(Music)

Mark Masselli: This is Conversations on Healthcare. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, Happy New Year, 2015. Another year is over and a new one begins. The year is beginning with a few certainties. More Americans are gaining health coverage under the Affordable Care Act. Activity on the state and federal exchanges has been brisk. During the second round of open enrollment and millions of Americans have either renewed their policies, gained new coverage, or qualified for expanded Medicaid. That's a good new story.

Margaret Flinter: It is and boy what a far cry for the tumultuous start, we had in the beginning of 2014, Mark, when the federal and most of the state insurance exchanges just were plagued by immediate problems. The problems we remember led to the resignation of HHS secretary Catherine Sibelius in 2014, and so many challenges for the White House over these botched websites and dissatisfied customers.

Mark Masselli: The systems have been recalibrated and are doing what they are supposed to do and the new HHS secretary, Sylvia Mathews Burwell is hoping for another 9.1 million Americans to join the 10 million Americans who gained some kind of coverage last year. It's encouraging to see so many uninsured Americans find their way to coverages. Well its preventative healthcare, which is the ultimate goal of the Affordable Care Act.

Margaret Flinter: Well as the New Year rings in, there are some changes that we will see coming in 2015, Mark, the funding for the popular CHIP program which provides health coverage for about 40% of the nation's children is due to run out in fiscal 2015. Now while most of these children will qualify for coverage under the Affordable Care Act, they might not get the same comprehensive and preventive care that CHIP provides for so that program needs to be refunded by Congress if it is to continue, and we hope it will be though we know that could be challenging with the current political scenario in Congress.

Mark Masselli: You know it's so vital that there would be a program in place to protect the health of the nation's children. We've seen how valuable this program has been for so many of our patients over the years. Some experts fear that relying solely on the insurance exchange plans, some of which have very high deductibles would put many children at risk for reduced coverage and many of these plans simply don't cover some serious congenital and other conditions that affect children.

Margaret Flinter: And we are looking at some uncertainty in 2015, Mark. The Supreme Court is set to hear King versus Burwell on March 4th, a legal challenge

to the Federal subsidies that all set the cost of purchasing insurance for millions of Americans.

Mark Masselli: I still don't understand how we are this far into it and that we are having these significant and serious cases being raised. This one centers around the simple language and the law of it states that subsidies are only available to those Americans who purchase insurance through state based exchanges. Only 16 states opted to set up insurance exchanges. The rest of the states rely on the federal exchange for coverage. If the court rules in favor of the literal interpretation of the language, it could threaten the basis for providing tax subsidies for those who qualify.

Margaret Flinter: The decision expected sometime in June and meanwhile I think all of us who are engaged in health and healthcare will continue to forge ahead with these reforms that are really aimed at improving healthcare for all Americans and that's something that our guest today is very focused on.

Mark Masselli: Ester Dyson is a giant in the tech arena having been an early supporter of fledgling startups like Google, LinkedIn, and Flicker. She since turned her attention to the health arena, investing in programs that improve health not healthcare.

Margaret Flinter: So Esther has launched a new venture and it's called 'The HICCup' a five city, five year competition to see who can incentivize improving the entire population's health. It's a big and bold idea of one of many that she has had, and she will also be telling us about what innovations and health technologies look the most exciting to her.

Mark Masselli: Lori Robertson, Managing Editor of FactCheck.org looks back at some of the more glaring misstatements about health policy made in 2014, but no matter what the topic, you can hear all of our shows by going to chcradio.com.

Margaret Flinter: And as always, if you have comments, e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, Google plus and LinkedIn, we love to hear from you.

Mark Masselli: And we will get to our interview with Esther Dyson in a moment. But first, here is our producer, Marianne O'Hare, with this week's Headlines News.

