Mark Masselli: This is Conversations on Healthcare, I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret we've been getting some interesting numbers from around the country on the drop in the rate of uninsured Americans in the wake of the Affordable Care Act. Of course those numbers rate differently from state to state here on our home state in Connecticut we've seen some terrific numbers after just one season of open enrollment our uninsured rate is down to around 4%.

Margaret Flinter: Overall the national uninsured rate as of July of this year is 13.2% that's down from around 18% before open enrollment began and that is the lowest since mid 2008.

Mark Masselli: But if -- if factor in those states that chose not to expand Medicaid for more of its citizens not only have their uninsured numbers remain high so have their insurance rates of the individual insurance market. All these changes in health policy are effecting the medical profession as well. And our guest today has a keen insight into that side of the equation.

Margaret Flinter: Dr. Harvey Fineberg has presided over thousands of public health studies in his role as the President of the Institute of Medicine. And he will share some unique insights into the progress that they have made at the Institute of Medicine and developing evidence based recommendations for policies that will improve healthcare delivery training and public health.

Mark Masselli: Lori Robertson, managing editor of FactCheck.org stops by uncovering misstatement spoken about health policy in the public domain.

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

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

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

Mark Masselli: But first hear is our producer Marianne O'Hare with this week's headline news.

Marianne O'Hare: I'm Marian O'Hare with these Healthcare headlines. Todd Park is stepping down but not out the nation's chief technology officer who has been spearheading a move to bring government and the White House into the 21st century technology zone is leaving that post and he's returning to his roots. The one successful tech entrepreneur is going back to home turf Silicon Valley in an effort to recruit more

top tech talent to lend expertise to Washington. Park whose mantra was release the data when he was chief technology officer for health and human services has since broadened his influence in government to make more federal data accessible via technology.

Birth control is supposed to be free to all American women under the Affordable Care Act but the recent Supreme Court hobby lobby decision added a great degree of confusion to the law's regulations. The White House is since responding with a modified rule on the subject that women who work for religious nonprofits oppose to providing birth control on religious grounds can seek full coverage under the federal government, under a procedure the Obama Administration said but also relieve their employers of any moral obligations.

Back to school to learn the golden rule but according to the American academy of pediatrics that return should come later in the day. Study show American teens most in need of a decent night sleep are sleep walking through a large portion of their day due to sleep deprivation. They are recommending high school days begin later than the typical 7 AM hour, 8:30 in the morning instead and keep them in longer through the day. The typical teenagers getting an estimated six to seven hours of sleep per night when pediatricians agree it should be eight to ten ideally. Pediatric health experts see their sleep deprivation as a major unaddressed health issue. School districts are not quick to catch on though currently only 15% of the nation's middle and high schools begin after 8:30 in the morning. I'm Marianne O'Hare with this Healthcare Headlines.

Mark Masselli: We're speaking today with Dr. Harvey Fineberg, President of the Institute of Medicine the health branch of the National Academy of Sciences an independent nonprofit organization that works to provide unbiased and authoritative advice to decision makers in the public on matters of public health. Dr. Fineberg served as the provost at Harvard University from 1997 to 2001 following 13 years as dean of the Harvard School of Public Health. Dr. Fineberg is an author of several books including clinical decision analysis in innovators in physician education. Dr. Fineberg earned his MD and PhD at Harvard and he's a recipient of several honorary degrees in numerous awards including the Frank A. Calderon Prize which is the highest prize in public health. Dr. Fineberg thanks so much for joining us on Conversations on Healthcare.

Dr. Harvey Fineberg: My pleasure to be with you.

Mark Masselli: You oversee the efforts of nine boards and 15 standing forms and roundtables managing some 3000 volunteers all engaged in (inaudible 4:58) quest to improve public health in this country. Could you give us some insight into the work your

task with the IOM and highlights of what you think some of the most important areas of research are.

