Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, we have turned the calendar page to May and suddenly you feel like we are on the fast track to health reform implementation starting this month.

Margaret Flinter: Well Mark, the White House has spoken primarily about the immediate benefits of the bill and the nature prevents private insurers from significantly raising premiums. But what I am hearing from my friends on Capitol Hill is there is an extraordinary amount of work to be done to move from the legislation phase to the implementation phase, and that's where both the states and the government are focused on right now.

Mark Masselli: I think they are more focused in on how to implement versus whether. At the end of April states had to tell the Department of Health and Human Services if and how they wanted to set up those High Risk Pools in their state to help uninsured adults with preexisting conditions king coverage before 2014 when the official health insurance exchanges are up and running, almost all of the states have responded with about 30% of the states opting for the Department of Health and Human Services to operate that program for them.

Margaret Flinter: Well that's a good sign. Hopefully a good indication of what's to come in the next few years as we move forward. You know the thing is if states get the choice about how to carryout their own High Risk Pool Program or have HHS do it for them, I think people are going to accept it a little bit better. Each state is unique. There are lots of options in terms of what you can do, operate a new High Risk Pool along side your current pool, establish a new one if you don't already have one, let HHS take over and carryout the program in that state.

Mark Masselli: And of course the point is to give the uninsured access to affordable coverage and did we mention that federal government is footing the bill?

Margaret Flinter: Well popular or not popular depending on your point of view I guess but on that note let's turn to one state that laid the groundwork for health reform with its own blue ribbon commission starting about four years ago and is now poised to move forward with implementing reform. It's also ironically one of the healthiest states in the country and that's Colorado. Colorado Governor Bill Ritter is with us today to talk about how the Centennial State has been able to position itself as a leader in health care reform implementation. We are very happy to speak with Governor Ritter today.

Mark Masselli: And no matter what the story, you can hear all of our shows on our website CHCRadio.com. You can subscribe to iTunes to get our show regularly downloaded, or if you would like to hang on to every word and read a transcript of one of our shows, come visit us at CHCRadio.com.

Margaret Flinter: And as always, if you have feedback, email us at CHCRadio.com, we would love to hear from you. Now, before we speak with Governor Ritter, let's check in with our producer Loren Bonner with the headline news.

Loren Bonner: I am Loren Bonner with this week's headline news. As the benefits of health care reform slowly trickle their way and this year President Obama took the opportunity to highlight these early provisions that have already gone into effect as well as those that are soon to be in place. In his weekly addressed the president said many parts of the reform package are showing results right now.

Barack Obama: Already, we are seeing a health care system that holds insurance companies more accountable and gives consumers more control.

Loren Bonner: President Obama said the administration is working on drafting a Patient's Bill of Rights that will do just that, put more power in the hands of consumers and out of the hands of insurance companies.

Barack Obama: It will provide simple and clear information to consumers about their choices and their rights. It will set up an appeals process to enforce those rights. And it will prohibit insurance companies from limiting a patients' access to their preferred primary care provider, ob-gyn, or emergency room care.

Loren Bonner: Earlier this week the administration also unveiled First Lady Michelle Obama's action plan to fight childhood obesity. In February the First Lady launched the Let's Move campaign to solve the childhood obesity epidemic within a generation. The First Lady says for the plan to succeed everyone has to do his or her part.

Michelle Obama: No one gets off the hook on this one, from governments to schools, corporations to nonprofits, all the way down to families sitting around their dinner table.

Loren Bonner: Her action plan presents a series of 70 specific recommendations, such as lowering the relative prices of healthier foods and reducing the marketing of unhealthy products to children. The generational goal is to return to a childhood obesity rate of just 5% by 2030 which was the rate before childhood obesity first began to rise in the late 1970s. In the coming week's cabinet members and administration officials will hold events that highlight the ways in which different government agencies can do their part to

address the childhood obesity epidemic. This week we are looking to states that can service models for health care reform implementation. In addition to Colorado, Wisconsin has gained attention as another state that is in an ideal situation to successfully bring health care reform to all its residents because of the work it's been doing prior to national legislation. Governor Jim Doyle set out on the path four years ago to make sure as many people in Wisconsin had health insurance coverage. Karen Timberlake is the Secretary in the Department of Health Services in Wisconsin.

Karen Timberlake: Governor from the beginning has really believed that Wisconsin and frankly all states ought to do what they can do to make sure that they can meet the health care needs of their citizens and then ultimately there are going to be pieces of this problem that states can not solve on their own, but there is an awful lot that states can do and we have really demonstrated that in Wisconsin.

Loren Bonner: Before National Health Care Reform passed Governor Doyle use the flexibility the Federal Government gave states in the Medicaid Program to make sure Wisconsin was able to cover everyone, even low income childless adults, a group that has had some of the most difficulty finding coverage. This lead to 98% of the population in Wisconsin having access to affordable health care one way or another. However, due to the high demand from the childless adult group, 20,000 or so people had to be waitlisted for the program.

