Music

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret it's a done deal. The sustainable growth rate is no more.

Margaret Flinter: Well Mark and one of the few shows of by-partisan shift. The senate easily put a stamp of approval on the so called Doc Fix. This ended a year's long (inaudible 00:20) of having to pass emergency bills every year to prevent automatic reductions in the amount of money that clinicians repaid to treat Medicare patients.

Mark Masselli: I think it's a good idea to take a look at what the SGR have been replaced with Margaret.

Margaret Flinter: Well under the bill the current reimbursement schedule would be replaced with payment increases for doctors for the next 5 years. Existing Payments Centered Programs were going to be combined into a new merit based incentive payment system while other alternative payment models would be created and I think it's safe to say there is going to be a lot of attention on this surrounding.

Mark Masselli: You are absolutely right and the President at the Signing Ceremony noted that the bill would encourage better care coordination so Margaret the law looks to establish more incentives for quality care versus quantity of care and experts predicted will help radiant [PH] Medicare cost over a time.

Margaret Flinter: Well to do that Mark you need systems that are very good at harnessing health data and using that data to inform and improve best practices and that is something our guest today is passionate about. Dr. Kyu Rhee is Vice President and Chief Health Director of Integrated Health Services at IBM where he is responsible for health benefits design and is also the medical advisor to Watson Health, IBM's Cognitive Computing System, which is being groom to be a key player in the healthcare arena. And Lorie Robertson the Managing Editor of FactCheck.org will be looking at the latest numbers on America's uninsured population and no matter what the topic you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments please email us at chcradio@chc1.com or find us on Facebook or Twitter because we love to hear from you.

Margaret Flinter: We will get to our interview with Dr. Kyu Rhee 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 Healthcare Headlines. More than a Doc Fix has come about with a repeal of the sustainable growth rate, a bill passed in Congress and signed by the President ensures clinicians treating Medicare patients also focus on the quality of care. The repeal of the sustainable growth rate of SGR has been replaced with a formula that gradually increases that compensation over the next 5 years while the system shifts towards one that rewards for quality of care not quantity as well as better management of the chronically ill population. The law also continued the funding for the child health insurance program or CHIP for two more years. The ratings are in and reviews are mixed. With Medicare's new rating system only 251 of thousands of hospitals received a 5 star rating in the system which is attempting to make shopping for healthcare a more transparent experience. A number of the nation's leading hospitals scored rather middling ratings while specialty hospitals and lucrative surgical specialties tending to do better. All the rankings can be found at the hospital compare website. A coalition of insurers, pharmaceutical companies are provider in consumer groups launched a new push for greater transparency regarding the actual cost of services. The group includes AARP, Novo Nordisk, the national consumer's leagues and others. Healthcare transparencies long abuzz where it means all consumers whether they are covered by Medicare have access to information that lets them estimate accurately the cost of health services. The initiative is being called clear choices and allowed to private and government efforts already underway to get more information into the patient's hands and Google Glass coming to a bedside (inaudible 03:55), the wearable headgear, a field tested by so called Google Explores may not take the public by storm but could conceivable become a common fixture in the clinic or even emergency room. A pilot study at Rhode Island hospital and providence allowed ER docs to test the use of Google Glass which is a head mounted computer with a camera feature to capture images of skin rashes and lesions in the ER, share those images instantly with a dermatologist or others specialist and get an instant confirmation of diagnosis or narrowly a specialist has to be paged which sometimes to leads to hours waiting in the ER. According to this first targeted Google Glass Study patient's and clinicians were both satisfied with the result almost 97% trusting they were getting an accurate diagnosis via the Google Glass video. All telemedicine is becoming more prevalent in hospitals and ERs around the country. The technology is expensive and can also take up significant room. Well the Google Glass comes in at around $2000 per unit and is worn like a pair of glasses. Next step on the Google Glass and the ER study cases of poisoning or stroke results from the study were published in the April 15th edition of JAMA Dermatology. And for minor aches and pains it's take two Tylenol and call me in the morning. Now it turns out if you are grappling with minor painful or anxious thoughts that could do the trick as well. Researchers say the active ingredient Acetaminophen may actually dull emotions. Researchers gave about 40 people the equivalent of two extra strength Tylenols and gave another 40 people a placebo then asked the volunteers to rate pictures ranging from weeping, starving children to kids playing with kittens on how pleasant or depressing each photo was and how powerful they found the image. On average the people who have taken Acetaminophens now they felt nearly 20% less happy with the delightful photos and 10% less sad when they