(Music)

Marianne O'Hare: I am Marianne O'Hare with 'These Healthcare Headlines." It's 2015 and open enrollment numbers continue at a ripping pace with over six million Americans either reenrolling in a health insurance plan or enrolling for the first time via the state and federal exchanges and millions more are being

covered via expanded Medicaid coverage as well. Hospitals and states where Medicaid was expanded fared very well in the wake of the initial expansion. Now the patients who were uninsured, unable to pay for primary care and most likely to use the emergency room for all manner of care were now getting paid for their services. More states are seeing the wisdom of taking the federal government's 100% coverage of Medicaid expansion during the first three years with several more states queuing up to do so in 2015. But there was also a provision in the healthcare law that expanded reimbursement for providers who treated these newly covered Medicaid patients traditionally access to primary and specialist care has been a challenge for Medicaid patients but an ACA provision added an incentive for providers to add on those patients by increasing their payment, but that provision of the law expired at the end of 2014. Providers are worried their compensation won't warrant taking on new Medicaid patients and will cut back in 2015. Community Health Center organizations which are traditionally provided coverage for this population are expected to see some increased demand and perhaps longer wait times as a result. Meanwhile there is another consideration for Americans under the Affordable Care Act that's going to play out an accountant's offices across the country. It is the first year Americans who remain uninsured will have to pay a fine. Accounting experts are lining up for this new agenda by April 15th, and what does it take to keep the average American male happy. Results of a longitudinal 75-year study of what makes a man happy and fulfilled as the age has come with some interesting findings. The results of the Harvard study launched in 1938 looks at a variety of data points including IQ, political orientation, religious affiliation, alcohol use, childhood experiences, even the size of genitalia to determine predictors of happiness and a fulfilled life over time. The study had some compelling findings that alcohol abuse and alcoholism were the leading cause of divorce, broken families, and depression among the group, bad childhoods could be overcome, but happy childhoods provided the best basis for long term coping. Men were often found to find their greatest satisfaction in life and marriage after age 70, and the liberals were far more likely to be sexually active into their 80s than conservatives. You can find all of the detail in 'Triumph of Experience' on Amazon. I am Marianne O'Hare with These Healthcare Headlines.

(Music)

Mark Masselli: We are speaking today with entrepreneur, writer, cosmonaut and health and tech industry Angel Investor Esther Dyson. She is most recently founder of HICCup.co, (health initiative coordinating council) which has launched the Way to Wellville, a national contest designed to test new business models for improving health or participating communities while rewarding investors. Ms. Dyson an inter BA in Economics from Harvard has written extensively on the health and tech industries including the global best seller 'Release 2.0' designed for living in the digital age. Esther welcome to Conversations on Healthcare.

Esther Dyson: Good morning.

Mark Masselli: And you have been named one of the most influential women in the tech industry and in recent years you've shifted your attention to the aerospace and health industries with a particular focus on the production of health as opposed to healthcare. Well new startups are bound in the health space seeking to revolutionize our health systems. Only if you have been successful and you've learnt so much from your deep involvement in the advent of the digital age. Can you just share with our listeners lessons learned and ways that we can truly facilitate the transformation and health of this country?

Esther Dyson: Well the first thing is to make the distinction between health and healthcare. Healthcare is necessary because a lot of people are sick or ill. (Inaudible 8:40) health over time, you often save a huge amount of money because it's much cheaper if you intervene early, and second because you will are avoid, you know, it's just not the cost of healthcare that are painful, it's also the fact of being ill. It's human potential, it's human suffering versus human capabilities. So over the years I've started to focus more on health itself versus healthcare and that's more difficult because it's not a question of giving people a pill. It's a question of having people eat more healthily, having them exercise, yeah all the things we know we should do and don't but for a lot of people, they are going to have the choice because they don't have the money, they don't have the access to healthy food, the places where they live make it difficult to exercise, in a sense the society and moderate conveniences erode people to tempt towards healthy life. It's not just getting people to sit and telling them go out and exercise. It's making the good choice is easier and more available and cheaper.

Margaret Flinter: Well Esther, one of the pathways it seems to me that you've taken to improve health or to help our society improve their healthfulness, has been through Angel Investing and you have logged a impressive set of winners from the early tech days like Flicker which you sold to Yahoo, Eventful, Meet Up, Twenty Three and Me and many more, and I understand there are actually articles that circulate on the internet advising entrepreneurs on how to get their hands on Esther Dyson's money. So you've obviously got a quite reputation for yourself in that area and you've also said that you don't invest in anything that's been done before which certainly seems to speak to your curiosity and desire to learn. So maybe tell us specifically what are you looking for in your decisions to back health startups? Is it the idea itself, the team, the infrastructure, what really captures your interest and imagination?

