of the joint commission. She earned her Executive MBA at Georgia State University. Miss Thomas Gordon, welcome to Conversations on Healthcare.

Lynn Thomas Gordon: Thank you.

Mark Masselli: CMS administrator, Marilyn Tavenner, who has been on the show with us before, recently announced there would be no delay this year in the October first transition date for switching to ICD-10 code standards in healthcare and it's formally known as the 10th addition of the International Classification of Diseases, and many further listeners, Lynn, who aren't familiar with the nation's system of healthcare coding, could you give us some history of the evolution of the coding system and how it drives healthcare systems.

Lynn Thomas Gordon: To begin with, ICD-9 is really a coding classification system, so why do we have it? Well, it really allows for our healthcare providers to interpret mortality and morbidity data throughout the world. I like to compare it to a bar-coding system in a grocery store. So think for it in vegetables, for each have one code, vegetables have another. Well, it's the same with ICD-9 except that rather than encoding parties, you are really coding diseases and procedures,

and believe it or not, this system was developed in the United states in 1979, some 35 years ago, and if you just look at our iPhones today which we never even heard of that long ago, while healthcare has also had many, many changes. And so, the diagnosis code we're using and procedures code are specifically for hospitals inpatient services. So although the coding for statistics and research with the original function of the systems, in 1983, ICD-9 became the way that we communicate with information for the purpose of reimbursement, so we use this system for many, many reasons. And in early 1990s, we saw the need to replace ICD-9 and actually, it was brought up by the National Committee on Vital and Health Statistics, and they basically said that ICD-9 is rapidly being outdated, and they recommended at that time that we move to ICD-10. And as we know, we have been very slow to move to this updated version and believe it or not, today, we are the only industrialized country not to be on this new system.

Margaret Flinter: I think this is one of those interesting issues in healthcare where people might be looking at it on a very business bureaucratic practice management basis, but for everyone who is really interested in population management and public health, it really provides us an incredible window. So tell us from that sort of broader health perspective, what's really different, what does it mean to have a new classification system, and maybe we can take one or two conditions, asthma or high blood pressure or anything that you would like to speak to.

Lynn Thomas Gordon: Well, this updated coding system is really going to help us to drive improvements in quality and reducing cost which we know, healthcare is a big cost to our country, and also really looking at our communities and how come we improve to help in our communities and what we are saying is that it's really more granular, it's more specific. And so by having that additional information, it's really going to be able to help us get out of this antiquated system and look at things differently. Specifically, I think most people would think if you go into the hospital and break your leg, that you would know it's left or right, but we don't that now with ICD-9. With ICD-10, we'll all be able to look why they are at the case, so there is an example for you.

Marl Masselli: Lynn, your organization AHIMA is one of the four organizations chosen by CMS, the Center for Medicare & Medicaid to assist practices in making the switchover and some have talked about this in the same way that we talked about changing over computer systems at the turn of the century here in 21st century, Y2K thread that we had, but, tell them, how complex you think this will be and who are some of the other organizations as well who are working on this and what's involved that making the transaction to ICD-10.

Lynn Thomas Gordon: Well, there are just a lot of moving part. And you cannot change over this new system in a couple of days or even a couple of weeks, there really needs to be a concerted planned effort to understand if you are a healthcare provider, everywhere, coding it's being used, and you need to make

sure that all the systems depending on codes are updated appropriately, and then, in addition, the staff who assign codes, they have to be trained on this new system. So, it's not that something you just say, oh, I know how to do ICD-9, now, I know how to do ICD-10. There really does need to be training. And it impacts basically anybody that deals with healthcare providers, payers, vendors, contractors, physicians. So, there is a lot involved in switching the ICD-10 and you asked what's involved, there needs to be user trainings, we need to upgrade our systems, and one of these things, many healthcare providers are doing, many people are reaching out to their physicians and working with them to make sure that they have the best clinical documentation available which is then used to assign each code.

Margaret Flinter: Lynn, let's talk about some of the opposition, who's arguing for keeping the status quo and I guess, that might also, I don't think we quite said it directly, there is the cost of making the transition but the big fear is about whether, your revenue is going to be impacted after October or when maybe you could address both of these things first.

Lynn Thomas Gordon: Well, first of all, there is just opposition because it's changed, that we are human, and we want to resist this. In addition, I think as you know, healthcare is very complex. And as you mentioned, it's not a fun to mandate. So, despite all that, we at AHIMA, and many, many others stakeholders feel that the long-term benefits of having a more robust encode coding system far out weight any of the pushback we are getting. We do know that it's something that is needed, it's been needed for a long time, and it's almost obscure to know that there is so much going on in healthcare that we can't code for today.

