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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret, some promising numbers regarding smoking rates in this country. Smoking rates are down from 19% of the population in 2013 to 15% this year. That large drop represents hundreds of thousands of former smokers, and that's good news.

Margaret Flinter: Then if you look back to smoking rates in 1965 and astonishing 42% of American smoked. And as the old cigarette ad used to say we've come a long way baby but we're not there yet.

Mark Masselli: And according to the CDC's survey the nation tougher smoking laws have had an impact laws banning indoor smoking even smoking in public spaces outdoors have marginalized smokers in public settings many of whom say they were simply tired of feeling like social pariahs. These public health laws really do have an impact Margaret.

Margaret Flinter: The CVS pharmacy chain is claiming some of the responsibility for the drop. They stop selling cigarettes at all of their thousands of stores nationwide earlier this year. And they believe that measure has had impact a number of their customers who quit.

Mark Masselli: As we know it's the leading cause of preventable deaths in this country about 450,000 Americans die each year from smoking related causes in within a few years of quitting the risk of early death decreases significantly.

Margaret Flinter: And we know the cardiovascular disease is a leading cause of death in this country something that cigarette contributes enormously to, and that's something that our guest today is quite focused on. Dr. Darshak Sanghavi is the Director of the Preventive and Population Healthcare Models Group at the Center for Medicare and Medicaid Innovation. They've launched the Million Hearts Model to work towards the goal of eliminating a million heart attacks and strokes.

Mark Masselli: We'll also have Lori Robertson come by, she's the Managing Editor of FactCheck.org. She's always on the hunt for misstatements spoken about health policy in the public domain. 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 please email us at chcradio@chc1.com or find us on Facebook or Twitter at CHC Radio, we'd love to hear from you. Now we'll get to our interview with Dr. Darshak Sanghavi 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'm Marianne O'Hare with these Healthcare Headlines. It would appear all those willingly chilled participants in last year's ice bucket challenge have paid off. What began as a social media campaign to raise awareness and funds for ALS better known as Lou Gehrig's Disease which cripples and eventually kills its suffers. It's far more successful than anyone anticipated, the tens of millions of dollars raised went straight to scientist long working on research to find a cure. And it seems there's been a breakthrough because of that funding specifically on the research focused on a protein called TDP-43 that in some cases is linked to cell death in a brain or spinal cord of patients. And that by inserting costume design protein it allow the cells to return to normal.

Lead author of the study Dr. Jonathan Ling of Johns Hopkins says the therapy could also work for a common cause of mental deterioration frontotemporal dementia. The ALS association managed to raise a 150 million dollars with that campaign.

A Colorado program that is led to a 50% reduction in unintended pregnancy since 2009 especially among teens will live to see another year, the program which provides free long term contraception such as IUDs to young women and low income women had been funded by private donation. When the legislature was approached to pick up the funding after the promising study, it was rejected by conservative law makers. Not only were pregnancies reduced dramatically, the number of Colorado residence seeking public assistance was also reduced.

Prep does the trick apparently and experiment in San Francisco has led to some very promising results participants who are HIV negative who took a daily prophylactic dose of Truvada a virus inhibiting drug remained HIV free after a year in the program. (inaudible 4:15) one pill a day experiment worried less condom use would lead to higher infection rates, the data showed while some participants did catch other STDs none of the 600 plus participants contracted HIV. Even those with HIV positive partners, conversely in an English study some participants were given Truvada and others received a placebo. In that group nine cases of infection for a hundred participants were reported. With 50,000 new HIV cases per year in this country alone mostly among young men of color this is could be a powerful new tool in preventing infection. I'm Marianne O'Hare with these Healthcare Headlines.

(Music)

Mark Masselli: We're speaking today with Dr. Darshak Sanghavi Director of the Preventive and Population Healthcare Models Group at the Center for Medicare and Medicaid Innovation, Dr. Sanghavi recently served as the Managing Director of the Engelberg Center for Health Reform at the Brookings Institution. And he's also served as the Chief of Pediatric Cardiology at the University of Massachusetts Medical School. Dr. Sanghavi is an award winning medical educator and author with numerous scientific studies and publications including his critically claimed best seller A Map of the Child, A Pediatrician's Tour of the Body. Dr. Sanghavi earned his medical degree from Johns Hopkins and completed his residency in cardiology fellowship at Harvard Medical School in Boston Children's Hospital. Dr. Sanghavi welcome back to Conversations on Healthcare.

Dr. Darshak Sanghavi: Pleasure to talk to you.