Our Childless Adults Program operates under a kept waiver and so not only do we have now today about 25,000 people who are on a waiting list. We have many more people we believe who haven't come forward at all because they know that the program is kept. We also by terms of the waiver have had to require that people either go without health insurance for a full 12 months before they sign up or we have had to require that they recently lost employer sponsored health insurance due to a recent job loss, so all of those conditions exclude people from the program. Those kinds of limits would be listed from our Childless Adults Program and the National Health Care Reform.

Loren Bonner: Under President Obama's Health Care Legislation states can apply for an early extension of Medicaid beginning this year instead of in 2014 for states like Wisconsin that have already expanded their Medicaid program enrolling early could provide an added benefit. The provision could mean the federal government for the first time would pick up a portion of the tab for those enrollees despite the potential for states to receive increased federal support for the Medicaid programs in 2014 in the short term at least one state Michigan expects things to get worse before they get better. In Michigan where one in six residents is now covered by Medicaid low reimbursement rates are forcing physicians and hospitals to reduce services to these patients and even close parts of their hospitals. Although health care providers are lobbing against more cuts to Medicaid, the states budged crisis makes it more likely. States that

choose to take the federal government up on this offer to extend Medicaid services now would still have to pay their share of the new Medicaid cost until increased federal support begins in 2014 when the expansion is required of all states. Let's listen out to the interview with Colorado Governor Bill Ritter to learn more about what Colorado has been doing on its own to provide more residents with quality health care as well as its recent efforts with national reform.

Mark Masselli: This is conversation on health care; today we are speaking with Governor Bill Ritter of Colorado. Welcome Governor Ritter. Governor Colorado has made significant scribes implementing health care reform and at the end of April you signed four bills into law design to increase your health care work force and help consumers obtain policies in plane easy to understand language, it sounds like you are well prepared for National Legislation and in fact reading the report of the Colorado Blue Ribbon Commission it looks like the conditions recommendations align very closely with the final national reform bill. What are the most important next steps for the Colorado to advance the Health Reform Agenda?

Bill Ritter: Well I think our most important next steps are to look at all the things that are part of the National Health Care Reform and how can a state best implement those. What are the things that we can do, in a way I would like to think about it as usher in reform from the national level. So, we had already done a variety of things that help us and actually take us down to the right path as you mentioned, we had commission that was actually pointed by my predecessors, a bipartisan group, I put a few people on it. But they have made a variety of recommendations and they really you know looked at the situation in Colorado and said these are the things that you can do over time. We begin immediately legislating a variety of things to really work on their recommendations and we have just done a variety of things that are about ushering in reform now because you are right they do the National Health Care Reform and our state efforts match very nicely. So I put in an executive order in place and it really is about appointing a group of people that will do the things that are really necessary in all of our departments that you know will be touched by Health Care Reform. We have 10 different state agencies or the major agencies. 10 different agencies that we think one way or another will have to take some action to make National Health Care Reform as I think feasible as is going to be in any state.

Margaret Flinter: Well, Governor you are the Chief Executive of a State where about 20% I think of residents have had no health insurance so certainly a very important issue and I noticed in that Blue Ribbon Commission and congratulations on what a bipartisan group it was, till his recommendations were to create the individual mandate and to establish the connector or the health exchange and of course we saw that come through in the final health reform. We are curious how is that received by the residents of Colorado in general, it’s the individual mandate something that people appreciate as a strategy to cover the uninsured and what about the connector as well?

Bill Ritter: For our purposes we look at those recommendations and really and if you look at it the commission recommends sort of incrementalism in our approach and what we did was decide those are the two of the things that need to come from you know need to come at the federal level. We have looked at other state so the states who got ahead and we look at some of the difficulties that they had in those states and so in terms of the individual mandate it's not that the people of Colorado have said no we are not going to do this, or we don't want that. What we have said is there is a way to go about this but we have to stereo step it, so this is our third year of legislating recommendations from the commission and we have not put in place a mandate or an exchange and I will tell you very clearly that's because I believe it was important for federal health care reform to happen or to happen in a comprehensive way and for states not to try and piecemeal this. I was a person who was very happy that health care reform got passed. There were things in it I might have liked to have seen that were not a part of it, but that's just the way it was you know and so those things, those individual mandates and the state exchanges are both part of national reform and then I think that's the wisdom in waiting is that it did come, and we weren't out ahead of it in setting up something that actually wound up not mentioning what the national reform piece.

Mark Masselli: And something you were out ahead of governor was your Medicaid program has gotten some high marks for innovation in terms of expanding coverages as well as improving quality and containing cost through various pilot programs. What are some of those innovations and how could that be an example for other states?