Mark Masselli: We are speaking today with Lynn Thomas Gordon, Chief Executive Officer of the American Health Information Management Association or AHIMA, the premier association of health information management professionals worldwide. AHIMA is one of four cooperating parties responsible for the ICD coding guidelines. Lynn, with the transaction to ICD-10 in October, we're going to be quadruple in the number of medical codes available to be used by the healthcare system and its stand to reason that there might be some bottles being popped in research centers, who are going to have a lot more detailed population health data to mind this result and you are just talking a little earlier about those who are opposing, but there have to be a lot of people who are very excited about these, maybe walk through the other advocates out there, who had been finding a way for this conversion to happen.

Lynn Thomas Gordon: I think a huge benefit of changing systems will be for the research community, and the reason for that is because the new codes do allow for more detail, and if you go back to my grocery store nowadays, if you were someone that work in a grocery store and you were looking back at everything you sell retrospectively or anything you wanted to order in the future, you would

probably prefer to know that wasn't just extrude that you need to look at but an apple or even more specifically, a red delicious apple. So, we, definitely in healthcare want the later, we want that greater specificity. And so, I think, commonsense just tells us why having this much more robust system will immensely help researchers and others, when they are studying population health.

Margaret Flinter: Well, then, you -- would you are seeing in healthcare to be particular riding the wave of a sea of changes? Electronic health records, you know, more than halfway, they are on the practice side, hospitals, I think are about 80% transitioned over but, also coming right at this, the HIPPO 5010 requirements are going to be taking effect, a new diagnostic and statistic manual of mental disorders or DSM, so, lots of change, lots of platforms, and of course, they all interrelates. From your perspective, how do all of these things interrelate and quite frankly, how do they all complicate things?

Lynn Thomas Gordon: Well, I think as I said before, we do have a lot going on in the healthcare sector. Actually 5010 is very important because it makes the way for ICD-10 to be transmitted to payers and as for DSM-5, psychologist will actually need to have familiarity with ICD-10 because even when using DSM-5, their diagnosis must be reported in terms of ICD-10 codes in order that they can get paid for their services.

Mark Masselli: Lynn, I should have ask you this earlier, AHIMA, will you tell us what the other works that you're engaged in around the world, and how is it structured? Who is the member of AHIMA and how long has it been around?

Lynn Thomas Gordon: AHIMA, we have been around, believe it or not, for 86 years. We've over 71 thousand member. We do have global members as well not as many, but in the United States, a huge organization, many people working in across the healthcare sector, and probably 60 different job types and up to 40 different setting.

Margaret Flinter: Wow, It's a pretty complicated organization and I would imagine there is some futuristic thinking going on as well as people write that sea of changes, there is also the need to look for and I'm thinking about two areas, and just being interested in your speculation on this. One, you know, ICD-11 coming up possibly, and what's the, the thought around including much more of the social determinants of health right? So we know that low income or low literacy level, low education, all of these things have an impact, and how do you envision this becoming part of what we code in the future, and I guess, the second part of that speculation about the future, you anticipate that the advance or personalized medicine and genomic medicine will lead to another need to do a, a major upgrade in adaptation?

Lynn Thomas Gordon: I think that a really good question. And what we want to make sure is that, as we adopt or develop actually, and then, adopt ICD-11 that we make sure that we consider all of the things that you mentioned. Right now, the World Health Organization is developing ICD-11 and the wonderful thing about that is that they're actually utilizing a web based platform that allows experts and everyday users to participate in the revision. So as they learn, where things are happening and what's important to ask, when we look at population or community health, they can include those in the final output. That is being revised to really better inside the progress and help finances in medical practices. So yes, I predict that anything from personal genome information as well as other things that are important to us, as healthcare providers, will be included. To me, it's just so exciting that morbidity and mortality classification information can be collected across the globe, so that outpatients and healthcare organizations, we can make sure that we achieve the triple aim which is to drive down costs, improve community health, and of course the most important thing, really looking at the quality the care we will see.

Mark Masselli: You are absolutely right. I want a pick up on that first one of cost. Certainly, you're not going to get reimbursed if in November, you're not using ICD-11, is that true? For those practices that are out there, what happens to people who don't make the conversion?