Dr. Harvey Fineberg: The institute of medicine is the nation's advisor to improve health. We are the health firm of the National Academy of Sciences an independent non-government organization dedicated to improving decision making and helping policy makers, professionals and the public come to better choices about health. We work on the needs of disadvantage populations on children on elderly, we work on the problems of prevention of disease and population health. We're deeply immersed in the challenges of healthcare and improving the practice of medical care. And we have groups working on health science and policy as it relates to all manner of activities that bear on health whether it's nutrition so the rate of the institute of medicine is quite broad. It's domestic, it's also global but all of it is focused on the goal of improving health.

Margaret Flinter: But Dr. Fineberg you realize that maybe there's been no time in the history of healthcare in our country where the potential at least for transformation is so great. And you've said that to achieve greater public health we have to align the incentives for all the stakeholders. So in this moment in time you're someone who is scrutinize the creation and the implementation of public health policies for the better part of your career. Share with us and our listeners what's your take on the Affordable Care Act and its potential for this transformation.

Dr. Harvey Fineberg: The Affordable Care Act is one step along a long trajectory in the United States about increasing access to healthcare. Literally this goes back to before the Great Depression of the 1930s in the early discussions about widening access to health insurance there were proposals that President Roosevelt made, President Truman, President Kennedy, President Nixon, President Regan all put forward various proposals. And President Obama and the administration did succeed in putting forward and having enacted our current extension of insurance through the Affordable Care Act. It's core contribution (inaudible 7:25) it does increase access to services for millions of Americans who otherwise lack insurance and it also has provisions it strengthen the preventive services in our country including for example mandating the certain preventive care be available without co-payment. It's a step forward it will continue to be politically controversial. And I believe that we will continue to see in our country efforts to intensify and expand availability of healthcare to everyone in the country.

Mark Masselli: Dr. Fineberg you focus much of your work on prevention which you see is critical to creating a high functioning healthcare system and a healthy society. However you've noted in the past that there are seven deadly sins that impact public health everyday that you think pose a real challenge to those tasks with creating sustainable public health policies. And tell our listeners what they are and what you see he solution's to be.

Dr. Harvey Fineberg: It's inspired obviously by the original seven deadly sins that were first annunciated by Pope Gregory the first back in the 6th century.

Mark Masselli: That's great.

Margaret Flinter: Haven't changed much.

Dr. Harvey Fineberg: Well, you know, lust, loss (inaudible 8:40) envy and pride, you know, the seven deadly sins. So for public health I adopted some of them I said well, you know, sloth blocks us from doing the things everyday that would keep us healthy. Gluttony cajoles us into eating more even when we're not hungry and contributed to the obesity problem. Greed is certainly a driver in some corporate settings to market and profit from things that are bad for health such as cigarettes. So I adopted additional sins I say well ignorance is an important deadly sin for public health. There are always colors judgment and leads to poor decision making. Complacency I thought was responsible for so much of accepting as normal, things what we really should be struggling to prevent. And then timidity which prevents us from demanding those changes in policy and practice that would actually improve our health.

Now for the seventh deadly sin of public health I chose obstinacy which is the refusal to accept evidence on what would actually be best for our own health. Interestingly I did a little exercise with the community here at the institute of medicine our staff and I ask them what would they chose as the seventh deadly sin of public health if they had a choice. And we got some very interesting answers for example arrogance, hypocrisy, denial, procrastination and selfishness. And then someone suggested the deadly sin of silence and I thought these are really quite suggestive. I might add that we decided to do a little exercise on what would be the seven living virtues of public health that could counteract these deadly sins. I started out with suggesting moderation, prevention, science and then asked our staff what would they suggest as the seven living virtue and they came up with collaboration, leadership, partnership and someone said if only we could adopt the golden rule.

Margaret Flinter: So Dr. Fineberg the institute of medicine has produce so many seminal reports on so many areas within healthcare. But your most downloaded report in the history of issuing these reports is the report publish in 2010 on the future of nursing. Take us to the future of nursing what were the recommendations aimed at transforming nurse education and training.