Governor Bill Ritter: So there is a bunch of things we have done here and thanks for mentioning it Mark. It's always good to be able to talk about your success as we. We test the Health Care Portability Act using hospital provider fees for every bed patient, every, you know, patient bed that's occupied the hospital pays a fee, get a matching amount of money from the Federal Government its Medicaid brought down and that's significant new dollars and that helps us expand coverage in a really serious way. We just passed it last year and we are setting up the coverage expansion now and that will be I think fully implemented really in another year and a half to two years. But that takes us a time that's just new money into the system, helps us receive the federal reform in a very serious way. Because of the expanded populations we were already be dealing with before the federal reform is fully implemented. We also have established Medical Homes for Children so now there are 236,000 kids who are provided with Medical Homes and Medicaid in our Child Health Insurance Plan plus Program. We have a goal still of expanding the enrolled kids. We have improved the quality of care through what we call Care Coordination. Certainly we think transparency and the use of Information Technology is important and you saw that as well and National Health Care Reform. They have a new pilot called Accountable Care Collaborative and it allows this state to better contain health

care cost because we still really believe that cost is a part of this calculus that you know in order to improve quality and improve access got to drive down the cost of care or at least arrest the increase. And so we have a whole pilot that's going to work on that. It's plan-centered and it manages care that is focused on delivering I suppose you would say efficient and coordinated care that approves the overall health appliance. So we are doing it on a pilot basis but I was just in Grand Junction last about a month ago that's the western part of the state and they are looking at this and saying this is really what you need to do in a significant way throughout the state because they had been doing as a community and you can see that their costs have been driven down, they were featured in a New Yorker article where they have prepared McAllen in Texas with Mayo Clinic and Grand Junction because of what they have been able to do from integrating their care.

Margaret Flinter: Well congratulations on that good work and have a well deserve reputation around the Patient Centered, Medical Home for Children that we have read about for a long time. You know another area that is just so critical for states is the workforce issue. Can you tell us a little bit how you have invested or incentivized the development of primary care providers to deliver on cure both in your urban and your rural areas in the state?

Bill Ritter: We have done things as it relates to nurses and those are some of the bills that I just signed this past month. It has to do with nurse education programs and loan forgiveness is a big issue I think because coming out of both nursing schools but also kind of medical schools these kids have such significant debt burdens that they will gravitate toward a specialty while they are in medical school and not to our primary care. So we are trying to develop loan forgiveness and we have a small program, we have expanded on that this year but at the end of the day significant loan forgiveness I think is necessary to really incentivize the workforce to gravitate to our primary care and away from some of the specialties.

Margaret Flinter: Today, we are speaking with Colorado Governor Bill Ritter. Governor Ritter, much of Colorado is rural. We know that people living in rural areas have unique challenges. On an average they are older and more likely to have a chronic health problem, how have you been addressing the health care needs of rural Colorado residents?

Bill Ritter: We signed a two-pieces legislation in April that will increase and strengthen the workforce in rural and underserved areas so that's back to their workforce. Colorado Health Services improves existing public and private Loan Repayment Programs for professionals to practice in the rural and the underserved communities and that is a part of it. The other one that I talked to you the Nurse Education Bill improves the state existing nurse loan forgiveness program but maybe significant is all that we have also partnered with UnitedHealth and they are using a technology that is really sort of a remote mobile technology for health care, goes into these counties, we have counties in

Colorado where there is no physician practicing in the county. And it gives patients in rural Colorado communities expanded access to physicians who are here in Denver because of the ability to teleconference. You know you have a health professional in the mobile van kind of like the book mobile of my youth that now has you know a full, really a full medical office which is able to travel from community to community and then there is technology for teleconferencing or looking at the mobile technology but also eventually it's putting actual stationary buildings in rural Colorado. We are in counties where there is no practicing physician and allowing people to again use that teleconferencing technology where you just video conference for the physician. All the tests are being done remotely but their results are being fed into the physicians' office and he can diagnose you and diagnose certain things without ever been able to see them.

Mark Masselli: Very innovative.

Margaret Flinter: Governor Ritter, you are really doing some great work out there and one thing that you must be very proud of is that Colorado holds the distinction of being one of healthiest states in the country. It's a leading state and the lowest rate of obesity in the United States, so that's terrific. But you aren't sitting on your laurels. I know you have introduced your own physical activity and nutrition program to get people even more active and engaged in healthy lifestyles. What kind of infrastructure does it take for a state to create and maintain that kind of wellness?

