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

Margaret Flinter: And I am Margret Flinter.

Mark Masselli: Well Margaret, it's been a busy couple of weeks in the courts with the Health Care Law continuing to undergo legal challenges from a number of sectors with some recent decisions in several district courts for many more controversial interpretations of the Affordable Care Act.

Margaret Flinter: There were lower court rulings on some challenges to the Health Care Law's tax subsidies for people who are seeking to buy health insurance on the exchanges.

Mark Masselli: The U.S. Circuit Court of Appeals for the District of Columbia ruled that based on a literal interpretation of the language in the Affordable Care Act, states that did not setup their own exchanges are not allowed to provide subsidies to those residents gaining coverage on the federal exchange.

Margaret Flinter: Well, this is far from the final word, Mark Masselli, but that ruling could have devastating consequences. I think it needs to be noted though that a second ruling on the matter in the U.S. District Court in Virginia upheld the same thing, the legality of the tax subsidies saying that the IRS does have within its purview the ability to authorize subsidies for government-mandated programs. So essentially, we have a diametrically opposed view. We are kind of used to those diametrically opposed views coming out of Washington these days.

Mark Masselli: We are, and it's left quite a lot of confusion though, Margaret. Millions of Americans have gained coverage during the first open enrollment, and at least 75% of those Americans are receiving some sort of tax subsidy to offset the purchase of that insurance. So majority of those who gained coverage could be impacted by these decisions. Americans stand to lose some $36 billion in premium subsidies if the DC court decision is upheld.

Margaret Flinter: And the Urban Institute paints a pretty grim picture. Essentially, the Affordable Care Act, I hate to say it this way, but people are saying it becomes a blue state law in which only those folks in states who setup their own insurance exchange can take full advantage of the law's promise, so lots more to follow on this incredibly fascinating story.

Mark Masselli: Another story that's unfolding is the ongoing crisis with the tens of thousands of immigrant refugee children being dispersed around the country while they await some kind of immigration hearing. It's a humanitarian crisis that's unfolding right within our borders, and there is no simple solution to this problem either though I read with great interest that George Will, the

conservative columnist said, “Just let them in, we can manage that here in America.”

Margaret Flinter: And so much political discussions, some backlash across the country over what to do with these children, but the fact remains they are here, they are children, they need to be treated in a humanitarian way, and from what we are reading, many of them have escaped just unimaginable violence and threat in their home countries.

Mark Masselli: So another unfolding story that we are keeping our eye on, Margaret.

Margaret Flinter: And our guest today has her eye on global public health issues as well. Dr. Erica Frank is the Canada Research Chair in Preventive Medicine and Population Health, and a professor in UBC School of Population and Public Health. She is also the Founder of NextGenU.org, a free global online university that’s been developed to meet the growing need in the health sciences, an interesting approach to the need to train more health care workers around the globe.

Mark Masselli: Lori Robertson will also be checking in from FactCheck.org.

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

Mark Masselli: And as always, if you have comments, please e-mail us at www.chcradio.com; we love hearing from you.

Margaret Flinter: We will get to our interview with Dr. Frank 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. House and Senate negotiators announced an agreement on legislation that would allocate $17 billion to overhaul the Department of Veterans Affairs’ sprawling and beleaguered health care system, a legislation (inaudible 03:51) sometimes rancorous standoff over how much to spend to begin to fix the department, and it would help ensure that veterans who face long waits to see doctors at the department’s facilities could get appointments more quickly with private physicians. The agreement came about from some rare haggling across party lines, something not seen much in Capitol Hill these days.

Medicare's Hospital Insurance Trust Fund which finances about half the health program for seniors and the disabled won't run out of the money till 2030, four years later than projected just last year, and 13 years later than projected the year before the passage of the Affordable Care Act. Unlike Medicare however, the part of Social Security that pays for people getting disability benefits, is in far more immediate jeopardy. The Disability Insurance Trust Fund is projected to run out of money in 2016. On Medicare, the news was mostly positive, Medicare considerably stronger than it was four years ago according to Health and Human Services Secretary Sylvia Burwell. She noted the recent slow growth of the program spending will likely mean that Medicare Part B premium charged to beneficiaries will remain the same for the third year in a row.

