(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, there has been more talking of sweeping changes at the Veterans Health Administration, receiving more evidence of entrenched culture of long waits and severe shortages of primary care practitioners throughout the taxed VA system.

Margaret Flinter: Well that's right, Mark. And the realities of what's happening in the VA health system are starting to sink in. The VA operates 150 hospitals around the country but currently report a shortage of 400 primary care practitioners which is not only a problem at the VA but it's a problem nationwide, and apparently having quite a bit of trouble finding the professionals to fill these posts.

Mark Masselli: There is a very heavy patient load which is one of the key contributing factors leading to longer wait times.

Margaret Flinter: And it should be noted Mark that according to a recent survey, while most veterans don't like the long waits, they are satisfied with the care that they get once in the system, so a conundrum but one that needs to be solved and soon.

Mark Masselli: Meanwhile, Margaret, measures are being put in place to address some of the problems including veterans being allowed to seek care in the private sector if they are being forced to wait that long.

Margaret Flinter: And of course, members of Congress are weighing in the Restoring Veterans Trust Act, which seeks to rapidly address some of the most pressing issues. The bill would make it easier for the beleaguered Department of Veterans Affairs to hire and fire employees, lease new space for clinics and hospitals and send veterans to outside providers if care is not available within 30 days.

Mark Masselli: And since there has been an uproar from both sides of the aisle, I suspect there will be some quick action to approve the necessary funding.

Margaret Flinter: The name says it all, Mark. Restoring the trust of America's veterans is just paramount to successfully putting this problematic issue to rest.

Mark Masselli: Another area of health care that is indeed of gaining trust is the realm of telemedicine and telehealth, still a fledgling aspect of health care but one that is poised to grow over time.

Margaret Flinter: And that's something that our guest today knows quite a bit about. Dr. Wendy Everett is the Chief Executive Officer of the Network for Excellence in or NEHI, a nonprofit, nonpartisan health policy institute that's focused on enabling and supporting innovations that improve the quality of care and lower the cost.

Mark Masselli: We will also hear from Lori Robertson, managing editor of FactCheck.org.

Margaret Flinter: And no matter what the 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 because we love hearing from you.

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

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

Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. The cost of inpatient procedures at the nation's hospitals went up almost across the board in 2012, and in many cases, it rate almost 4 times the national rate of inflation. According to the study, hospitals charged more across the spectrum of 98 common procedures from hip replacements to chest pain. Charges for chest pain rose on average 10% across the country in 2012 alone, based on data released from the recent Medicare billing data dump. It does affect the individually insured and the millions of Americans who are now paying much higher deductibles and out of pocket costs for health care.

Another health care cost increase story, insurance premiums. Health insurers are already readying rates for 2015 and the early signs point to a double digit rate increase for 2015. Arizona is already seeing rate increase request for next year of between 10% and 25%. Meanwhile folks aren't just buying insurance on the exchanges by the millions, many sought to purchase health plans privately through insurers. Kaiser Family Foundation estimates between 3 million and 3½ million new people signed up for health insurance either through insurance companies or brokers in March alone.

Death, dying and doctors. Turns out most would shun aggressive treatment at the end of life. They have seen the suffering of their patients at the end of life and say they want no part of it. In fact, nearly 9 in 10 young physicians just finishing up residencies or fellowships say they wouldn't want to receive life

prolonging CPR. The study published in the journal PLOS ONE notes the disconnect between the aggressive care the average person receives in the health care system in their last month of life and what doctors say they want for themselves.

And if you think teenagers are becoming weaklings, you are right. Less than half of youth, between the ages of 12 and 15, are even close to being aerobically fit. According to data released by the Centers for Disease Control, that's down from 52% of young teenagers in 1999, the last time this survey was conducted, it measures adequate levels of cardiorespiratory fitness which children need not only for sports but overall good health. Girls were particularly out of shape, just 34% of them having adequate cardiovascular health compared with 50% of the boys, but even 50% says the CDC is not good enough. I am Marianne O'Hare with these Health Care Headlines.

(Music)

Mark Masselli: We are speaking today with Dr. Wendy Everett, Chief Executive Officer of the Network for Excellence in Health Innovation, NEHI, a nonprofit, nonpartisan health policy institute focused on enabling innovations that improve the quality and lower the cost of health care. She is the Director of the Institute for the Future, overseeing the creation of a 10 year national forecast in health and health care. Dr. Everett earned her Master's and Doctorate in Public Health at Harvard. Dr. Everett, welcome to Conversations on Health Care.

Dr. Wendy Everett: Thank you so much.

Mark Masselli: You are at the helm of one of the largest multi-stakeholder organizations in the country, really focused in on the critical issues of cost, safety and quality. And here we are at the time of great transformation in health care system and who are the collaborative stakeholders at NEHI and what kinds of policies are you focused in on actually having the power to influence innovation in health care.