Lynn Thomas Gordon: Well, we -- yes, we need to have that coding system in place to get reimbursed because it's October 1st, it is a go. And so we're encouraging anybody that's using the coding system for reimbursement to make sure they're doing dual coding, beginning in July, so they can start being very comfortable with it so that when that October first date comes around, they can push those bills out of the door with no change except changing the delivery system. So it will be easy and it will be very comfortable to their staff.

Interviewer: Well, I think we've a lot of interesting things to look forward to. On October 1, we're just wrapping up our first couple of month of the intense focus being getting people insurance in the first place so that they can get the care and we'll move onto the ICD-10 implementation shortly. We've been speaking today with Lynn Thomas Gordon, Chief Executive Officer of the American Health Information Management Association or AHIMA, the premier association of health information management professionals worldwide on the upcoming transition from ICD-9 to ICD-10 coding in the healthcare industry. You can learn more about their work by going to ahima.org that's A-H-I-M-A.org. Lynn, thank you so much for joining us on Conversations on Healthcare today, and good luck separating us all into this transition.

Lynn Thomas Gordon: Thank you so much.

(Music)

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about Healthcare 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, Senate Majority Leader, Harry Reid, wrongly blamed the conservative group Americans for Prosperity for promoting a false story of a woman who said her insurance premiums went up $700 per month. AFP didn't actually feature that woman's story in any of its ads. In a floor speech, read was highly critical of brothers, David and Charles Koch, owners of the oil and manufacturing company, Koch Industries and major funders of Americans for prosperity, a 501C4 founded by David Koch. The group is behind a lot of advertising against the Affordable Care Act, read cited two stories, he said were untrue and being promoted by Americans for Prosperity ads, but only one was in AFP ad. He went on to say that Republicans were making up stories out of "whole cloth" but neither of his anecdotes was fabricated. They had some basis in fact. There was woman in **spoken** who said her and her husband's premiums were going up nearly $700 a months. It turns out that was one option given to her by her insurer while another option would have been $500 more and she acknowledged that she could probably save more on the state insurance exchange, but we didn't go on the website. Reid's other example was featured in AFP ad in which a leukemia patient from Michigan said her insurance was cancelled and her new plans out of pocket cost were unaffordable. She later told the Detroit News that her new premium were 50% lower and the newspaper found she would save at least $1200 a years on her new plan even if her out of pocket expenses reach the plans maximum, but still Reid went way too far in his claims about AFP and the stories the group has promoted, and that's fact check for this week. I'm Lorry 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 Healthcare.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. The U.S. boost among the highest rates of teen births in the world's industrialized nations. And while those numbers have been declining in recent years, it's still a significant health issue in this country. According to a recent study, the decline in teen birth rates in this country can be attributed in part to the launch of the popular MTV show 16 and Pregnant and the subsequent Teen Mom. MTV launched the series in 2009 to show the challenges and harsh realities of teen pregnancy and teen parenthood.

Researchers at the University of Maryland and Wellesley College conducted an empirical study to determine what, if any, impact the show has had on the decline of teen pregnancy and birth. Wellesley College Economist Phillip Levine decided to utilize Google Data Tracker and Twitter activity around the airing of the shows which developed a loyal following and consistently higher ratings since the show began in 2009.

Phillip Levine: We love to see people searching for things like how do I get birth control, and it's remarkable how people respond to the show, do things like tweet and search about things that they are watching on TV as they are watching it and immediately following. So you see these enormous spikes in activity about 16 and Pregnant, the day the episode airs.

Mark Masselli: More interestingly, where the social media conversations surrounding themes explored on the show, loss of freedom, the fathers of the baby often removing themselves from the picture, themes that really drove the challenge of teen motherhood, home to billions of young vulnerable viewers.

Philip Levine: So the important point about watching this show is that it really illustrates the life choices that these girls have made and what outcomes it has on their lives.

Mark Masselli: Based on the data they compiled, they determined the show led to a 5.7% drop in teen births from 2009 to 2012, a significant number in the relatively short period of time. The study can be found in the National Bureau of Economic research. MTV says this aligns with their goal of the show which was to utilize their trusted media platform to reach a vulnerable sector of their audience, a media outlet utilizing airwaves to reveal the risk of teen pregnancy, thus creating in a platform for dialog for teens to address this potentially life changing event, leading to a significant reduction in teen pregnancy, now that’s a bright idea.

Margaret Flinter: This is Conversations on Healthcare. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

(Music)

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at Wesufm.org and brought to you by the Community Health Center.

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