Esther Dyson: I just have to say that most in my investing was not focused on health. It's now, but the big difference between entrepreneurial investing in **Q DABS [PH]** and investing in health which is much more systemic and long term and you know which generates focus, everything from any kind of employment opportunity that gives people the way with ultimate healthy lives but in terms of what I am looking for as an investor, the team is most important because almost no matter what idea they have, it's going to change, because they are going to

learn something actually during their startup especially if they do something that hasn't been done before they have to go out. There is probably a better way to do it and if it's a good team, they know how to do that and change partly because they are looking at a vision for the ability of the team to both execute and change direction as a part is the key. Then honestly you won't be doing something interesting and worthwhile. That's not as common as it should be.

Mark Masselli: You know I wanted to get back to your thought about making good choices easier, so much of the innovations in the healthcare space really have not addressed this issue of culture and I want to tie that also to sort of this issue of improving health and thinking about the work of people like Robert Putnam puling alone this is about the cultivation of social capital and communities, and so I wonder if you have some thoughts about the challenge?

Esther Dyson: Well there is the culture of healthcare which is persistent and very traditionally not when we focus on the patient. We are focused on the system itself and there is also the short term culture. So people don't tend to invest for the long term, and if you tell someone this is going to pay out huge, but it's going to take five years, many of them just aren't interested, and it takes time for huge investments to pay off and that's another cultural problem we have. It's a world of instinct gratification. You can retail ecommerce companies are now competing to deliver things within an hour in some large cities and telling someone have to wait five years to see the thing, it's crazy but the reality is you get fixed slowly and you get healthy slowly or you stay healthy by investing not by renting and in a sense people rent their house and undermine it and 10 years later, they wake up and they can't run, they weigh too much, they are pre-diabetic or whatever.

Margaret Flinter: Your latest venture is called 'HICCup' an acronym for Health Initiative Coordinating Council, and it's based on the promise that you shouldn't have to be lucky to enjoy a normal, healthy life, and we would love to hear about your competition that you have launched through HICCup called the 'Way to Wellville' with communities across the country that have some evident support over a health matrix participating in this experiment create a new model for better health across the whole population.

Esther Dyson: It's a nonprofit and the purpose of it is to help these communities and people around them invest long term in health and some of the investments will be financial for financial returns, some will be government spending, using social impact on to help the government's big fat spending in a long term way. So it's five communities that are already trying to become healthy, and we at HICCup are helping them see their health and healthcare initiatives as something long term telling them to (inaudible 14:03) more as an investible sustainable projects, we are trying to get them to look at the outcomes okay. What happened to the level of obesity in your community? What happened to the high school graduation right, as the percentage of obese fifth graders are going down [Background Noise] what's the level of transitions today (inaudible 14:20) in your

communities. So traditionally philanthropy has been really nice, and it's has been focused on what you are doing for the community. So we are bringing and invest your mindset even to if you like public investment or philanthropy, and we believe that doing this at scale in five small places will show that it works because as you know a lot of so called health initiatives, they are really nice but they don't have a lot of impact. If they didn't, we wouldn't have the health prices we have in the country at this point.

Mark Masselli: We are speaking today with entrepreneur, writer, cosmonaut and health industry Angel Investor Esther Dyson. She is most recently founder of HICCup, (the Health Initiative Coordinating Council) which has just launched a national competition 'The Way to Wellville' to foster innovation and investment in community wide health improvement. And so, let's take a look at some of the disruptive technologies that are poised to transform health in the broad arena. We had (inaudible 15:13) in our show and he is a proponent of making tiny changes that can yield big improvements overtime, and could you talk a little bit about expanding the potential of the quantified health movement and gamification as influencers in the production of health?

Respondent: Okay. It's really important to make this point that just getting everybody is fit to will not help, if they don't have access to healthy food, if they can't get to the clinic, if they can't get to work because they don't have transit. So I mean I love (inaudible 15:49), I love quantification, I think it's very helpful, but it's also like first world solution. Health is not simply a question of oh these people need more self discipline. They need access to what the people who can afford to have easy access to. That said, understanding what your body does and **tit bits [PH]** and the like a job owner are getting much cheaper and more accurate, and it gives you a better sense of what's really going on and you have a speedometer in your car why can't you see something equivalent for your body and that might help you think about maintaining it better. What is interesting about gamification is that people are different and part of the trick is going to be figuring out. Some people are motivated by collaboration, you know, run with your friends. You and Suzie and the rest of the team can hit the goal of 10,000 miles. Other people are motivated by competition. You can beat Fred, this is Fred's number, surely you can do better than that. Some people like financial incentives. Some people like status to give you out which of these triggers works with which individual is an important part of making this all work.