Mark Masselli: Yeah and you are on the show when you're at the Brookings Institution and discussing the campaigned informed the American public about the dramatic changes under the Affordable Care Act. Now you're at the center for Medicare and Medicaid innovations overseeing something is quite exciting the Million Hearts Cardiovascular risk reduction model. And it's a very ambitious effort to prevent cardiovascular disease. And I wonder if you could tell our listeners about the goals of the Million Hearts program, who you're targeting and why it turn out to be so revolutionary.

Dr. Darshak Sanghavi: We know that prevention is a nobel thing for us, clinicians to all be doing. Now we know that simply by enhancing access to care, in other words that is part of the solution but it turns out it's really not enough. We still believe for example that about 90% of heart attacks and strokes could be prevented by better use of prevention currently. So the question is how do we make that better? And, you know, traditionally the way Medicare's handled it you clinicians out there you report to us on whether you're doing all of these things. Are you checking people's blood pressure? Are you checking cholesterol? Here is the target we'll pay you more.

But clearly many doctors also feel that that's to some extent removing a little bit of clinical judgment from them. And we feel that's not the best approach to prevention and that's where this Million Hearts model is so revolutionary. The bottom line is rather than sort of piecemeal looking at all of these different preventive pieces we are going to assist clinicians really essentially make it easy for them to simply calculate a ten year cardiovascular risk. Every person who comes in will be told hey over the next ten years giving your particular risk profile, you know, I'm going to put in there, age and ethnicity and (inaudible 7:35) cholesterol whether they are smokers do they have diabetes. This is the risk you're going to have a heart attack or stroke in the next ten years.

And then the clinician going to work with that patient to say well did you know if you do any of these things for example (inaudible 7:49) blood pressure stop smoking, you'll reduce your risk to this amount. And it's a really concrete way that encourage the patients and doctors to talk together saying well hey this is the individualized plan I'm going to come up with. And we will then pay providers to do that screening and then we will pay additionally depending on how much that overall risk across the practice. And there's no downside to this. So it's really in other words if you have trouble with it, it doesn't work for you, you're off no worse than you are before on the other hand if you're succeed you can make more money.

Margaret Flinter: Well Dr. Sanghavi what are you looking at in terms of the patients, are clinicians reporting data on what the individual risk factors are. I guess how granular is the data that you'll be able to look at the end of the project?

Dr. Darshak Sanghavi: Great question because it's (inaudible 8:36) this is model test, it's actually one of the largest test that (inaudible 8:40) for prevention and Medicare has ever done. If you sign up for it each practice will then be randomize to be (inaudible 8:46) intervention or control group. And we really try to make it simple, again realizing that there's nothing clinicians hate more than having to sort of report more thing.

And so the way we're going to try to address that, we will provide practices a simple online tool into which you input this sort of few pieces of data, it will give you the risk or the decision support and then it will handle all the billing on the backend. So you don't need to do additional data reporting on top of that. The other thing we'll do is we're going to make what's called an API ideally available to other vendors. So if you have (inaudible 9:21) medical record and you want to built this in you can do that as well and (inaudible 9:26) report that (cross talk). And we're developing those tools so that hopefully that won't be too big of an issue.

Mark Masselli: Well you do have a lot of really key partners, the American College of Cardiology, The American Heart Association and also The US Surgeon General's Offices also promoting the campaign. Talk to our listeners about how these organizations are assisting and what roles will others play to achieve this vision?

Dr. Darshak Sanghavi: So I think that we really want to rely on the existing clinical expertise in the community. And so if we're going to be developing this ten year risk for I mean that's a pretty big scientific risk, you know, we got to make sure that the -- we have all that right. And the way we thought that we should do it and the (inaudible 10:09) was simply to use what the American Heart Association and American College of Cardiology have essentially endorsed for the past two years. So I think that moving forward as this model test continues which will be plan for five years we may tweak the model as the years go by in repose to sort of feedback from our clinical partners and

those professional association. And maybe they say they're -- their model needs to be adjust in this way, there's a new medicine that's come out, we've heard about new inhibitors. That maybe incorporate and we'll have an annual review we'll try to incorporate that as well.

Margaret Flinter: (inaudible 10:42) put ourselves in the locus of the project in the primary care office where we all recognize that the underlying causes of poor cardio vascular health are obviously the huge factors. And so you calculate this risk score for your patient, is the Million Hearts campaign helping providers at that level in primary care with what happens (inaudible 11:02) reducing those risk factors?

