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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, five million and rising, the number of Americans who have signed up for insurance on the health insurance exchanges is top the five million mark and just a few days left ago before open enrolment closes.

Margaret Flinter: CMS Administrator, Marilyn Tavenner, said business really picked up steam in the last couple of weeks on the Federal Health Exchange Portal, healthcare.gov.

Mark Masselli: And the deadline pressure has seem to spur more interest in signing up, we won't know for a few weeks what the actual breakdown is in terms of demographics and whether more of those healthy young invincible decided to seek coverage, the White House is trying outreach as part of the March madness frenzy targeting that audience with marketing campaigns.

Margaret Flinter: And a survey recently showed that many in the insurance industry are kind of concerned about a slew of new regulations, governing participation in the exchanges for 2015. Apparently, hundreds of new regulations were proposed and that will of course impact their business model for the coming year.

Mark Masselli: Our biggest concern, it seems regulations that may force plans to increase the number of clinicians in hospitals allowed within plans. There has been a pushback from consumers over the lost of access to their preferred care providers at hospitals and some of those new exchange plans.

Margaret Flinter: And essentially what these new plans are attempting to do is to make sure that any plan sold on the exchange has a significant representation of local clinicians and hospital choices that are available to consumers on the exchange with the emphasis on giving more choice and more protection to the consumer.

Mark Masselli: All of this really comes down to an important question Margaret, how all of this change lead to improved outcomes and lower cost in health care and our guest today is a global innovator in the developing connected health system that shouldn't do just that, Dr. Joseph Kvedar, is the founder and director of the center for connected health at partners health in Boston.

Margaret Flinter: And Lori Robertson, our Managing Editor of FactCheck.org will be stopping by.

Mark Masselli: She has uncovered another misstatement about health policies booking on the public domain.

Margaret Flinter: And no matter what that topic, you can hear all of our shows by going to www.chcradio.com.

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

Margaret Flinter: We'll get to our interview with Dr. Joseph Kvedar in just a moment.

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

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Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. It's downing the wire on the open enrolment stage. The centres for Medicare and Medicaid announcing last week more than five million people have signed up for insurance coverage on the exchanges, both federal exchanges and state based ones, but it's been a slough getting to that number considering all the issues with the online marketplaces, some resolved and some lingering. The White House is targeting the youth population in the final stretch borrowing on the March madness theme by asking young folks what are 16 sweet reasons why you should have heath coverage. CMS says business has been as brisk as it was. Meanwhile, some doctors concerned, they are going to be holding the bag when it comes to these newly insured, some of whom have sort care before their 90-day grace period on the insurance side is over. They are worried they compensated for care delivered. So back to those challenges, Massachusetts is now hashing it out legally with CGI, the same company that bought to their Federal Health Exchange, healthcare.gov. CGI also did Massachusetts Exchange that has been plagued with problems and small businesses in Oregon seeking insurance coverage for their employees can seek tax credits for the purchase even if they don't purchase insurance through the Oregon Exchange which has been and continues to be dysfunctional since day 1. Now tonight, I have a headache, is leading to a headache of another kind. Clinicians are still overusing brain scans to get to the bottom of chronic headache issues, overuse of brain scans for headaches for cysts despite guidelines. According to a national study, more than 12% of the 51 million Americans seeking attention for a headache or migraine were given brain scans. According to the study, a journal of the American Medical Associations Internal Medicine has showed the brain scans like MRI and CT scans are still being substantially over used. I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We are speaking today with Dr. Joseph Kvedar, the founder and director of the Center for Connected Health, a division of Partners Health Care in Boston innovative health care delivery model that uses health information technology to bring clinicians into the patient's world. Dr. Kvedar is the co-founder of Healthrageous, a

personalized health technology company offering a wide range of health and wellness self-management programs. Dr. Kvedar is the past president and board member of the American Telemedicine Association where he received the individual leadership award for significant contributions to connected health and telemedicine. Dr. Kvedar writes extensively on Connected Health and is an associate professor of dermatology at Harvard Medical School. Dr. Kvedar, welcome to Conversations on Health Care.

Dr. Joseph Kvedar: I am delighted to be with you.

Mark Masselli: So you launched the center for connected health back in 2004 with the proposition that health care delivery and outcomes could be vastly improved by harnessing the power of technology. Health care isn't really known as an adapter of cutting edge technologies and yet we are still in what appears to be the infancy of using these technologies in health care. So tell us about your vision for the centre for connected health as an incubator for telemedicine facilitated models of care and what innovations have you been working on?