Dr. Harvey Fineberg: The key recommendation was to enable nurses to practice up to the full extent of their training and ability. Many states still had on the books limitations that restricted the ability of nurses to contribute in the ways that they should. In primary care settings for example, in nurse practitioner roles in a variety of settings, every state and the district of Columbia establish what we call action collaborations that are

intended to help foster the adoption of changes in regulation and rule and to establish the principles for nursing practice. And in the (inaudible 11:57) several years, at least seven states have actually modified their rules and regulations that give wider latitude of practice for nursing. This report three years after its release continues to be actively downloaded from the institute of medicine website but what's more gratifying than the readers of the report is the actions that have adopted the recommendations.

Mark Masselli: We're speaking today with Dr. Harvey Fineberg, President of the Institute of Medicine. Dr. Fineberg has served as provost of Harvard University and dean of the Harvard School of Public Health. Dr. Fineberg one of your specific areas of study over the years has been in clinical decision making. And let's look at the decision making on the policy side for a moment, what might politicians learn from your work in clinical decision making that might help them make more decisive policies aimed at improving the public health.

Dr. Harvey Fineberg: One of the things that you learn as you study decision making that feeling to decide is also a decision. The case of an individual in clinical decision making, the choices about that one person whereas policy makers are choosing and deciding for a nation or for a state or for the whole body politic. One of the key features of all these decisions is that there's uncertainty about the future and the second feature of all decisions is that they take account of our values and preferences. In the case of individual in a clinical setting it's the patient's values and preferences, in a body politic in a legislature you've got many values and contending preferences that are obviously working sometimes jointly but often against one another. So the key I think for policy making is really the notion of compromise, everyone has to be willing to participate in the give and take that results in an agreement where each side gets part of what they want and gives up part to the other side so they get what they want.

Margaret Flinter: Dr. Fineberg and I wonder if you'd share maybe your vision for this recalibration of the education and training of healthcare professionals as we move into the future.

Dr. Harvey Fineberg: Well health education is fundamental if we're going to have the future workforce to meet the health needs. There was a very interesting report of the lancet commission about three years ago on the future health workforce that emphasize the idea of learning across the disciplines and team base learning. And when you coupled that with reports like our recent nursing report I think you can identify certain key principles that are going to be very, very important going into the future as any practitioner begins their career the knowledge base that they have is going to be turning over multiple times if they're going to remain current. And so the capacity for continuous learning has to be built into learning from the beginning. We know that patients with chronic disease particularly require team base care to have optimal

management of their conditions. Learning together across the professions is a really good way to help reinforce the kind of practicing team work that is needed and is important preparation.

A third really important challenge I think for the future is going to be the combination of information technology and maintaining the personal touch contact and relationship that healing requires. So practitioners of the future going to have to be adapt simultaneously with a more technological world and at the same time retain the capacity to establish promote and strengthen those personal relationships that are the heart of clinical care and healing. I think it's going to be very important for everyone to keep patients centered as the heart of our focus and attention because it's more than just a moment when an individual is a patient it's about their needs at every stage in relation to their health and (inaudible 16:04) health system the public health system served to reinforce positive aspects of health. And on top of all this we are going to have to find ways to make education like everything else ever more efficient and cost effective if we're going to have a sustainable system. And all of it will help us shape a health education system that will prepare the clinician leaders for delivery of better care in the future.

Mark Masselli: You recently gave a very popular tad talk about the ear of new evolution we're entering. So in many ways the future is here but you're also concerned that the institute of medicine with insuring that these technologies are studied for the potential to do harm as well as to do good. So how do we accelerate the pace of research in these areas and talk to us about how we bring about this power to healthcare and while we're still protecting the population.

