Dr. Robert Wachter, author of The Digital Doctor

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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret, we have reached a milestone in America health care.

Margaret Flinter: Health spending has finally topped the $3 trillion a year mark. That's approaching 20% of the nation's total Gross Domestic Product just an astounding amount of money being spent per year on health care in this country.

Mark Masselli: It certainly is. And analysts estimate that we are short about $10,000 per capita per year spent on health care delivery about twice per capita what our closest competitor spend, the only problem is it hasn't changed the fact that the U.S. still ranks last among western nations in terms of health outcomes.

Margaret Flinter: Prior to the passage of the Affordable Care Act annual health cost increases were in the double digits, provisions in a law are aimed at keeping cost down and we did see a dramatic drop in the rate of annual health spending over the past decade. But nevertheless, health cost still rise every year and the question, what's driving these cost increases?

Mark Masselli: Well Margaret it turns out that prescription drug prices are major factor. Drug prices for health consumers in United States rose more than 12% last year alone while the overall increase in health costs were about 5%. So clearly, drug costs are major contributor to the overall health spending in this country and it doesn't look like that trend shows any sign of abating.

Margaret Flinter: Well certainly another contributor to rise in cost in 2014 was the increased numbers of Americans now covered by health insurance under the Affordable Care Act. And that is intentional that took people out of the shadows of the uninsured and into the health care system. And over time we certainly expect that access to preventive care and screenings and better chronic illness management will have a positive effect on overall cost trends.

Mark Masselli: No, I think it will and increasingly the kind of health care Americans encounter will have a technological component to it. Medicine has entered the digital age in the 21st century something that our guest today finds both fraught with promise and cause for concern.

Margaret Flinter: Dr. Robert Wachter is the founder of the Hospitalist movement. He is a prominent medical educator from the University of California, San Francisco School of Medicine and the author of the critically acclaimed The Digital Doctor: Hope, Hype and Harm at the Dawn of Medicine's Computer Age. He will be talking about his concerns

about over-reliance on technology as a panacea for America's health industry ills and the need to proceed with caution.

Mark Masselli: Lori Robertson stops by, the managing editor of FactCheck.org and is always on the hunt for misstatements spoken about health policy in the public domain and 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 because we love hearing from you. Now we will get to our interview with Dr. Robert Wachter in just a moment.

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

(Music)

Marianne O'Hare: I'm Marianne O'Hare with these health care headlines. A million and counting Open Enrollment for next year's health coverage is marking some progress as we approach the end of the year. HHS Secretary Sylvia Burwell saying, a million new customers have already signed up for coverage. The surge of interest before the end of December guarantees those who sign up by the 15th will be covered in time for the first of the year, and those who don't sign up by the end of Open Enrollment and remain uninsured face a tax penalty in the coming year.

Some end of year penalties for several hundred hospitals across the country this year Medicare penalizing 758 hospitals for raking in higher rates of patients' safety issues. The fines to the hospitals total close to $400 million the most common patient harm issues, higher rates of sepsis, hospital acquired infections and broken hips. Each year Medicare also docks to payoff hospitals with too many patients coming back within a month and doles out bonuses and penalties to hospital based on patient satisfaction scores, death rates and other performance measures.

Meanwhile hospital officials are concerned these measures are punitive and take away funds needed to make the necessary patient safety improvements. And the Netherlands not a country to shy away from smokeble products but they have had time to analyze vaping and they found a higher cancer risks from previously thought among E-cigarette users the Netherlands considering a ban on anyone under 18 from being allowed to legally smoke or vape as it's called.

A recent U.S. study showed teens and young adults who vape are more likely to graduate to smoking combustible cigarettes than those who do not and market for E-cigarettes is growing fast around the world is conventional smoking to clients and

response to massive public health campaigns and high syntax is imposed on smoking. I am Marianne O'Hare with these health care headlines.