Dr. Joseph Kvedar: Well, our vision is a simple one. We would like to do away with this idea that health care has to be episodic and if you think about it, really it's the only service that you would get now. I think in the world, we still have to visit someone in a physical location to get a service. Everything else is continuous online offered to you wherever you are. We think health care needs to move in that direction because it allows for more integrated continuous care experience. Your health is with you 24 hours a day. There is no reason your health care shouldn't be with you 24 hours a day.

Margaret Flinter: I want to reference a recent health affairs article where you laid out the promise telemedicine holds to improve care delivery particularly on managing chronic illness and certainly patients aging in place. We have shortages of primary care providers. We have all these perfect storms that lead us to look at telemedicine and connected health if you will as a potential solution. So what you see for the real path forward particularly in the ambulatory care space?

Dr. Joseph Kvedar: I have been at that a long time and it really feels like a log rhythmic change most recently and points of things like the suite of services and technologies from I help, that's just one company but you can get an FDA approved device from the Apple store, download their app onto your phone and be sharing data with your health care provider very easily now and that whole idea about tracking and sharing and making data available easily from the home to the provider is a solved problem and even recently as five years ago, it wasn't. So, that really encouraging and the other thing that is driving adoption quite rapidly is the change in reimbursement for health care organizations and physicians moving from fee for service reimbursement to what's commonly called now value based reimbursement. Once you cross that threshold of thinking about population level of care, it really changes the way doctors think about virtual care and allows them to really open up all kinds of opportunities for doing anything from monitoring their chronically ill patients in the home to virtual followup visits

to consulting virtually with other specialist, a whole variety of opportunities that they are embracing not because of the payment change but that really helps facilitate it.

Mark Masselli: Dr. Kvedar, back in 2010, you formed a company within the center for connected health called Healthrageous which provides this technology platform to integrate all this patient generated data and allowing patients to stream real time health data to clinicians to coordinate their care, so tell our listeners about the system you have created?

Dr. Joseph Kvedar: Let me start briefly with Healthrageous which was formed in 2010 to offer connected out services to employers and health plans based on some research that we did at our center and what we have learned about chronic illness management and we have studied it very carefully is that if you combine really two design principles, one is feedback loops and that just means anything that I can measure about you objectively tending to be used as a feedback. If you are a heart failure patient, typically its daily weight but those things if presented to you as a feedback loop will keep your health top of mind. Certainly in the beginning of the program, they act as strong behaviour change agents because you are constantly being reminded of this value that you are trying to titrate. Over time, what we find is that, that particular stimulus doesn't reach the same level of interest because it is the same stimulus and we have to develop what we call motivational overlays to help people interact with those feedback loops and we do that mostly these days in the form of having clinicians involved typically nurses and pharmacists involved with those patients and clinicians will get a population view of their patient population. Again let's say, it's out blood pressure connect program. The clinician that's managing those patients will have a dashboard view of all the patients and of course the software allows that person to see the patients who need their help the most, focus their attention on people that are having the worst outcomes at the moment and that's a way we can spread clinicians across larger populations of patients. We find that approach does improve outcomes, it showed outcome improvements and hypertension, diabetes, and heart failure and in all cases can linked those back to more efficient use of resources or a return on investment. So, those would be some of the best examples I can give of how connected health can improve chronic illness management.

Margaret Flinter: It sounds like you and others working in this field have [inaudible 00:10:46] certainly make great progress in understanding how we activate patients and engage patients and so I guess I left a little bit with the question of where is the framingham study of interconnected health beginning and are we doing the kind of large scale studies of the impact on outcomes that will help us tell over time what's right for very large scale implementation?

Dr. Joseph Kvedar: We are working on a project right now that has exactly that vision where we can recruit patients from, well it starts with hundreds but of course the goal is thousands, to have them continuously offer monitoring of their lifestyle, bringing those data into a database and following their health outcomes. Another exciting variable is to integrate the genetic data into that, that something we have capacity of doing. I guess

the best analogy may be is the way companies like Amazon and Netflix understand your buying behaviours at a very individual level but also know how they can stock their warehouses. We are also working with a company called MD Revolution and that's their vision as well. They have a platform that brings in a variety of these data points and have a very robust coaching interface surrounded. They like to do a long term study with us bringing their data into a database so that they can really learn over time how their intervention affects folks both at the individual and the population level. Up until now, really all of the information we have had on studying these interventions has been for, you know, anywhere from 3 to 12 months and people haven't gone much beyond that, so the time is right to get out there and really learn how it works long term.

