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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret a threshold was recently crossed in West Africa. The Ebola epidemic was declared officially over in one of the hardest hit countries, Liberia.

Margaret Flinter: Liberia, Sierra Leone, Guinea saw more than 11,000 people die during the outbreak made worse by the fact that there was little or no medical infrastructure to handle the highly contagious and deadly disease.

Mark Masselli: It was months into the outbreak before the international community fully mobilized to help confront the epidemic. It's safe to say Margaret that the entire world community learned a tough but valuable lesson about what to do should there be another such epidemic.

Margaret Flinter: And the World Health Organization learned from that experience as we all do. They've since set up a 100 million dollar fund so they won't be overwhelmed the next time by a global health crisis and those countries that were so poor they equipped to handle the volume of disease now do have more resources at their disposal, newly erected clinics, emergency vehicles and even the basics of sanitation and medical supplies.

Mark Masselli: You know, I often imagine how difficult it is to deliver critical care in some of these parts of the world with little or no health infrastructure.

Margaret Flinter: And yet there are still so much to be improved upon here even in our first world health care infrastructure. An estimated 100,000 Americans die each year for example from hospital acquired infections or some other medical error in the hospital. And that is something that our guest today is very knowledgably about.

Mark Masselli: Leah Binder is CEO of LeapFrog Group an organization dedicated to improving safety and quality in hospitals. No matter what the topic you can hear all of our shows by going to chcradio.com and as always if you have comments please email us at chcradio@chc1.com or find us on Facebook or Twitter, we love hearing from you.

Margaret Flinter: We'll get to our interview with Leah Binder in just a moment.

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

Marianne O'Hare: I'm Marianne O'Hare whit these Healthcare Headlines. 200 million dollars that's the payout being paid to victims of the 2012 meningitis outbreak that

sickened hundreds across the country link to a now defunct pharmacy processing center in Massachusetts. 750 people were sickened and 64 died, the settlement in the bankruptcy hearings regarding the New England Compounding Center has been accepted by plaintiffs in the case, it also led to newer and more stringent regulations governing compounding pharmacies. Antibiotics use in animal production has led to a growing antibiotic resistance in humans. Now the FDA wants to get a better handle on how widespread the practice is.

The US Food and Drug Administration saying it's asking drug makers for data on antimicrobials sold for use in each food animal. The FDA believes the new detailed information will helped us earn patterns of resistance and identify disease trends related to the increased use of antibiotics in the food stream. Apparently when employee wellness programs around smoking cessation offered to pay worker dividend for quitting the motivation is far and less effective and threatening to take money away. The recent U Penn study looked at different incentives to entice smokers to quit and having a little skin in the game seemed to have an added incentive. The researchers compared a few approaches some people simply got cash for quitting, others were offered a carrot and stick approach to get a similar financial reward if they quit. But they'd also lose a $150 of their own money if they start it again. The deposit programs were twice as effective as rewards and five times more effective than providing free smoking cessation aids like nicotine replacement.

And **Elizabeth Bing [PH]** has died, the centenarian was the mother of the Lamaze childbirth trend of the 20th century. She pushed the ideas of Dr. Fernand Lamaze to mostly male OB/GYNs of the day who relied heavily on sedating mothers and isolating fathers during the childbirth experience. So called natural childbirth involving preparing both mother and expecting fathers in relaxation and breathing techniques to get through labor without anesthesia. I'm Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We're speaking today with Leah Binder, Chief Executive Officer of the LeapFrog Group a not-for-profit organization dedicated to improving safety and quality in hospitals at LeapFrog. Ms. Binder oversees the hospital survey and launched the hospital safety score system. She recently top modern healthcares list of 25 most influential women in healthcare, she earned two masters from U Penn in communication and government. Leah welcome to Conversations on Healthcare.

Leah Binder: Thank you so much.

Mark Masselli: You know, I'm really taken back by the number that you sight that 1 in 4 Americans suffer from some kind of harm while in a hospital. And in spite of the growing interest in patient safety these numbers are really large, could you share with

our listeners some of the more telling patient safety stats and what's its caused is exactly to the healthcare system.