Dr. Wendy Everett: NEHI is a member-based organization with just under a 100 different members from all across the health care spectrum. So our mission very specifically is to save lives by speeding the adoption of valuable innovation. Our members represent health plans, service delivery providers, physicians, manufacturers, biopharmaceutical companies, patients and consumer groups, and our goal is to bring everyone to the table so that we can use the combined intellect of all of these people to reach consensus on solving these critical problems in health care. We work in five main areas. The first is improving the delivery of health care. The second is ensuring the responsible use of medicines. The third is reforming payment systems in health care. The forth is advancing technology and then the fifth is that we work hard to promote heath and wellness. So we are very interested in policies that speed or accelerate the

adoption of innovation that will help patients. So as an example, it's well known that up to 50% of patients don't take their medication as it's prescribed by the physician. This results in just under $300 billion worth of waste in the system. We have worked overtime to identify that about $2 billion in wasteful spending results in roughly 100, 000 avoidable deaths annually.

Margaret Flinter: Well Dr. Everett, you had coauthored a report not long ago in Health Affairs with actually two former guests on the show, Joe Kvedar from the Center for Connected Health and Molly Coye, the Innovation Director at UCLA. And the report looks at how we can improve patient health and outcomes with more of a focus in use of telehealth and telemedicine strategies. Where are the partnerships in play right now and what kind of results are you seeing and how will you bring this one to the fore if that's a focus area of yours?

Dr. Wendy Everett: So if we look at something as simple as using home telemonitoring system, a scale that's connected to a telephone line, that transmits just the weight, many times translates those data over a very simple telephone line to the physician's office so that a patient can be monitored on a daily basis. There has been a lot of research showing that this is an extremely effective tactic to keep congestive heart failure patients out of the hospital and really manage them effectively at home. So Joe has used many of these different processes with his patients and partners and through this telemonitoring process they have reduced hospital readmissions by 44%. A second great example of a good partnership is the Veterans Health Administration. And what they have done particularly in the southwestern rural areas is to use telemonitoring both for their chronically ill patients but also for their returning vets with post-traumatic stress syndrome. And by doing that, we are able to attain a 25% reduction in the number of bed days, and a 19% reduction in hospital admissions. I think the Center for Connected Health Partners has been the gold standard as a model and if the delivery systems around the country were able to use telemonitoring and telemedicine appropriately, that we could save up to $4 billion annually.

Mark Masselli: The Industry Organizations recently outlined guidelines for governing the use of telemedicine. The American Telemedicine Association and Federation of State Medical Boards offered proposals that would clear up some of the confusions. I wonder if you could outline for us what some of these new recommendations are and how the payers are involved and how you see these rules precipitating more use of telemedicine protocols moving forward, Wendy.

Dr. Wendy Everett: So telemedicine has a great deal of promise but much of the regulation is done at the state level. Those state laws at the moment are quite inconsistent and govern how physicians both can practice medicine and how they get paid. That has been a significant barrier. The Federation of State Medical Boards very recently revised their model policy of the appropriate use of telemedicine technologies and in that they provided some guidance and a basic

roadmap. I think most of us feel that the State Medical Board Federation didn't go far enough. So the guidelines that they promulgated really described telemedicine as applying to secure video conferencing rather than going a bit further and saying that it also applied to email or telephone communication or even thinking about some of the basic, Skype or Facetime technologies that are already in wide use. There is a new study by Deloitte that predicts by 2014 there could be up to 75 million electronic visits in North America, and that would represent about 25% of the market. So we need to work pretty quickly to address this physician to physician telemedicine consultations and the physician to patient electronic communications that fall far short of the secure video conferencing that was endorsed by the federation.

Margaret Flinter: Maybe just let me pivot a little bit away from telemedicine to just the use of data, which is another area that your organization is really stepping out in a leadership role to say what is this evolving landscape in health reform and yet sometimes our ability to actually make use of the mountains of data that we have is limited. What are you doing at NEHI? What's your focus in this area of facilitating better understanding and then release and use of these mountains of data that are now available to us?

Dr. Wendy Everett: I think that there is enormous potential for big data to give us some information that will allow us to move forward with innovations much faster than we have in the past. However, there is an important limitation to it right now, which is that there are virtually no standards around the methods and the interpretation of data that are being collected by various organizations around the country. There is absolutely no standardization about the quality of what those data should be and what conclusions can be drawn from it. Now there obviously are a number of very important groups in the country (inaudible 14:42) being one of them, the Institute for Clinical and Economic Review being another that have developed highly rigorous and standardized ways of looking at these data. But other than that, it's a little bit of the Wild West out there. I think we are taking a pretty conservative view and saying very early days, and our job as a health care industry at large is to develop some standards for data collection and analysis that have to be pretty broadly accepted before they can have a major influence on our health care decision making.