Mark Masselli: We are speaking today with Dr. Joseph Kvedar, founder and director of the Center for Connected Health, a division of Partners Health Care at Boston. So Dr. Kvedar trying to think through the sort of issues around workflow first and I wonder how much work you are doing on that health technology has certainly changed the dynamic for how a practice works, teams managing this, and then it's supported by the data, right? So having the technology, tell us the problems you have had in the pushback in those communities that you fought through the application of technology on a very antiquated system?

Dr. Joseph Kvedar: I guess the pushback originally came. There were several forms; one was this is just another thing to do in an already overloaded clinicians day, so you have to then help that individual or that class of individuals re-imagine their day. Virtual care now feels like just an add on but as time goes on, we'll see those efficiencies because as I have eluded towards spreading human resources on the provider side across larger population of patient and being much more thoughtful and strategic based on data flows on which clinicians interact to which patients at which times in order to help them achieve a higher state of health. The second phase of pushback is around reimbursement. I had one doctor one say to me about our blood pressure management program. I really liked the program, works well, I am not going to enrol any more patients because they don't come in the office so that's a barrier we have crossed now because we are now thinking as I said earlier as an accountable care organization and we have assured our primary care doctors that if they do virtual care, we will make sure that their compensation doesn't take a hit as a result. So, those are two. I think the third is integrated into the electronic workflow and we have completed a system here at partners where we can take both self reported data from our patients, which is valuable for our patients reported outcomes, project, and device data from our patients and display them in both electronic record for providers and in the patient portal for our patients so that patients have one unified way to get all their health data at partners including remote monitoring data and that's sort of just the final hurdle in the workflow, now it's a matter of getting people used to new care models and how these tools can fit in with that, but we made a lot of progress and the future is bright.

Margaret Flinter: We know there are many hurdles on the past innovation but one of the particular ones is do these new technologies work well and are they made available to multiple populations, people who speak a language other than English, people who

are disproportionally challenged by health disparities [inaudible 00:15:15] little bit about how this is working across the board in multiple populations, who is seeking about that within your organization and how are you factoring very global citizen into your planning and thinking?

Dr. Joseph Kvedar: We purposefully work with a lot of our community health centers as early adopters of our programs because they are right there in the [inaudible 00:15:38] of the greater Boston community. We have made an effort to have multiple languages on almost all of our programs and the third perhaps most I think exciting answer is the mobile revolution just proportionally has affected folks with lower income and minorities. So that when we started delivering a lot of our programs by mobile device, the first thing we did on purpose was text messaging because we knew that would be a digital device cross for us and ensured work out that way. Some of the first programs we did were pregnant teens and folks who are suffering from addiction on the medication Suboxone. We really drilled into the neediest parts of our population for those early mobile health programs and showed how successful they can be in those populations, people who have phones or you buy a new sim card every so often, just all those challenges we have really dealt with. So, we were never perfect but we made some strikes.

Mark Masselli: Well, as a center for innovation and a font of new ideas, the center for connected health is always looking at the future and you are really focusing on to now promoting prevention among your patient population. Your newest project is Wellocracy, is focussed on the wellness movement of the future and probably builds on many of the initiatives were seen out there, tell our listeners about the Wellocracy sort of movement in your thoughts that you look out to the future?

Dr. Joseph Kvedar: We started with realization of how we became what we thought was very--we still think very--we are very good at understanding how patients and why patients adopt these connected health technologies and one thing that came through loud and clear from our patients over the years was they really use connected health toolset or a monitor a way of relaying their information largely because they feel their doctor is looking at the data or a nurse in a practice and that individual is finding value in it. So, it's what we call the sentinel effect meaning I am going to behave differently if I know someone is watching particularly someone who is an authority figure and we looked at that success and we said, "I wonder how much of our success is about that." Feedback being objective and then having the sentinel effect; the authority figure, the nurse or the doctor, they can call you out on your behaviour and set it straight and that worked so well in our experience. How would I translate into the consumer world where we don't have that same link to an authority figure necessarily? Does that mean it's your Facebook friends or does that mean we need to build certain kinds of incentives in the programs? We are all different and we are all motivated differently, so I might design something for each of you that's quite different than I would for the other because you are motivated differently. So, you wanted to take all those questions out and learn in real time from consumers about how they adopt connected health and how they stay motivated to stick with tracing, so the first goal here is to use Wellocracy as a platform to help people understand the value of tracking in their health, the second goal