(Music)

Mark Masselli: We are speaking today with Dr. Robert Wachter, Associate Chairman of The Department of Medicine at The University of California, San Francisco. Dr. Wachter coined the phrase hospitalist and is considered to be an academic leader of the Hospitalist movement a prolific writer on patient safety and health care quality. He is the editor of several journals and he has written several books including the latest, The Digital Doctor: Hope, Hype and Harm at the Dawn of Medicine's Computer Age. Dr. Wachter welcome to Conversations on Health Care.

Dr. Robert Wachter: Thank you so much for having me.

Mark Masselli: You said that we are at the dawn of medicine's computer age but you cautioned that technology is neither the silver bullet nor the panacea that will fix what's ailing modern health care. And you say, despite being staffed with mostly well-trained and committed doctors and nurses, our system delivers evidence based care only about half the time. You love medicine and technology but you feel so strongly about the potential harm of the emerging use of digital technology in health care and why clinicians and patients alike should be concerned. Can you tell our listeners more about that?

Dr. Robert Wachter: For someone like me who studies patients' safety we have been waiting computers for over a decade to come in and solve all of the problems of health care. And then when computers finally entered our world -- and it's been remarkably recently, I began noticing funny things and doctors and patients not looking each other in the eye anymore. And changes in workflow that were surprising, we didn't go down to radiology rounds anymore because we didn't have to. So I have been thinking kind of a lot about what went wrong and what these changes were. And then about two years ago at UCSF which is a fabulous place, we gave a kid a 39-fold overdose of a common antibiotic. And at that moment I came home and I said I need to understand this better and then need to write about it. And the challenge of course was writing about it in a way that doesn't dismiss the technology but really looks at the moment that we are at in health care and ask why is it not reaching its potential?

Margaret Flinter: Share with us how people come together after a sentinel event like that to say, how do we make this technology work for us?

Dr. Robert Wachter: In some ways it's easy to point your finger at Epic, Cerner or Athena whichever company built your technology and say they need to fix that. We came to realize that there were a series of policies that we created when we

implemented our computer system that were perfectly well meaning and worked reasonably well most of the time but in this case it made the work more complicated than it needed to be. We also came to realize the system of alerts, which sounds like a great idea this is one of the great promises of technology when I am about to write for a medicine that a patient is allergic to, the things going to pop up and show me you know patient is allergic to this, don't do this. But we find that we have hundreds of thousands of alerts going off a month just within the computer order entry system adding the alerts in the rest of the system. No one has flipped the classroom here and looked at it from the standpoint of what is it going to feel like to be a doctor or a nurse or a pharmacist in an environment where you are getting alerts every two minutes. And the answer is, you are going to ignore them.

And then there were other issues that involved culture which is a young nurse sees an order for 39 pills when the correct dose is 1 and says to herself, this is really weird but I know to get to me it had to go through a doctor and a nurse and – excuse me -- a pharmacist then the doctor and I would check it with my technology. And so she barcodes it and by that stage with the medication process the barcode's job is to send the order and the barcode confirms that that's correct order.

So we had work to do on trying to convince people that when your spidey sense tells you that something seems really kind of bizarre trust it, don't over trust the technology and don't hesitate to pull the cord and say it's time to stop the assembly line let's ask a question here. So these are in some ways predictable problems but I think for many of us in health care they surprised us and we are just beginning to address them.

Mark Masselli: You've talked and written about the HITECH Act. You have some real concerns about the HITECH Act. Was it too much money all at once? Where did we go wrong?

Dr. Robert Wachter: The HITECH Act, was actually an amazing back story in 2004 President Bush announced in The State of Union address a federal goal of computerizing the health care system. The health care, there are differences that made it such that health care was not going digital on its own but the initial budget to do that was $42 million. So that's try to transform these $3 trillion health care economy that's like trying to change the direction of battleship by sticking your feet in the ocean and kicking hard. It's not possible.

And then what happened in 2008 was the economy imploded and they were coming up with a $700 billion stimulus package to revive the economy and some smart health policy leaders said here's our one chance that it will last for about five minutes and then go away forever and that was HITECH. So that was $30 billion of federal incentives that got us to go digital. And I am actually not critical of those decisions nor of HITECH,

I think the idea of the federal incentive program to try to push us over the line, to hit a tipping point where doctors and hospitals would go from analog to digital I think was smart it was happening on its own but unbelievably slowly and I think it has worked. So we are up to 70% EHR adoption in hospitals and doctors' offices we were 10% six years ago.