Bill Ritter: First of all, we are very proud of our state's low obesity rates. But if you looked at one place where the things that you are heading in the wrong direction is still childhood obesity and I am really proud of the First Lady Michelle Obama and her efforts to reduce that. You asked the question about infrastructure, there is one infrastructure that's totally under utilized in United States of America and it's our schools. We put in place an in child hunger by 2015. At that program, we are dealing with a group called Share Our Strength and what that is, is going into these schools and doing all we can to get kids who qualify for school lunches, school breakfasts and the Summer Nutrition Programs to get them there. Currently, for school breakfast I think only about 15% of the kids who qualify for a school breakfast actually go there and that's because schools haven't thought about all of the things you know to get kids there on time and when you might actually feed kids you know feed them in the second period as opposed to before the first period and you will have a greater participation. So that is certainly a part of it. And then you know we partnered with Kaiser Permanente as well on a wellness program and a state wellness program. They put money into it and have a state wellness infrastructure for that but I would say that as it relates to Childhood Obesity, the most important thing is to focus on our schools. It sounds kind of counterintuitive that you would see kids more to keep them from becoming obese but it's actually true that if you feed them nutritious meals at the right time, then kids don't go to, you know they don't gravitate to junk food and to sodas at 11 in the morning is their first meal of the day.

Mark Masselli: Governor, your background gives you a unique insight to the difficulties people face in eating basic human needs. As a District Attorney, you are a leader in establishing victim services and you and your wife later spent a few years as missionary volunteers in Zambia. I think our listeners would be interested in how your early working forms your position on health care and human services?

Bill Ritter: If you live in a developing country like Zambia and we lived in a remote part of it, the poverty is pretty serious and I would say abject poverty would be the right descriptive and you know we saw serious nutrition problems and serious health problems and what you see there is the sort of the extreme example of what a lack of nutrition and a lack of health care can do to the quality of life of kids and to families. And we also saw it's interesting the thing that doesn't change anywhere in the world is that kids nutrition status and their health status improves with the mothers' education. So that's why we have also taken such time and energy to really focus on how we are educating our kids here in Colorado. We have a 25% dropout rate and what I can tell you is that will impact the health status of those kids that you know the dropouts are having, it will impact their nutrition status and their ability to learn. Something that we as a country I think really have to come to grips with because we work on the education issues but we don't necessarily integrate those with nutrition or health issues and they are very much they need to be integrated. As we debate health care in this country we have to understand that the debate over health care isn't just about health care, it's about the quality of life you can associate with the better education or better educative population.

Margaret Flinter: Governor Ritter, we would like to ask all of our guests this question, when you look around the country and the world, what do you see that excites you in terms of innovation and who should our listeners of conversations be keeping an eye on?

Bill Ritter: I just think that we have some good models here in Colorado that I would turn to in. I have already mentioned Grand Junction it has a patient centered clinic for the uninsured. They all are using a community wide health information technology exchange so to maximize its efficiency and quality. Its Medicare per patient cost are far below the average but we have an intercity model in Denver, the Denver Health System. So the Denver Health System is also this model of integrated care and they could show how they could keep cost down, how they can care for the underinsured, the uninsured, you know the otherwise underserved in a way that decreases cost pretty significantly. But they are also a model of care for trauma. They are one of the best trauma centers in the United States if not the best trauma center in the United States. I found that out about two months ago when I fell off my bicycle and broke a few ribs but I will tell you this is this great health system where we could learn a lot if we thought

about integration more and you know to some extent, I tried to curb the kinds of cost increases we see that are result of competition.

Mark Masselli: Today, we have been speaking with Colorado Governor Bill Ritter, a National Leader in Health Care Reform, thank you so much for joining us today.

Bill Ritter: Thank you.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives.

Margaret Flinter: This week's bright idea focuses on the First City-Wide US Bicycle Sharing Program. Denver Colorado's B-Cycle Program launched in late April with 500 bikes at 50 stations around the city offering Denver residents a green alternative to cars for running errands and short commutes. Members can sign up for the daily or a yearly pass, pick-up and drop-off the bike at any of the stations around the city, several of which are solar powered. B-Cycles founding partners designed the program specifically for US cities, universities and corporate campuses where the focus is on health. The bikes are equipped with GPS systems so users can track mileage, calories burned and carbon offsets. The Bicycle Sharing Programs were first made popular in Europe, maybe the most well-known is Paris Bicycle Rental System that has made over 10,000 bikes available at 750 stations around the city. After a successful pilot program at the 2008 Democratic National Convention where DNC attendees on a 1000 bikes drove 26,000 miles and burned an estimated 818,000 calories, possibly preventing as much as 9.3 metric tons of carbon emissions, Denver became the first US city to officially set up a Bike Sharing System. Minneapolis and Boston are planning and installing programs in the coming months and many more US cities and college campuses are looking at doing the same thing. Denver's Bike Sharing Program is grabbing our country's attention as a viable transportation option that can help improve the health of Americans and reduce our carbon footprint. Now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Health Care, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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