But whatever reason, no one contests the slowdown has been dramatic. Medicare, which covered an estimated 52.3 million people in 2013, spent $582.9 billion on how we train our doctors. An expert panel recommended completely overhauling the way government pays for the training of doctors saying the current $15 billion system is failing to produce the medical workforce the nation needs. The federal government mostly via the Medicare Program currently provides more than $11 billion per year in payments to support the training of doctors. Most of that goes to the hospitals that sponsor interns or residents. There are persistent problems with uneven geographic distribution of physicians, too many specialists and not enough primary care providers.

HPV, the virus that causes most forms of cervical cancer, there is a vaccine for that, but you wouldn't know it from the number of teens receiving it. Though the vaccine against human papillomavirus is highly effective in preventing certain forms of cancer, the number of pre-teens getting the vaccine is still dismally low according to the Centers for Disease Control and Prevention. One of the top five reasons parents listed they hadn't vaccinated their children was that it hadn't been recommended to them by a doctor or a nurse. Data from the national survey released shows only 57% of young women ages 13 to 17, and only 35% of young men have received one or more of the dose.

I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We are speaking today with Dr. Erica Frank, Professor at the University of British Columbia's School of Population and Public Health where she is Canada Research Chair in Preventive Medicine and Population Health. She is also Founder, President and Research Director at NextGenU.org, the world's first online portal that free accredited higher education in health science as well as in other disciplines. Dr. Frank has been the Co-Editor in Chief of journal of Preventive Medicine, and served as the U.S. President of Physicians for Social Responsibility, and she earned her Master's in Public Health from Emory University, her Medical Degree from Mercer University, and her residency

at Yale School of Medicine. Dr. Frank, welcome to Conversations on Health Care.

Dr. Erica Frank: Thank you so much.

Mark Masselli: We are in this midst of radical transformation in health care and how we deliver it, how we teach it and disseminate it. You have been instrumental in creating the world's first online university focusing on health sciences, and this is an area not generally associated with online learning by traditionalists in the health industry although we are seeing this proliferation of MOOCs Massive Open Online Courses being generated from a host of prestigious universities around the world. So tell us what's different about NextGenU and what was the genesis for the idea?

Dr. Erica Frank: We are essentially the world's first free university. We are the first portal to free accredit higher education, so the first place you can go to and get credit from an university for taking a course for free, which is different from MOOCs, right. They give courses for free, but don't give credit. And then we also have a lot of other characteristics that are different from MOOCs, some shared with traditional education. For example, we provide mentored activities and peer activities, especially important of course in the health sciences where there are lot of skills that you need to practice, and we have evaluation built-in both in a qualitative and quantitative way; we are ad-free; we are free of other barriers as well like time and place. So we like to refer to ourselves actually as a doohickey, a democratically open online hybrid of Internet-aided, computer-aided and human-aided education. So for your radio listeners, that does indeed have the acronym spell out the doohickey.

Mark Masselli: I love it.

Margaret Flinter: You know, Dr. Frank, it seems to me for all sorts of kind of immediately obvious reasons this has the potential to be a global game changer in terms of the democratization of access to education, and I am intrigued by the massive level of cooperation that must have been required to pull this enterprise together. I understand you have government agencies from different countries. So I wonder if you would share with our listeners some of the primary stakeholders that you have engaged and involved in this project, the agencies and countries you are working with, what are these global collaborations, and how are you marshalling and pulling together all of these resources?

Dr. Erica Frank: We noticed like, lots of people did, that there are all these remarkable free learning objects that have been posted on the web by governments, specialty societies, peer-reviewed organizations and universities. Those are our four sources, and we pair them with competencies that have also already been established by expert organizations. So that's pretty inexpensive to do that pairing, and then we work in partnership as you said with lots of

organizations, governments, universities and specialty societies to accredit and fund these trainings. So for example, in Sudan, we have just launched a Family Medicine Residency Program which we have a Memo of Understanding with the Government of Sudan and University of Gezira, the largest of their 30 medical schools, to train 10,000 family medicine residents over the next five years. We work in partnership with the university, and we work with the Government of Sudan. One other example to give might be in Ecuador where we are working with the Accreditation Council for Graduate Medical Education International and the American College of Preventive Medicine to create a globally available preventive medicine residency. And we are doing similar kinds of initiatives in over a 100 other countries including in the U.S. and Canada.

Mark Masselli: And you know, may be a few more details about the size currently of how many registered users you have, and I am sure there is this conflict that goes on with the traditionalist in terms of how effective this training will be so you might want to walk our listeners through some of the battles that you have had to fight and how those have been resolved.