Where I get critical of the government here is when HITECH was passed, they quite sensibly said, we better have another set of policies that ensure that people just don't accept the federal money and stick this thing on the shelf. And so we are going to create another set of policies that's called meaningful use. So basically if you were going to give you federal money you need to demonstrate that you are using the computer in a meaningful way, that's not silly because the risk was real.

But what happened with that was the federal government got very deeply into the weeds of essentially prescribing what your computer system should and shouldn't do. But a lot of that is not okay and I think we are in the weeds now. There's a model of the feds getting this right and the model is the Internet where in the early days, the Internet was invented by federal researchers with federal dollars and then they realized very quickly that, it's time for us to pull out and it worked spectacularly well.

The market forces through the ACA and other mechanisms that are driving health care systems to me are good enough that if you have a computer system you will tweak it in the ways you need to, to meet those ultimate goals.

Margaret Flinter: It is a fascinating area and we have had the pleasure of talking over the years with David Brailer and Dr. Blumenthal, Dr. Mostashari meaningful useful as the first phase of it, a tremendous boon to practices who were trying to shoulder the cost of implementing electronic health records really helped to get people out of those paper charts and enter in electronic health record, it doesn't seem to me it's likely that your average independent small practice can be meaningful use 2 or 3, and I wonder if you like to comment on that and sort of the gains and the losses when we do that.

Dr. Robert Wachter: I think there is a general bias in federal policy making, the health care should run more like a business and the set of incentives that allow the creation of a Google or an Apple or another high functioning company tend not to be in existence in health care and if they were in existence they would drive towards larger more system kind of organizations with better use of data.

I am probably a little bit biased because I live in San Francisco and we are Kaiser Permanente such a dominant system and I think works pretty well. I mean I think that the model of a true system of the doctors and nurses and hospitals and they are all being part of the system getting a dollar and distributing it as they see fit to deliver the best outcomes at low cost I think that makes more sense as an organizational principal.

I guess my hope is that with new IT tools and with an increasing focus on the metrics that we care about that there will be a way to create sort of the best experience for patients in the context of the benefits that a larger system can bring. Increasingly people will get some of their health care or maybe a lot of their health care from their home or their workplace enabled by new technology tools or telemedicine. But it all has to sit together in this pretty complicated jigsaw puzzle and I think it's more likely that we will succeed in achieving the goals that people are glued together in larger system.

Mark Masselli: We are speaking today with Dr. Robert Wachter, Associate Chairman of The Department of Medicine at The University of California, San Francisco. Dr. Wachter coined the phrase hospitalist, he is author of The Digital Doctor: Hope, Hype and Harm at the Dawn of Medicine's Computer Age. You make an elegant case for the emerging health care system that's not only based on man versus machine but rather on two elements working together in tandem. Tell our listeners more about where the medical profession might be heading in our newly wired world.

Dr. Robert Wachter: I had this epiphany a year and a half ago that I needed to write about this but I am not a techie person at heart and so my wife is a journalist who writes for The New York Times and she suggested to me that the only way I was going to get this write was to do a journalistically. And that meant I interview about 90 people including all The Office of National Coordinator director so you decided and went to see primary care docs during their work [inaudible 00:14:31] but when I asked them, where does this all end up if we get it right? The vision that almost everybody had was about the same and it was actually quite nice and you know patients are getting digitally enabled care in their homes and their workplaces. We are using big data technology brings us closer to patients and brings patients closer to each other. So I profiled one of these peer to peer sites called Smart Patients where patients get diagnosed with cancer and they go on the web and they talk to other patients with the same cancer and they learn a tremendous amount from that.