Leah Binder: Well I think the most disturbing statistic of all is that anywhere from 200,000 to 400,000 people die from preventable errors and accidents and infections in hospitals. That's a population the size of Miami. The other thing that's disturbing is that's a broad range, 200,000 to 400,000 even today we really don't know exactly how many people die. So it really shows that not only are we in trouble but we are also not doing what we need to do to hold the health systems accountable, you can't hold them accountable if we don't even know the actual numbers. And so that is why LeapFrog exists to recognize when the numbers are frightening to do something about it, to drive a market for improvement and account.

Margaret Flinter: But I think we all want to think that patient safety is gaining traction and a component of virtually every initiative is transparency. And the momentum much of it came from concerned employers the people who are paying the bills for healthcare who saw rapidly rising medical cost. So maybe talk to us a little more about how LeapFrog got launched as an organization to address these concerns?

Leah Binder: These are large companies such as Boeing or -- and what they said to LeapFrog in the beginning is that they often spend more on health benefits than they earn in profits. Yet they cannot hold the healthcare system accountable for its performance in the same way that their own products and services are held accountable for their performance. So a good example is GM the automakers were very active from the beginning in LeapFrog because their products cars are held to a very high level of scrutiny and have been really from the beginning. So they said to LeapFrog back in 2000 what we want now is a national report card that will allow our employees to compare among hospitals on how they're doing in safety.

And we launched LeapFrog with something called a LeapFrog Hospital Survey which asks hospitals to voluntarily report to us on how they're doing on key metrics of safety and quality. So that really was the founding notion and it remains really a founding principle of LeapFrog. We formed very strong relationships with experts in the field such as Lucian Leape who actually was one of our founders as well. But a number of really significant, what I called dream team experts who are really focused in thinking about patient safety every day they advice us on absolutely everything that we do, and those experts have helped us assure that integrity, but also to really think about what's next, what are the next major areas that we can push hospitals to get even better. And then a whole variety of like-minded organizations that really do care providers in a hospitals themselves have in fact become active in LeapFrog many providers are very excited about LeapFrog and really do help us to advance our agenda even more.

Mark Masselli: Well, Leah I think if our listeners are hearing those numbers correctly they'll immediately go to the LeapFrog Hospital Survey which is really considered the gold standard in hospital safety and quality comparison. But, you have a recent effort which is called the Hospital Safety Score which also been gaining a lot of attention and traction. And it ranks the nation's hospital with a letter grade based on 26 specific points of observation from about 25,000 of the nation's hospital. So what are some of the criteria that are being grade on, how does the grading work and how are our listener access something like this?

Leah Binder: Well the voluntary aspect of LeapFrog is the LeapFrog Hospital Survey it is the gold standard in transparency and quality rating for hospitals. That's where we ask hospitals to voluntarily report to us on their uncertain metrics of their quality and safety that are important to people. Particularly important to purchasers and important to patients. 1500 hospitals across the country voluntarily provide us with that data which we publicly report and we also allow others to report so all the health plans, all the national health plans use it etcetera.

The other initiative you point out is initiative we started three years ago called the Hospital Safety Score and that's the letter grade that we assign to all general hospitals in the United States based on how safe they are for their patients, that is not voluntary that is a letter grade we assign regardless of whether the hospital has decided to report this data publicly or not. We are able to assess a letter grade for hospitals by using data that is publicly available from the federal government, from CMS the agency that runs Medicare. And so we are able to use data from Medicare and some other data were able to find in the public domain. If a hospital also reports to our LeapFrog Hospital Survey then we also use that data. But if they don't report to us we don't use it, it doesn't hurt them or it doesn't help them either way just we don't use it if we don't have it. That is a way that we are able to capture for the public very critical information about how hospital's doing on the things you don't want to have happened at a hospital.

So you go to a hospital for a procedure, you want to get better, you want a knee replacement so you can walk better etcetera. And there are rating systems that will look at how hospital does. Our letter grade is looking at something else, we're looking at the bad things that happen to put it bluntly, we're looking at the infection rates, the injury rates, the false, the trauma, the mistakes in medications, the unfortunate series of errors and accidents that happen all the time in hospitals. And we're rating the hospital on how well they do in preventing those things. So hospitals that gets an A for safety is a hospital that is safer than a hospital that gets a D. It's a very important piece of information that really should be the -- I think the first thing you look at, safety comes first. You can go to a hospital with excellent heart surgeon but if you get an infection recovery it doesn't matter anymore.