saw the dreadful photos compared to those who have taken a placebo. The same was true for their ratings for the power vicinage. The results reported in this month's psychological science. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Kyu Rhee, Vice President and Chief Health Director of Integrate Health Services at IBM where he is responsible for Health and Health Benefit design. He is also medical advisor to Watson Health, IBM's learning computer system that's going from winning jeopardy to assisting patients and clinicians in the healthcare arena. Dr. Rhee was Chief Public Health Officer at Health Resource and Service Administration, HRSA. He also served as director of the office of the innovation and program coordination at the National Institute of Health. Prior to that Dr. Rhee was Chief Medical Officer of Baltimore Medical System Inc. and before that Medical Director at Upper Cardozo Health Center, the largest community health center in Washington DC. Dr. Rhee earned his masters of public policy at Harvard and his medical degree from USC. Dr. Rhee welcome to Conversations on Healthcare.

Dr. Kyu Rhee: Thank you Mark. Thanks for having me.

Mark Masselli: You know I want to get the names right here because the last time we have sort of been following Watson and Watson won the jeopardy and then Watson went off to Medical School so do I say doctor Watson or just Watson.

Dr Rhee: Just Watson.

Mark Masselli: Oh okay that's good. And I know you have been coming off a very busy week at the annual HIMSS conference and that's the health information management system society conference, the largest annual gathering of providers and professionals in or sort of a rapidly growing health IT space and IBM chose that conference to announce the latest iteration of Watson in healthcare arena. I think you guys stole the show. Since winning jeopardy Watson has been enhanced to this powerful tool in health data aggregation and dissemination and we had several of your colleagues on the show in the past talking about IBM's vision for Watson as a sort of game changer in healthcare. How have these latest developments advanced the use of Watson's artificial intelligence capabilities in the healthcare arena?

Dr. Rhee: Mark and Margaret what we are looking at is in the healthcare arena a real urgent situation where cost continue to rise, quality is often times mediocre, patient satisfaction is often not where it needs to be, engagement is also poor so one of the exciting things that we are talking about is this new age of cognitive computing and how we can bring in cognitive computing in Watsons capabilities to the healthcare arena to address this prices in healthcare. We had a long history of working with doctors and providers from doctors and oncologist (inaudible 08:48) Cleveland Clinic, Mayo Clinic and we have been working together with them over the past several years in looking

how we could transform, how medicine is both taught and practiced. So it's exciting to see now how Watson can address the challenges in the healthcare arena.

Margaret Flinter: Well Dr. Rhee I think given your current work thought give this background as a primary care physician yourself. You are both certified in both internal medicine and pediatrics and you have done the work of being in National Health Service course scholar of being a primary care provider and also being a leader in community health center so you know the urgent need for improvements in primary care and also the intersections between primary care and public health and you know the kinds of patients that are very challenging in primary care chronic illness. The social determinants of health having such a big impact on health what do you say to primary care provider, to those physicians and nurse practitioners and PA's on the frontlines about what Watson and Watson Health has the potential to do for them?

Dr. Kyu Rhee: They do might work daily. I do reflect on the work that I did and my colleagues, primary care physician serving at Unity Healthcare for Cardozo or Baltimore Medical Systems and I know both of you are committed to that important work so two of the primary care physician I would say that this is an extraordinary transformation in heath and healthcare where we can look at data, provide extraordinary analytics in Watson and bring the power of this open ecosystem where people can bring data to be able to get deeper insights into the work that they do and I think about as a primary care physician I used to have 15 minutes per patient and often have that time to spend documenting the visits so you have got those 7 minutes with a patient and it's often so challenging to be able to go through those records and to be able to of course listen which is and then build that trust relationship with the patient. What's exciting about what we are bringing here today is the ability to take advantage of all that data that currently exists in many different silos connected together applies smarter analytics to it and support that primary care physician to do their job better and address what I often refer to as a quadruple aim of reducing cost, improving quality and improving the experience and increasing engagement.