Margaret Flinter: And Esther, I would like to dwell a little more deeply into this "Way to Wellville' quest in that context, and I think my questions about the interface between the individual focus as we are just discussing and where that meets up with the policy people at the community level or the government people at the community level and I am, you know, Mark and I am thinking about when we had Mayor (inaudible 17:16) from Summerville with us a couple of years ago at our WISENET Symposium, and he used a couple of examples in his small but densely populated town of the kinds of investments and the two things that really

standout means it doesn't cost a lot to buy some white paint and create some bike lanes in your community, cost more to dig up asphalt and in some parking lots and make them parks, but you add these things up and on the one side, there is the policy government people doing what they can to advance on the other side, I will be really curious in these communities as you look at them due to expect to see or hope to see those sort of two groups coming together, the individuals and the community and the people who have the opportunity to do some of that infrastructure work?

Esther Dyson: Yes absolutely. This is what we are hoping to see more of bike lanes are great, and the built infrastructure but in addition, the people will go to park and ride the bikes, making changes complicated because it's you have to train the kitchen workers, yeah as a kitchen worker I will not only try to be serving children food that I knew was good but you also have to change the equipment, you have to renegotiate with your suppliers, you may have yeah some five-year contract. So this is the whole point which is exactly what you said. It doesn't cost a lot, but it takes a lot of effort to make the change to renegotiate contracts, to get the political buy in because when you paint the bike lanes, some of the car people are going to object and you need a community wide effort and you need a complementary thing. You change the food in the schools, now you also want the wending machines as a wider change; local grocery store to start selling vegetables, so that the kids may learn how to cook at school can come home and their parents can buy the same vegetables so that they can, it's a combination of the community leadership with some of the people, some of the people I would say they are not going to be interested, but if you change what's happening around them, they may get just dragged along and as you know bad health is contagious so is good health. So even the people you don't reach directly are going to be living in a different environment that can make it easier.

Mark Masselli: Thinking about your statement of bad health is contagious, so (inaudible 19:31) at Harvard who is mapping out a social scientist - diabetes, obesity and sort of looking at sort of the contagion that sort of exist in networks and thinking about networks because you have been thinking about things in this next larger context. It's not the fit bed, it's the sort of system around that. I wonder if we go one more context outside of it and it's really about the social network that you are in, and I wonder how you can be disruptive in that because everything else is kind of interesting but it turns out to be that if I don't have any friends who have this behavior, I mean, not be influencable and I usually cultural changes about how my peers and others, my larger network relate to these set of issues and that may be above all of our pay grades in terms of initiatives and we work with you know special population, so 130,000 people they are all 200% of poverty and below but we spend a lot of time on thinking about ways to cultivate healthy social networks for people, in addition to making sure the infrastructure is in place.

Esther Dyson: Yeah. You know in the end you can't barge in on people and change their lives, but if you can get some people in the social network, they will influence the others. There is no magic. You have to try and try until you reach some kind of tipping point, sometime it works, sometimes it doesn't, but clearly again if you change what's going on with the life, some people will be influenced and they will influence others. You have to start somewhere and you never know where the best place is to start, but if you attract some people, they will help you attract more, and the laggards may eventually finally caught up, leave up this, and an example actually is of for profit investment that's the very key in this building of social infrastructure and helping people to do everything from learning together to just the kind of social fellowship (inaudible 21:43) simply being with other people and having friends statistically leads to better health or less bad health. People are social animals and being isolated alone is probably the worst thing you can do for your health.

Margaret Flinter: Esther, we have often asked this question to our guest. But it's been a while since we have and I think you are a great person and this is a good opportunity to get your perspective, considering all of the eyes that you have out there on the leading edge of what is going on, when you look around the country in the world, what do you see as the real possible breakthroughs in health that our listeners at Conversations should be keeping an eye on?

Esther Dyson: Probably the biggest breakthrough technologically that's coming is going to be non-invasive blood analysis, biomarker detection, you know, real time glucose monitoring that doesn't require you to prick your fingers. So whether it's (inaudible 22:52), there is a bunch of these and again the ability to see in real time the impact of your behavior whether it's I went for a run and it was good for my blood sugar or if I do not, oh my God disaster. That both helps you manage and helps you understand what you are doing. So for everything from detecting cancer, I mean, there is a lot of different things we can detect in people's blood, everything for knowing gene you know maybe I should get a colon cancer screening to my blood sugar is persistently a little higher than it should be, that's probably the biggest technological thing that's coming down the path right now. You know there will be this drug and that drug for this disease or that disease, but for overall blood based health, it's going to be simply much better analysis with biomarkers.