Dr. Erica Frank: So I am a Canada Research Chair as you pointed out, and this is a lot of what I spend my research time doing is examining the efficacy of this new kind of educational model. And we have done multiple pilots. The three that we have done in North America having been trained and taught in North America, and having that the gold standard for many people for training in medicine and public health in the world, that's where we wanted to do our proof of concept. So we did two substantive pilots, one at the Uniformed Services University of the Health Sciences in Bethesda, Maryland and at University of Missouri with our emergency medicine training, and we demonstrated at both Bethesda and at Mizzou that NextGen users do as well as or better than traditionally trained medical students. That was very encouraging. And then we also did a flipped classroom at Simon Fraser University with our Environmental Health Course, one of the core MPH courses, and found that students again performed identically on knowledge test, but reported liking the course even better, substantially higher, like 20% higher course evaluations. So we have been very pleased in terms of the proof of concept that it's performed magnificently in North America, and it's performing quite wonderfully at our pilot site in less developed countries as well.

The main foundation of our sustainability is generosity in terms of learning objects, course creators who assemble the courses, books with expertise in the area who are willing to spend about a month worth of time over whatever time period they are willing to give, but we also have more traditional academic sources. We just received a $15.5 million endowment from the Annenberg Physician Training Program. We have gotten three grants from Grand Challenges Canada, one from WHO. So because our burn [ph] rate is so low for our core expenses, about a third of a million dollars a year, that's the equivalent of a couple of fairly fancy faculty members at most academic institutions, and we

are able to run all of NextGenU with that kind of funding. And we don't have a whole lot of maintenance cost so we are pretty sustainable at this point.

Margaret Flinter: Well Dr. Frank, I wanted to maybe draw a little analogy to one of our innovations. Our organization launched the first in the country postgraduate formal residency training programs for new nurse practitioners back in 2007 and training not just to clinical complexity but really training people to a model of transformative care which means you really need to be in settings which have embraced transformation and innovation. And I am curios how are you managing that tricky area of making sure that the students get the mentoring experience or the clinical practice experience in organizations that really have embraced that level of innovation and transformation that we are looking to see going forward.

Dr. Erica Frank: So I ran the Preventive Medicine Residency program at Emory University for a dozen years before I came here, and we used the ACGME competencies, Accreditation Council for Graduate Medical Education competencies to form the structure of our residency program and identify learning objects and activities that our residents needed to do. We do the same thing with NextGenU, and there are competencies that require mentored activities. Our highest use of NextGenU is indeed as you are suggesting, the institutions adopting the courses and using them for their students. So the institutions, as they always do, identify mentors and have collected a cohort of peers, other students, and so that's how those pieces end up getting assembled. We essentially hand an institution or a learner a course in a box and they have to identify someone who will let them shadow them, have typical clinical experiences with them, and evaluate them at the end. We provide the evaluations.

Mark Masselli: We are speaking today with Dr. Erica Frank, Professor at the University of British Columbia's School of Population and Public Health. She is the Founder, President and Research Director at NextGenU.org, the world's first online portal to free accredit higher education in health sciences. Dr. Frank, in addition to NextGen, you have focused much of your professional attention on preventive medicine and you have a particular focus of study on how practitioners' own prevention behaviors impact their patients, how important it is do as I do in getting patients to practice better prevention in health care?

Dr. Erica Frank: My main research for the last couple of decades has been on this link between physicians' personal and clinical health practices, and we found an extremely strong and consistent link between what docs do ourselves and what we talk to our patients about. So this is the kind of thing that if a physician manages to overcome barriers and to figure out how to do it for themselves, it makes them more believable and more motivating to their patients. So that research has been on identifying that link between what doctors do ourselves

and what we talk to our patients about, and then trying to encourage physicians to have healthier habits so that we can have a healthier population as a result.

Margaret Flinter: Well Dr. Frank, among all of the things you have done, you are also a past President of Physicians for Social Responsibility, a winner of the Nobel Prize for Peace, and of course, a pioneer in the area of tackling the social determinants of health. I would love to link the work that you are doing now with NextGenU.org and the mission of Physicians for Social Responsibility. What's the synergy in the mission of these two organizations?