Mark Masselli: And that's a great line of aim and we sort of move from this quick sorting to quick thinking to cognitive computing. As people sort of look at how one manages big data and that's been really the emerging themes in the IT world but you have announced this new partnership that's really exciting with Apple and Johnson & Johnson and Metronic's and others what challenges have you encountered in trying to bring together all of this data with the new partnership you have created with Watson Health?

Mark Masselli: You did highlight these. The extraordinary partnerships is important partnerships with Apple, with Johnson & Johnson, with Metronic's if you look at what they provide and the open ecosystem of health kit and research kit with Apple the ability that Johnson & Johnson has in the area of prevention and wellness, how Metronic's leverages its medical devices and its tools to provide important information to patients and doctors these partnerships are essential to what IBM is about. Looking at ways in which we can connect data to connect these deeper insights so that fundamentally what

happens is the doctor has the right information at the right time we believe that the power of Watson will bring many other partnerships as well.

Margaret Flinter: You know one of the things that has struck me about this work from the beginning (inaudible 12:38) focused on taking every medical journal or healthcare journal in the world and programming Watson. To absorb that may get here buy some information being programmed and then I sort of make the analogy to the provider and what their tablet or their laptop, how does Watson come into play and of not already there what you imagine in terms of that kind of real time access to information what does that look like for patients and providers today?

Dr. Kyu Rhee: So as I reflect in looking at even the data at a broad level to me helps as on a national level and you can see certain measures of success of how well your physicians are tracking evidence based guidelines for diabetes or looking at the prevalence of obesity. Typically when you look at evidence based guideline and you look at actual results it's about 50% of evidence based guidelines and there is a broad range of factors for that I mean there isn't enough time, the average physician needs like 20 hours in a day to do all the things they are supposed to do. There is a lot of challenges I thought as frequently where patients will come into the exam room at the later stages of their disease where diabetes is already causing the go blinder, their breast cancer is already at the disseminated level so the ability to be proactive, predictive, to take advantage of that limited time you do have with that patient. Watson can go through that literature, (inaudible 14:13) that information with experts and provide the right information to that physician at the right time. I can't count the number of times that I recall asking medical assistant or nurse to say could you find out what this other doctor did or can you find out the lab results, can you get that fax over to us? Medicine frankly is not progressive as it relates to information technology and now it is and that data all exists in structured and unstructured ways and the ability to connect that data and to connect that clinical evidence. The change is every day and then to provide that insight to a physician in that encounter with the patient, in that exam room and spend more time building that relationship rather than looking for results or trying to find out information that might be in some other silo. That's what exciting.

Mark Masselli: We are speaking today with Dr. Kyu Rhee, Vice President and a Chief Health Director of Integrated Health Services at IBM where he is responsible for health benefits design and is also the medical advisor to Watson Health. Previously Dr. Rhee was Chief Public Health Officer at HRSA and before that worked at various community health center organizations around the country. Dr. Rhee one of the interesting partnerships IBM has announced for Watson Health is with Apple's new smart watch platform health kit which you have talked about and it allows consumers to upload their personal health data for research purposes and there are number of large patient organizations already committed to assuring health data to community of health researchers, patients like me and smart patients for example, could you tell our listeners more about this partnership with Apple's new platform, why is it important developing and what role could it play in scaling up patient participation in health research?

Dr. Kyu Rhee: The ease in which now this platform health kit, research kit will allow a doctor and a researcher to share that data, to help get deeper insights that can provide better care at the right time is such an important and exciting development.

Margaret Flinter: So Dr. Rhee we are very focused in our work as well on the training of the next generation. The folks are going to come after us and hopefully do even better in carrying that torch forward and health and healthcare and we do that in a lot of ways through our residency training for clinical psychologist, for medical students. Your Watson Health Program has a partnership with Johnson & Johnson I understand that's looking to offer continued training of healthcare providers in the markup place and we love to hear more about the plans to utilize Watson for learning opportunities within healthcare and also to get your thoughts on the impact that Watson is likely to have on the training of clinicians, physicians, well not just physicians other healthcare providers in the future, how do you see Watson influencing that kind of training and education?