So our score the hospital safety score was developed by a group of experts Lucian Leape among them actually and some very well known patient safety experts and they were all listed on our website hospitalsafetyscore.org. And they came up with a way of assessing those 28 measures of safety and helped us to develop the score and really a scientifically sound way. And if you go and look at the letter grade for a particular hospital you can click in and get more detail on that hospital. We will show you how the hospital did on every one of the measures we looked at. So you can really drill down and understand a lot about that hospital safety record.

Margaret Flinter: I know you have some company in the hospital rating arena Medicare just came out with its own hospital rankings. You know, the healthcare industry is completely absorbed in preparing for this shift to something called the ICD-10, they have been using for the last 30 years. And one of the key recommendations for doing it if you look at all the teaching material for all this in healthcare, a reason to do it is just this to be able to understand at a much more granular level what is happening in terms of safety and quality both in the hospital setting and the outpatient setting. And I'm wondering if you have any predictions or thoughts on how much of your ratings will change when we get that much better level of data?

Leah Binder: I think we will have better ratings because really we are all dependent on the publicly available data from the federal government. In some cases there are some state data that many of us use. In LeapFrog's case we actually are able to go and collect data directly from hospitals. And we are reporting data that's otherwise unavailable, so we do have that. But anyway the raters will have better data, you know, this ICD-10 conversion is -- it is something that is discussed a lot in the healthcare community it's a major shift for hospitals and healthcare providers and it's been delayed and delayed and delayed. Most people don’t perhaps realize this but most of what we know about the performance of healthcare systems comes from billing data. So basically claim so whatever it is that a hospital for example bills for, we can aggregate all those bills and figure out how often they did a knee replacement and how often someone for example died from a procedure. We can see that because it's in the bill.

Well if it doesn’t merit be included in the bill then we don’t know it. And there's a huge amount of quality information about the performance of systems that's never going to make it into a bill. And what happens with ICD-10 is it's a conversion of the way they do billing in healthcare and that allows for more granular information about quality because it incorporates that more into the billing codes. Virtually the entire world has converted to ICD-10 except for the United States so it's really is time for us to do it.

Mark Masselli: We're speaking today with Leah Binder, Chief Executive Officer of the LeapFrog Group a not-for-profit organization dedicated to improving safety and quality in hospitals. At LeapFrog Ms. Binder is responsible for the LeapFrog Hospital Survey

and for launching the hospital safety score system. You recently wrote about the need for bipartisan action on healthcare transparency and are there any champions out there that we should know about or keep our eye on?

Leah Binder: Most of the public has now moved into high deductable health plan, something like 65% of workers in the country now have very high deductable health plans. What that means is that the average consumer is now much more price conscious than ever before. If you are paying the full cost of your MRI so it's changing I think the public mood around pricing in healthcare and as a result there's a great deal of interest on the hill -- policy makers figuring out how we can get -- consumers get their hands on information. And so if you for example are facing the need for a procedure it is actually quite difficult to find out who is the best surgeon. There's very minimal ratings of physicians and surgeons and most of it is not going to give you the kind of information than any of us would want to know before we go into the knife.

The other thing we don't have information about is hospitals have to go through accreditation in order to qualify to accept Medicare payments and those reports of what happens when the joint commission goes on site in a hospital and observes how they're doing on a variety of quality and safety metrics are not made public that's another source of information that it seems to me -- but I think there's a larger number of performance issues that we'd all want to know about for which we have almost no data or no data at all.

Margaret Flinter: Well Leah you've been very instrumental at LeapFrog in generating attention and focus on a problem area the other organizations like the March of Dimes have also been focused on for years. And that's reducing harm to new born sort of improving birth outcomes by reducing the number of early elective delivery which accounts for a significant number of complications and (inaudible 17:02) stage for babies who are just born before the optimal time. Tell us a little bit about the scope of this problem and how do LeapFrog Hospital Survey is making an impact on that?

Leah Binder: Of course I've talk to employers for whom maternity care is half of their spend on healthcare in general. Until LeapFrog came along there was very little information for people to know by provider how they're doing. So we started reporting back in 2010 on early elective deliveries, these are deliveries that are scheduled without a medical reason between 37 and 39 weeks. Now when they're scheduled before the 39th week has been completed every pregnancy they put both the mother and the baby at risk. And the baby in particular often ends up in the (inaudible 17:51) because there's a lot of change that happens at those last two weeks of development, that something why the March of Dimes has been so active in trying to curtail this unnecessary deliveries.