Mark Masselli: We have been speaking today with Esther Dyson, entrepreneur Angel Investor and founder of many companies including HICCup.co. You can learn more about that by going to hiccup.co or follow her on Twitter at edyson. Esther, thank you so much for joining us on Conversations on Healthcare today.

Esther Dyson: Thank you very much and we are in the middle of a Happy New Year, and I hope everybody remembers their New Year's resolutions and continues to follow them.

Mark Masselli: That's right.

Margaret Flinter: Absolutely.

(Music)

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 policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Let's take a look back at some of the offers of 2014 on healthcare. In the midterm elections, we saw plenty of ads designed to scare seniors about Medicare. Democratic ads claimed Republicans would end the Medicare guarantee, a misleading reference to the candidate support for Representative, Paul Ryan's Medicare plan. Ryan's plan wouldn't end the guarantee of Medicare or Medicare benefits as these ads claimed. Instead it proposed phasing in a government subsidiary program in which future beneficiaries from traditional Medicare or private insurance plans which must offer the same benefits as traditional Medicare. Republicans meanwhile continued to push the old misleading claim that the Affordable Care Act would cut Medicare by 716 million dollars. That's a reduction in the future growth extending over 10 years got a slashing of the current budget. There were also many claims about premiums sky rocketing under the ACA. In fact, employers part of premiums where most Americans have coverage have been growing at historically low rates in the past few years. President Obama meanwhile continued to tap the historically low rate of growth of healthcare spending. It's true that the total healthcare expenditure since 2009, have grown at the lowest rates since the data was first complied in 1960. But Obama implies that the ACA caused that slow growth and experts say well the law may have had some impact, the growth rates are mainly due to the slow economy. 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 chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

(Music)

Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. At one point in the early 2000s, Oklahoma City was one of the most obese cities in the nation, a

fact that was not lost on the city's Mayor, Mick Cornett, who too (inaudible 27:07) learned that he was in that group.

Mick Cornett: I finally decided I needed to lose weight, and I knew I could because I have done it so many times before. So I simply stopped eating as much. I had been eating 3000 calories a day, and I cut it to 2000 calories a day and the weight came off. I lost about a pound a week for about 40 weeks.

Margret Flinter: A decision to lose weight led him to examine what was causing the high obesity rates of his city's residents and he learned that development since the 1970s have removed much of the city's walkability in favor of cars.

Mick Cornett: We had built an incredible quality of life, if you happen to be a car. But if you happen to be a person, you are combating the cars seemingly at every turn.

Margret Flinter: He took two approaches to the problem. He launched the 'Okay See Million Program' inviting Oklahoma City residents to an ambitious weight loss challenge to lose a collective million pounds.

Mick Cornett: I decided that the first thing we needed to do was have a conversation. You see in Oklahoma City, we weren't talking about obesity and so on New Year's Eve of 2007, I went to the zoo and I stood in front of the elephants and I said, "This city is going on a diet and we are going to lose a million pounds."

Margret Flinter: In addition to that challenge, he urged city planners and developers to improve the city's walkability, first around the city's dozens of school zones and then throughout the entire city.

Mick Cornett: We added New Central Park 70 acres in size to be right downtown in Oklahoma City. We are building a downtown street car to try and help the walkability formula. We are building Senior Health and Wellness Centers. We put some investments on the river, and now we are currently in the final stages of developing the finest venue in the world for the sports of canoe, kayak, and rowing along with intercity programs to get kids more engaged in these types of recreational activities that are a little bit nontraditional. We also are building hundreds of miles of new sidewalks.

Margret Flinter: Since the issue just challenged a million pounds have been lost and participants have walked or run a collective 1.2 million miles. The average participant lost about 12 pounds, but when you factor the tens of thousands who participated, what a significant public health improvement in a relatively short period of time. The 'Okay - See Million Program' where a city leader took an entire population on a weight loss challenge, improving the infrastructure, providing leadership and incentives to facilitate that challenge and ultimately

improving the health and impacting the obesity epidemic throughout the city's population in the process. Now that's a bright idea.

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

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

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