Dr. Darshak Sanghavi: Yeah I just want to make sure I emphasizes this model test voluntary but we are currently recruiting practices. So it take only about five minutes to sign up and again there's essentially no downside risk. We do think that awareness and having a new way to talk to patients is a side benefit here. How do we have that conversation about well, what does it mean to quit smoking and how much will it really help me. And can I actually visually see the benefit, you know, several folks like the Mayo Clinic and others have already developed really cool sort of visualization that say well if you quit smoking you'll risk the heart attack is going to go from say 30% down to 20% over the next 10 years, what does that really mean? Well, you know, out of a 100 people 10 of them are going to get to see their child graduating from high school or college. And so we think that giving clinicians that language maybe helpful.

And I know (inaudible 11:57) underemphasize how important that is, one of the great successes of modern medicine our clinical partners right now, every doctors out there said we have dramatically already reduce the number of people who are dying of heart attack and stroke. So, they're already doing a wonderful job and this is going to ideally continue and hopefully accelerate that decline.

Mark Masselli: We're speaking today with Dr. Darshak Sanghavi Director of the Preventive and Population Healthcare Models Group at the Center for Medicare and Medicaid Innovation. Dr. Sanghavi recently served as the Managing Director of the Engelberg Center for Health Reform at the Brookings Institution. He also served as a Chief of Pediatric Cardiology at the University of Massachusetts Medical School. So let's talk a little more about payment reform and that's in your (inaudible 12:41) that you will focused in on your research when you are at Brookings and one of the ultimate goals of the Million Hearts model is to reduce cost. And I really like this rolling analysis every year you sort of taking a look at the model and how effective it is. What are you seeing around the world in terms of models of reimbursement that excite you around prevention and I think we always know that there are sort of an American solution, so we have to be very cognizant of that. So I'm just wondering is it informed by other work elsewhere?

Dr. Darshak Sanghavi: The solution that we're trying to propose is basically two fold. The first is that we want to sort of create a national environment and we believe that where Medicare goes ideally your singles other insures hopefully will follow. One of the key things we're finding at the innovation center is that the models of payment that really tend to succeed are once where, you don't just have one payer working in isolation. So accountable care organizations and others, we are strongly trying to encourage multi payer participation. Because, you know, that sort of eliminates that wrong (inaudible 13:46) hey if I pay for preventive care now and my colleague down the street doesn't, he's going to get make more money and he's going to reap the benefit of my investment. So I see the first thing is that sort of recognition that we need to focus on making sure our payers are sort of integrated up front.

And in the second they need to say well we need to also rethink how we value prevention in the long term. With our Million Hearts (inaudible 14:10) we're saying well look we're going to pay for this predicted future outcome and reducing that because we know that data is really, really good. And so we're essentially paying for prevention and finding a new way to do that, so the more you reduce a long term risk maybe the more you can get pay. And those are sort of the paramount we're exploring at this point.

Margaret Flinter: You know, Dr. Sanghavi I know that you are a pediatrics person at heart and in your clinical practice and this initiative is weighted towards the older adult but I wonder if you comment on what we can be doing what more we can be doing with the adolescence in particular and the kids about trying to keep them from turning into our cardio vascular disease ridden adults of the future.

Dr. Darshak Sanghavi: So let me start by saying I'm actually very optimistic on this front. We are at historically low tobacco use rates among young people now due to this consorted of partnership not only between clinicians but between public health organization and even broader into our media. And really it's a cultural shift that we've seen, but it's difficult to tell and I think sort of the parts of the questions well what role does a payer like Medicaid or Medicare have and what role does the traditional medical system have there as well. And probably the simplest way to sort of phrase the solution is that we have the president's increased emphasis both on primary care as well as public health. Because we believe that within those areas why the fruits of reaching a large number of people. And traditionally we're going to public health authorities because they are out of the fee for service system are getting paid for visit. I believe that the way we're also getting there now was by broadly moving away from fee for service to accountable care organization and sort of this alternate payment model strategy. And then looking at broad based health indicators but I think that those are the ways we're going to try to address it's only by breaking the cycle of sort of fee for service that we can then start to recognize and reward broad based community improvements and exactly these types of long term preventive areas.

Mark Masselli: And along with that the sort of cultivation of the -- of empowering patients which has been called sort of the block buster drug of the 21st century. And, you know, there's a lot of movement in that area, you certainly mention that the enormous reduction of tobacco usage by young people serve a cultural change. And a lot going on in technology wearing health tracking devices as growing telemedicine remote monitoring also getting momentum and more people were educating themselves about health and wellness and solutions. In fact while you are at Brookings your partnered with Khan Academy so tell our listeners how successful that campaign was and how do you see these other technologies really coming to play as we shift focus from sort of sick care to well care and prevention?