Mark Masselli: We are speaking today with Dr. Wendy Everett, Chief Executive Officer of the Network for Excellence in Health Innovation, NEHI, a nonprofit, nonpartisan health policy institute focusing on enabling innovations that improve the quality and lower the cost of health care. Wendy, focus a little on one of the five areas that NEHI is interested in and that's payment reform. While we have seen a diminishing of health spending, we haven't necessarily seen changes in payment reform or cost containment in health care. Maybe you can share with our listeners some of the innovative payment models emerging now and where you see the best hope for payment reform.

Dr. Wendy Everett: Any payment arrangement that really incentivizes and rewards physicians, nurse practitioners, providers to integrate care and deliver a higher quality level of care is a very promising model. So we were fortunate in that there were many great examples of these payment models that were showcased at our summit, including the pioneering Alternative Quality Contract that was created by Blue Cross Blue Shield of Massachusetts and really the concept of global payments for managing populations of patients over time. And one of my very favorite parts of the summit this year was the population health session that featured Dr. Rushika Fernandopulle of Iora Health. And I know you have had a chance to have him on your show as well.

Rushika is doing just very interesting things with primary care and population health, but he is able to do that because he is working with self-insured employers directly and they are paying him on a capitated basis to provide these services to their employees. So he is able to use health coaches and to identify not only the patients that are sick but also the patients that might not yet be in need of care so that they can do a lot of preventive work. And he has been able to decrease his overall cost by 10% to 15%. We also had a panel on State Health Reform Initiative and you may know that there are four states in the country that have passed legislation on health reform that is geared toward cost control, Massachusetts, Oregon, Maryland and Vermont. I think people believe that the government can through these new innovative and different regulatory changes can not only encourage payment reform but it can really encourage innovation in the delivery system to provide that care at a high quality but a lower cost. So I think that this new payment model, they have not only the opportunity to put a cap on cost and limit cost growth but they have a little mini disguised engine in them that is pushing the providers, the integrated delivery systems to say wow, maybe we should be looking at remote monitoring of our intensive care patients because it will prevent expensive complications.

Margaret Flinter: We have been speaking with Dr. Wendy Everett, CEO of the Network for Excellence in Health Innovation or NEHI. You can find out more about their work by going to www.nehi.net. Dr. Everett, thank you so much for joining us on Conversations on Health Care today.

Dr. Wendy Everett: Thank you for inviting me. It was a pleasure.

(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 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 there is a new ad airing in Michigan that claims insurance premiums are up by nearly 40% in the state. But that figure comes from an unscientific survey on premiums in the individual market. The ad marks the second time we have seen Americans for Prosperity citing this survey in an attack on a Democratic Congressional candidate. The ad leads to false impression that the rate increase applies to all premiums, but it only pertains to about 5% of Michigan residents who buy their own insurance on the individual market. In fact, employer sponsored premiums have been growing at historically low rates in recent years. And the 40% figure comes from a survey of six insurance workers in the state by Morgan Stanley to guide investor decisions on stocks. One polling expert told us the survey had no scientific validity particularly with the states results being based on fewer responses. A footnote in the Morgan Stanley report gives a similar warning. Unfortunately, there are no reliable apples to apples comparisons of rates in the individual market before and after the Affordable Care Act exchanges launched. It's quite likely that rates have gone up as the law requires a minimum set of benefits. That's one reason the before and after comparison is so difficult. Some will pay more and some will pay less depending on circumstances such as health conditions. Even if the 40% figure were accurate, it doesn't account for government subsidies which 80% of those in the exchanges are expected to receive according to the Congressional Budget Office. 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 www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

(Music)

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. The US boast 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 found that much of the decline in recent years is the result of the great recession but that it didn't account for all of the decline. They decided to utilize Google data tracker and Twitter Activity around the airing of the

shows which developed a loyal following and consistently high ratings, so they call it the Nielsen rating data.

Phillip Levine: If you see these enormous spikes in activity about 16 and Pregnant the day the episode airs, you can see this huge spike in activity and that also tends to correlate with people doing things like searching and tweeting about birth control.

Mark Masselli: More interestingly were the social media conversation surrounding themes explored on the show, loss of freedom, themes that really drove the challenge of teen motherhood home to billions of young vulnerable viewers.

Phillip Levine: It really illustrates the life choices that these girls have made and what outcomes it has on their lives in a way that a reality TV show can do.

Mark Masselli: They determined the show led to a 5.7 drop in teen births from 2009 to 2012 in the relatively short period of time. The study Media Influences on Social Outcomes: The Impact of MTV's 16 and Pregnant on Teen Childbearing can be found in the National Bureau of Economic Research. A media outlet utilizing airwaves to reveal the risk of teen pregnancy, thus creating a platform for dialogue for teens to address this potentially life changing event, leading to a significant reduction in teen pregnancy, now that's a bright idea.

(Music)

Margaret Flinter: 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 www.wesufm.org and brought to you by the Community Health Center.