Dr. Kyu Rhee: So Watson has been trained by the best doctors from (inaudible 17:10), Cleveland Clinic, Mayo Clinic and we will continue to be kind of go through medical school and go through (inaudible 17:16) and learn what Watson's capabilities are for this next generation of providers is to bring in what I referenced earlier the evidence into the exam room. The medical evidence doubles every 5 years and we know the evidence shows that people are not following all the evidence based guidelines and I mean I recall as a medical director in Upper Cardozo I would be dealing with diabetes registries. Do you remember that?

Margaret Flinter: We remember them well.

Dr. Kyu Rhee: So those registries from those collaborative it was just so mind numbing at times. How manual that process was to collect all that data, go through the charts and report those results? What's exciting is the ability to bring in the peer viewed literature, to bring in those evidence based guidelines that we know do change frequently and then also bring in the data of the populations you manage or you take care of the patients and to bring it all together and to leverage the capabilities and insights from Watsons natural language process and capabilities, its ability to learn is really where it can help train this new generation of providers.

Mark Masselli: You know we have talked a bit about Watsons gathering fitness and other personal health data through Apple health kit but there is much more complex data that needs to be taken into consideration like genomics and family history or myriad of data stored and dispread electronic health records can you tell us about some of these additional data sources and the issues you face in bringing up all these into the Watson health platform and just sort of a society is it like Watson is going to sort of be this new generation of electronic health records because it's interesting you have said it before how do you tap in to the unstructured data field which are current EMRs are not capable of doing but it sounds like that's something that Watson might have is that also something that's on the horizon with Watson?

Dr. Kyu Rhee: Well you highlighted very well and I know very well how challenging electronic health records can be having gone through a number of transformations and I am going to highlight that this is meant to compliment electronic health records and electronic health records are very important. They are what I would call a system of records. You need to record that engagement, that encounter between a doctor and a patient. We are talking about now with this new age of cognitive computing and Watson is a tool that is going to be a system of engagement. It's going to continue to learn. It's going to be able to support that physician to make those recommendations. It's going to leverage predictive analytics to provide insights so you are talking about the different silos, genomic data, family history and all that information that you typically have a social history or a family history that a physician typically takes and one of the truths that I came on in my evolution and especially in working community health centers is that health is so much more than healthcare so while healthcare is essential it's these other factors of health, the social. There is lots of evidence that show that the networks that people have often represent their health. People basically lose weight and gain weight and start smoking and stop smoking within their social and family networks, their environmental factors. The importance of place, where you live has a huge impact on your health. If you look at any geography you can see that often life expectancy can vary up to 20 years based on your zip code. Genomics of course plays a big role and I think we are getting into this age of personalize genomics that's evolving and that data is going to be incredibly useful as well. Behaviors as we know that the basic lifestyle behaviors of being physically active and eating healthy and not smoking and not abusing alcohol, there is lots of these behaviors that are an important contributor to the chronic diseases that are plaguing our country but also frankly all over the globe so the ability to connect the healthcare data which only typically represents 10% to 20% of health outcomes and connected with other data and these other factors of health is what this platform – what's exciting about it? The ability to bring these other determinants of health together and to build and leverage Watson in this open ecosystem and this new age of cognitive computing to build and create systems of engagement, to help doctors and researchers do their jobs better and exponentially improve their ability to do their jobs better is extremely exciting.

Margaret Flinter: Well doctor I am so glad you raised those last points because it's little bit thinking about this amazing data that you have and you have talked about connecting it with other data clearly it's beyond the level of just the exam room or just the relationship between the patient and the provider so when you are looking around the country and talking with your colleagues what are the kind of action networks or partners that you are looking to work with to see this incredible data sort of put into practice for the social good. Who you are working with or who you are thinking about working with, what kinds of groups do you think can make best use of this data?