So we started reporting rates of early elective deliveries and we found to our astonishment that the rates were very high they were something like 17%. What we also found and we find virtually everything we look at, some hospitals had rates as high as 40% or 50% and others had rates as low as zero. And so we started reporting that and it really galvanized action because there's something special about seeing in print how your hospital compares to the one down the street and it motivated a real movement starting with the March of Dimes but also a number of other organizations and individuals got very actively engaged in trying to bring these rates down.

And in our last round of reporting the rate nationally is now below 5%. So this has been an enormously effective moment and it just shows how important transparency really can be in motivating change. We didn't make any change but we put the numbers on the table and that made a difference.

Mark Masselli: We've been speaking today with Leah Binder, Chief Executive Officer of the LeapFrog Group, not-for-profit organization dedicated to improving safety and quality in hospitals. You can learn more about their work by going to LeapFrog.org or by following her on Twitter at Leah Binder. Leah thank you so much for joining us on Conversations on Healthcare today.

Leah Binder: Well thank you so much for having me.

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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 or FactCheck.Org a nonpartisan, 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: Well listeners may wonder how effective fact checking in journalism can be. Especially considering that politicians repeat many false and misleading claims over and over again. We've long said that our job at FactCheck.org isn't to change politician's behavior rather our focus is on arming voters with accurate information. And two new studies show that fact checking can indeed lead to a better informed public. The American Press Institute fact checking project published both studies. One, by a political scientist at Columbia University found that even though false claims on Twitter hugely outnumber attempts to correct them, fact checkers do appear to help twitter debates become more accurate overtime.

For instance the study analyze tweets about a false claims that 2 million Americans would lose their job because of Obama Care. As we've reported before the nonpartisan congressional budget office said that 2 million people would decide not to work such as

retiring earlier or to work less because of the law, not that they would lose their jobs. But the Columbia study found that tweets endorsing the false claim outnumbered those attempting to correct it by a ratio of 13 to 1 in the first three months of 2014. Still the study found the relative share of corrected tweets increase as these types of social media frenzies started to sizzle.

Another study by a professor at George Washington University found that many Americans not only believes things that aren't true but are very confident that their false notions are correct. But the study then tested whether fact checking could correct mistaken believes. It found encouraging results, about a month after the initial survey the study gave the correct information once and briefly to those who would held mistaken believe. It found a significant decrease in misperceptions in those who were told the correct information. So there are some supports to show that fact checking can indeed set the record straight. 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'd like checked email us at chcradio.com we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives. Much attention has been paid of late to the need to give the nation's children ways to be more active. It's something the not-for-profit playground development agency KaBoom has been focused on for years. But a recent trend out of Europe and Asia has shown that kids playgrounds maybe should not be design just for kids but should be re-imagined and redesigned for all generations to exercise play and have fun especially with a growing population of seniors in this country.

Kelly Griffin: In recent year we've had funders and or community partners that have a particular interest in bringing this multigenerational piece into it. And so we've been able to be responsive to those request so whether it's a request for adults focus space or senior focus space we're able to be responsive to that.

Margaret Flinter: Kelly Griffin is Director of Strategy at KaBoom which partners with communities that's seek to build playground that meet an unmet need. And she says that these senior playgrounds which have taken off in places like England, Finland and parts of Asia are now being asked for by clients here in the US. They decided rather than build a separate playground for seniors let's incorporate them into the children's play space.

The elder focus playgrounds are filled with all kinds of exercise equipment that fit naturally into the playground setting. But they are also designed to be easily managed by older folks with a common elements of stiff joints mobility problems and balance issues.

Kelly Griffin: So at a community learning center outside of Orlando called the Midway Safe Harbor Center once we built the playground and the adult fitness station adjacent we saw a significant increase in the number of grandparents and children using the space together. And because of the new equipment they've now added programming both for the adults and for the adults and the kids to work together. So, really having the adult setting the example for kids.

Margaret Flinter: Playgrounds designed not just with children in mind but re-imagined to keep kids of all ages actively engaged in movement and exercise, providing communities with a fun way to keep fit and active well into the older age, now that's a bright idea.

(Music)

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

Mark Masselli: And I'm 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.