Dr. Harvey Fineberg: When it comes to the data explosion I think we need to be able to apply that data but in an interpreted way to give us the knowledge base and ultimately the most sensible choices for the benefit of people. The power of patients to take more control of their own lives, to have more mastery of available knowledge to be more actively engaged in the management of their own conditions, to give a voice to their preferences and every stage of life and illness including the end of life. When it comes to specifically this problem of the long delay between discovery and availability of new technologies we do have I think a very serious policy and technological task ahead of ourselves. We do need to find ways to continue to reinforce invention to harmonize regulations and make it possible for innovators to produce their new ideas and convert those into technologies that will benefit patients. So this can only be accomplish if we develop and optimize regulatory science as well as basic and clinical science we need to focus on translation. And from a policy point of view we need to find ways to provide better incentives for investors and entrepreneurs in this critical period when the technology is promising but not yet a product so that it's advantageous to develop genuinely novel advances and not simply work on the meet two substances that make only marginal improve.

Margaret Flinter: We've been speaking today with Dr. Harvey Fineberg President of the Institute of Medicine and former provost and dean of the School of Public Health at Harvard University. You can learn more about his work by going to IOM.EDU or by following the Institute of Medicine on Facebook or Twitter. Dr. Fineberg thank you so much for joining us on Conversations on Healthcare today.

Dr. Harvey Fineberg: It's been my pleasure to talk with you.

Mark Masselli: At Conversations on Healthcare 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 US politics, Lori what have you got for us this week?

Lori Robertson: Well (inaudible 19:38) some republican senath candidates want to ban birth control that's the claim we're seeing in the few races across the country and it's a reference to the issue of personhood. For instance in Colorado where a person whose initiative is on the ballot in November democratic senator Mark Udall has been saying in TV that his challenger republican representative Cory Gardner embarked on an eight year crusade that would ban birth control. That's a reference to Gardner support for the state personhood initiative which were also on the ballot in 2008 and 2010. These anti-abortion measures don't explicitly call for a ban on birth control but they could lead to some forms birth control being illegal, why? Well these measures generally say that the rights of people would apply to the unborn from the moment of fertilization. And while the birth control pill the most common form of contraception and IUDs mainly prevent pregnancy by preventing ovulation, they also can stop a fertilized egg from implanting in the uterine wall.

So it's questionable whether these hormonal forms of birth control would still be legal. No personhood measure has passed in a court case would likely determine the impact. Representative Gardner meanwhile says he has changed his mind and no longer supports the initiative in Colorado precisely because it could ban some forms of birth control. However he still backs a federal bill which also would make a ban of some contraception of possibility. Gardner announced his change of position in March eight months after he had signed on as a cosponsor to the federal Life At Conception Act which Gardner's camp says wouldn't effect contraception. But it has the same language about extending the rights of people in this case under the 14th amendment to the pre-born from the moment of fertilization. That's the language that raises the birth control concerns. So neither side is telling the full story. Udall's adds fail to explain that the references to the personhood initiative and anti-abortion measure that could ban some birth control. Gardner has changed his mind on the state measure but he still supports

a federal bill that prompts the same question over birth control. And that's my fact check for this week I'm 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 Healthcare.

Mark Masselli: Each week conversations highlight some bright idea about how to make wellness a part of our communities and to everyday lives. The US boast among the highest rates of teen births in the world's industrialize nations. And while those numbers have been declining in recent year it 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 launch 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's 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 develop a loyal following and consistently high ratings since the show begin in 2009.

Phillip Levine: You know it's remarkable how people respond to the show do things like tweet and search about things that they're watching on TV as they're watching. You see these enormous spikes and activity about 16 And Pregnant the day the episode airs. And that also tends to correlate with people doing things like searching and tweeting about birth control.

Mark Masselli: More interestingly where the social media conversation 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 views.

Phillip Levine: It really illustrates the life choices that these girls have made in a way that the reality TV show can do that a public service announcement or etcetera education teacher or some other form of communication can't really accomplish.

Mark Masselli: Based on the data they compiled, they determine the show led to a 5.7% drop in teen births from 2009 to 2012 a significant number in a relatively short period of time. A media outlet utilizing airwaves to reveal the risk of teen pregnancy

that's 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.

Margaret Flinter: This is Conversations on Healthcare, I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health.

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