is to help them understand what motivates them so they make wiser choices about the trackers they choose and the mobile apps they choose to manage their health, and the third goal is for us to learn about that process because as a health care organization, we fully expect to be in a wellness business in the next few years and we realize that's a very different business and the patient care business, so we want to learn how consumers adopt these technologies.

Margaret Flinter: We have been speaking today with Dr. Joseph Kvedar, founder and director of the Center for Connected Health, a division of Partners Health Care in Boston. You can learn more about his groundbreaking work by going to connected-health.org. Dr. Kvedar, thank you so much for joining us on conversations on Health Care today.

Dr. Joseph Kvedar: It's been a real pleasure.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly known 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: Are there more uninsured today than when the affordable care act was passed, that's what former Alaska governor, Sarah Palin, told her fellow conservatives that the annual conservative political action conference in March. Palin said "There are more uninsured today than when Obama began all of this." But there is no evidence of that. Annual census survey showed the percentage of uninsured American had dropped since 2010 when the affordable care act became law. 16.3% of Americans were uninsured in 2010 and that dropped to 15.7% in 2011 and 15.4% in 2012. The raw numbers have gone down too from 15 million uninsured in 2010 to 48 million in 2012. Gallup surveys on this topic also showed the percentage of uninsured hit a five year low in the first two months of 2014. It is too early to determine the full impact of the law as the major provisions aiming to increase insurance coverage were only recently put into place. The Medicaid expansion and policy sold on state and federal marketplaces didn't take effect until the beginning of this year and democrats have overstated the impact so far of the exchanges on the uninsured, but there is no doubt that these provisions will extend coverage. Congressional budget experts estimate that the law will reduce the number of the uninsured by 13 million by the end of this year and that in 2024, there will be 25 million fewer uninsured Americans because of the ACA and that's my FactCheck for this week, I am Lorry Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the countries major political players and there is a project of the Annenberg Public Policy Center at the University Of Pennsylvania. If you have a fact that you'd like checked, email us at

www.chcradio.com and we'll have FactCheck.org's Lorry Robertson check it out for you here on Conversations on Health Care.

Margaret Flinter: Each week, conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives. Food labelling could be going one step further than simple calorie counts in the future. Public health researchers at the University of North Carolina have some pep in their step for another approach to getting consumers attention when pandering this food and beverage choices. There is growing interest and a new approach to displaying calorie counts next menu items. Instead, sure the amount of exercise that would be require to burn off those calories consumed from drinking, say 20 ounce cola, they develops an icon symbolizing a person walking and how far that person would have to walk to erase the calories they are just about to consume. They conducted a randomize study to determine what, if any effect, the measure would have on consumer choices.

And we showed them basically a full menu with all items and so one group was randomized to no information except the food items. Another one was a menu of pretty much every item exact same way and it had the calories and then a third option had calories plus minutes to walk without little figure and it had, you know, for example 91 minutes and then finally a forth menu that showed the same exact things with the same exact figure with miles to walk, so we might say 5.1 miles.

Dr. Anthony Viera, professor at the University of North Carolina Chapel Hill School of Public Health. He said the study showed quite clearly that when consumer saw they are consuming a food or drink item would require them to walk five miles to burn those calories off as opposed to just seeing the calories. It had a direct impact on the choice.

So if you look at total calories ordered when you were shown no label, the average calories ordered will be 1020. When you were shown calories only, which is you know sort of the current policy, the average order was 927 calories and we are showing calories plus miles, the average order was 826 calories. So as you can see there was a definite decrease in calories when you shown calories plus miles.

The results of the initial study were so conclusive. They are now scaling up their research to test that in restaurants. Restaurant food labelling showing a consumer how much exercise will be required to burn off the calories consumed, helping them comprehend the actual calorie value of the foods they choose and may be thus positively impacting their intention to consume fewer calories more wisely. Now that's a bright idea.

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

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

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