Dr. Kyu Rhee: One thing I would like to bring into play I don't know if you cover the New England Journal Medicine that did this where they looked at the ecology of medical care they looked at for adults and they looked at it for children and one of the things they identified with a thousand people in a month about 800 of those folks had symptoms of something and I once again reflect on my time that working at community health center

as a primary care physician and I think of the stories as well as the statistics of people coming in with end stage renal disease from long standing diabetes or breast cancer and the reality of those folks represent people with symptoms at earlier stage and we look at the ecology of medical care people often don't engage with the healthcare system. It's a small minority of those folks about those 800 people symptoms so as we think about partners you are asking of partners I of course think of healthcare partners and we have some of the best. (inaudible 23:53), Mayo Clinic, Cleveland Clinic we have some of the best non-healthcare partners I would suggest with Apple and so this is we recognize that health is about healthcare but it's also about partnering with other groups that often care about health like Apple does and want to contribute to that greater good and so we are excited about this open ecosystem, the power of Watson and its open ecosystem will allow us to build a lot more partnerships and diverse partnerships and that I think is going to be essential because diversity breeds creativity and when it comes to health and healthcare we need innovation and creativity to address the challenges that we have.

Mark Masselli: We have been speaking today with Dr. Kyu Rhee, Vice President and Chief Health Director of Integrated Health Services at IBM where he is responsible for health and health benefit design and is also a medical advisor to Watson Health IBM's cognitive computing system. You can learn more about his work by going to ibm.com/watsonhealth or you can follow him on Twitter at ibmwatson. Dr. Rhee thank you so much for joining us on Conversations on Healthcare today.

Dr. Kyu Rhee: Thank you Mark and Margaret.

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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 non-partisan, non-profit 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: Every three months we take a look at what we call Obama's numbers. A statistical record of Obama's time in office and that now includes an update on how many have insurance under the Affordable Care Act. The administration says that 16 million people have gained coverage because of the law. That number is based on pulling by the Gallop Organization and includes an estimated 14.1 million adults who gained coverage from October 2013 to the start of the first open enrollment period for the AC exchanges through the beginning of March of this year. The other 2.3 million in the administrations total are young adults age 19 through 25 who previously gained coverage after the law began requiring that insurance plans allowed children to remain on their parents plans until age 26. The National Center for Health statistics meanwhile estimated that only 11.9% of all Americans lacked health insurance at the time they were interviewed last year. That's down from 14.4% in 2013 but it still reads an estimated 37.2 million without insurance. The NCHs numbers are preliminary based on

interviews conducted during the first nine months of 2014. There have been institutes health reform monitoring survey looks at the uninsured who are ages 18 to 64. In that age group an estimated 9.7 million gained coverage between September 2013 and December 2014 according to the quarterly survey. And that's my FactCheck 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 Anna Bird 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 Lori Robertson check it out for you here on Conversations on Healthcare.

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Mark Masselli: Each week conversations highlight a bright idea about how to make wellness a part of our communities in everyday lives. Depression is extremely common among Ed lessons in this country but it's often hard to differentiate between typically (inaudible 27:50) and a clinical condition that requires more immediate intervention. Unfortunately, a teen's level of depression isn't realized until they take drastic action. Suicide is the third leading cause of death among 10 to 24 year olds, a population that almost ubiquitously uses texting as a form of communication.

Nancy Lublin: So if you are someone who is in pain, you text us and then the councilor on the other side is not working from a phone and they are on a screen that almost looks kind of like Facebook or Gmail.

Mark Masselli: Nancy Lublin is founder and CEO of Crisis Text Line, an instant texting service designed to encourage teens in crisis to reach out for help which they receive instantly. All they have to do is text the numbers 741-741.

Nancy Lublin: When messages come in with certain keywords in them they automatically get tagged at high risk. So we don't take them chronologically. If you are at risk for suicide you are automatically bumped up in the queue and you are like a code red. You get flagged on our system. And supervisor would determine whether or not this person would be eminent harm.

Mark Masselli: Since she founded Crisis Text the word has spread like wild fire. They receive an average of 15,000 texts per day from kids experiencing everything from typical teen dilemmas such as a fight with a boyfriend, to kids contemplating suicide. Those in most danger are encouraged to take action through a series of channels. Crisis Text Line an instant age appropriate intervention available free of charge and 24x7 to give kids in crisis a lifeline and leave them to help they need. Now that's a bright idea.

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

Mark Masselli: And I am Mark Masselli. Peace in Health.

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