Dr. Darshak Sanghavi: Right, it's a great question. I would like to think that the work we did with a Khan Academy and more broadly with public engagement has completely demystified health reform for the American public. And I am sad to report I -- we've only be partially successful but -- those efforts were a start, you know, thousands of people have used those educational materials we developed. And clearly we were not alone many others are out there as well. I think that health reform is complicated, it's deep and it's politically fraud and so we still have a fair amount of work to do in educating people about this kinds of issues.

But again having said that I want to come back to sort of this optimism I feel, I realize that every time I go to this pharmacy the people who make toothpaste have an enormous degree of faith that I can understand, you know, the differences between 50 different kinds of toothpaste evaluate different (inaudible 18:08) and make approaches. And well that's a little funny, you know, I think that we can do the same thing in healthcare, you know, Americans have an enormous appetite to know more. And I think that one of the ways we're getting there is although we are sort involved in this broad based strategy to improve the transparency of how much we charge for the services as well as making electronic medical records more freely available to people. And in that way that is exactly sort of empowering patients understand, you know, where is my money going? What's going on with my health? And how can I participate in that kind of care.

Not only that, in addition to just the information with the move towards high deductable health plans, I mean that's a complicated politically challenging thing. However when you know your own money as a risk to some extent, you are going to start asking questions and engaging in ways that perhaps you didn’t before. It's our job to make sure that we give people the tool so they can make decision if they're going to be taking some of that risk. But that's the other way, I think that market is going to be continually expanding, hopefully we'll be playing at CMS and other places -- a part and sort of making sure that we help patients navigate that well.

Margaret Flinter: We've been speaking today with Dr. Darshak Sanghavi Director of the Preventive and Population Healthcare Models Group at the Center for Medicare and Medicaid Innovation. You can learn more about their work by going to Millionhearts.hhs.gov or follow him on Twitter by going to @Darshak Sanghavi or @CMS Innovates. Dr. Sanghavi thank you so much for your optimism, your work and for joining us on Conversations on Healthcare today.

Dr. Darshak Sanghavi: A great pleasure thank you.

(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 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: Jeb Bush claimed that Plant Parenthood shouldn't receive federal funding because, quote, they're not actually doing women's health issue, that's simply false. In 2013, Plant Parenthood Clinics provided nearly 10.6 million services to 2.7 million women and men including contraception, test and treatment for sexually transmitted diseases, cancer screening, abortions and several other women's health services, that's according to the organization's most recent annual report.

Politicians who are against abortion have pushed to defund Plant Parenthood after undercover videos showed Plant Parenthood officials talking about aborted fetal tissue being collected and used for research. According to Plant Parenthood figures abortions represent 3% of the organization's total services and about 12% of its clients received an abortion. Its services for 2013 also included 4.5 million test and treatment for sexually transmitted infection, 3.6 million contraception services, more than 900,000 cancer screenings and 1.1 million pregnancy test and prenatal services.

Plant Parenthood received 528.4 million dollars in federal and state government money in 2013. Federal money cannot be used for abortions except in cases of rape, incest and to save the life of the mother. 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 highlights a bright idea about how to make wellness a part of our communities and to everyday lives. Of the 6.6 million birth per year in this country over half are unintended. And among teens those rates are even higher, Colorado has been conducting an experiment for several years to examine what might happen if sexually active teens and poor women were offered the option of long term birth control such as IUD's or implants, the first questions to answer would they take the offer.

Dr. Larry Wolk: The word of mouth amongst these young women to each other and the network of support that was built to access this program through these clinics to help the tens of thousands of women over the course of the four to five years really did then result in the significant decreases in unintended pregnancies and abortion.

Mark Masselli: Dr. Larry Wolk Medical Director of the Colorado Department of Health and Environment. He says the results were nothing short of astounding.

Dr. Larry Wolk: The result in decrease is 40% plus or minus in both categories pregnancy and abortion preliminary data for 2014 looks like those reductions maybe even more dramatic to more than 50 even approaching 60% reduction.

Mark Masselli: There was a significant economic benefit to the state as well.

Dr. Larry Wolk: We've seen a significant decrease in the number of young moms and kids applying for and needing public assistance than longer term this will translate into better social and economic outcomes for these folks and for us as a state and in our state's population.

Mark Masselli: And in spite of what conventional wisdom might lead one to assume the incidence of sexually transmitted diseases dropped in this population as well.

Dr. Larry Wolk: And amongst young women 15 to 24 we've seen a decrease in sexually transmitted infections.

Mark Masselli: Many other state health departments are already consulting with Colorado on the successful outcome of their experiment, a free long term contraception program offered to at-risk teens and women trying to avoid the economic hardship of unplanned pregnancies leading to a number of positive health and economic outcomes for all involve, 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.

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.