Dr. Erica Frank: Well for me, as a specialist in preventive medicine and population heath, they are pretty inseparable actually. This is both true in practical terms. We have a climate change and health course as well as our environmental health course with NextGenU that PSR is a co-sponsor of, and both NextGenU and Physicians for Social Responsibility are interested primarily in addressing the greatest threats to humanity, and in trying to redress them through health sciences education and through rational approaches to dealing with the terrible problems now and increasing problems that are going to be coming from climate change. So that's one of the areas where we have a great deal of overlap, but yes, generally, both philosophically and practically, there is an enormous amount of overlap between Physicians for Social Responsibility and NextGenU.

Mark Masselli: And you talked a little bit about your passion for climate change and its impact on global health, and tell us a little bit about how you have integrated this into any of your core structures for people. Is that sort of a side passion that you have?

Dr. Erica Frank: Unfortunately both in Canada and in the United States there have been varying to the rational acknowledgement of and dealing with climate change. It's just another one of perhaps one of the most important ones, but another one of the rational set of facts that people need to consider and make decisions based on if they want to live a healthy life and if they want for future generations to have that opportunity too.

Margaret Flinter: We have been speaking today with Dr. Erica Frank, Professor at the University of British Columbia's School of Population and Public Health, and the Founder of NextGenU.org. You can find out more about her work by going to NextGenU.org. Dr. Frank, thank you so much for joining us on Conversations on Health Care today.

Dr. Erica Frank: Thank you. It's my great pleasure.

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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, the Urban Institute is out with a new report that looks at how the Affordable Care Act has affected the number of uninsured. Its survey data showed that the number of uninsured adults dropped by 8 million between September and June. The open enrolment period for the ACA marketplaces began October 1st. The percentage of uninsured in the United States was an estimated 13.9% in June compared with 17.9% in September, the survey found. The drop in the percentage of uninsured was more pronounced in states that expanded Medicaid under the ACA. In those states, the rate of uninsured was 10.1% in June, a 6% point drop from September. Meanwhile, the states that haven't expanded Medicaid, there are currently 24 of them, have an uninsured rate of 18.3%, down slightly from a 20% rate in September.

These are of course only estimates from a survey taken a few months after the first open enrolment period under the Health Care Law. The data don't include a break down of the sources of insurance for the previously uninsured. They do however show that the insurance gains overwhelmingly occurred in families whose incomes were below 400% of the federal poverty level. That's $95,400 for a family of four this year making those families eligible for subsidies on the insurance marketplaces or Medicaid coverage. The survey, which has been taken quarterly since 2013, is funded by the Robert Wood Johnson Foundation, the Ford Foundation and the Urban Institute. 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.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Medical errors are believed to be responsible for about 100,000 deaths per year. The medication errors play a big part in that number. In a study just released in the Journal of American Medical Informatics Association, showed that a newly designed electronic medication alert system had a significant impact on the reduction of prescribing errors.

Dr. Alissa Russ: We focused on alerts that are presented to physicians during the medication ordering process so when they are in electronic health record how the alerts are displayed to them that save them time and reduce prescribing errors.

Mark Masselli: Dr. Alissa Russ is a human factors engineer, focusing on how clinicians and patients interact with the health care system. She conducted a study at Roudebush Veterans Affairs Medical Center in Indianapolis. She notes that the overworked clinicians can have trouble discerning subtle differences in medications in the electronic medical systems so they decided to change the design of the alert system in the electronic medical records of patients creating a simpler, more easy, readable alert system for clinicians.

Dr. Alissa Russ: So errors that might be that they couldn't see the alert because they (inaudible 23:27). The other errors in terms of reducing prescribing errors really just get back to providing the key information at the right point in time and not overloading the providers with information.

Mark Masselli: The clinical trials showed a marked reduction in medication errors, and a better handle on understanding potential adverse drug interactions ahead of time, noting that a good alert design may offer better cognitive support for clinicians during busy patient encounters.

Dr. Alissa Russ: So in this study we focused on three basic types of alerts, those for adverse reactions where provider is ordering a medication that the patient's had an allergic reaction to; we also looked at drug-drug interactions; then we also warned providers about cases where patients have low creatinine clearance or impaired kidney function.

Mark Masselli: The results were so convincing. They are expanding the trial to further test design ideas that make the process even more seamless for clinicians prescribing multiple medications everyday. A simpler clinician-based approach to reducing all-too-common prescribing errors, yielding better outcomes for patients and their health practitioners, 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.

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.