This sort of man versus machine I think is in some ways an artificial argument that when you get it right it's not, these two are not in competition, these two weave together in new and wonderful ways. And I think it takes 10 or 15 years for the technology to settle into a new industry and make things really measurably better where at the stage in health care where I think we broaden the technology and we didn't re-imagine the work or why shouldn't it look like Facebook or Twitter where there is sort of a stream of information that everybody contributes to including the patient. I don't think we have thought deeply enough about what are our goals and how do this technology help us reach those goals.

Margaret Flinter: I think we would be remiss given your leadership in the area of developing the role of the hospitalist in that giving an opportunity to comment on that as

well because certainly for a generation it was physicians who were disrupted by this in primary care and community medicine spent years and decades in many cases with the hospitalists it's kind of their daily social [inaudible 00:16:03] before they went back to the relative isolation of their practices and the hospitalist movement as it developed for all the very good reasons developed really was a big dislocation. What's the jury verdict on the gain and the loss around the almost complete transition now to the hospitalist movement around the country?

Dr. Robert Wachter: I have a strong belief that the organization of care with a separate hospital doctor achieves more gains than losses. The old notion of your doctor, your regular doctor taking care of you in the hospital is attractive in all sorts of ways but in the era of patients who are in the hospital being really sick, the pace being incredibly fast, I think you need a doctor there all day long. And my model for this when I coin the term and kind of begin to thinking about this, in the old days there were no critical care doctors and then people realized that you need a physician, a generalist physician who is essentially a specialist in the place. And ultimately now the hospital has become as complicated a place you can't have a patient being managed by someone who has a different job 10 hours of the day.

I think the data say that on average quality and safety are at least neutral if not better where I think things really get exciting is the maturation of the hospitals field because what we did was position the field as being a new kind of a doctor, a doctor who would not only take care of the individual patient but also be a steward of the system and pay a lot of attention to this other sick patient meaning the health care system.

As I look at my group at UCSF we are the unquestioned leaders in the organization in improving the system. It's not a coincident I believe that the Surgeon General is now a hospitalist and the top physician at Medicare is now a hospitalist. It's a young field but I think we have bred a disproportionate number of leaders in these areas because we have a deep belief that we did need a different kind of physician who paid attention to improving the system as well as individual patient care. But it means we have to pay a lot of attention to how do we move information back and forth but in a good system people actually speak to or email each other to make sure there is a personal connection.

When I look at a high functioning multispecialty group, when I look at Kaiser Permanente or Geisinger or Palo Alto Medical Clinic I think what they have done is they have created environment in the ambulatory setting where physicians get much of that joy and benefits and collegiality. So I think it's in some ways another argument against the one or two person practice. I think we need larger organization or units to kind of re-imagine the environment in which physicians will get that kind of professional benefit.

Dr. Robert Wachter, author of The Digital Doctor

Mark Masselli: We have been speaking today with Dr. Robert Wachter, Associate Chairman of The Department of Medicine at The University of California, San Francisco, chief of Hospital Medicine and Medical Services at UCSF Medical Center and author of The Digital Doctor: Hope, Hype and Harm at the Dawn of Medicine's Computer Age. You can learn more about his work by going to the-hospitalist.org. Dr. Wachter thank you so much for joining us on Conversations on Health Care.

Dr. Robert Wachter: It's been a great pleasure.

(Music)

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care 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 U.S. politics. Lori what have you got for us this week?

Lori Robertson: Due to vast majority of American support defunding Planned Parenthood that's what republican presidential candidate Carly Fiorina claimed. But national surveys actually show the opposite. Most Americans support continued federal funding for the Groups Health Services. The controversy over federal funding a Planned Parenthood has come in response to undercover videos taken by an anti-abortion group that show Planned Parenthood officials discussing compensation for fetal tissue with people posing as employees of a company looking to procure tissue for research purposes.

Federal funding for abortion is restricted by the Hyde Amendment to only abortion cases involving rape, incest or endangerment to the life of the mother. At Planned Parenthood clinics in 2013 abortions accounted for 3% of the nearly 10.6 million total services provided by the group according to its annual report. We found several public opinion polls that found most American survey to support continued funding for Planned Parenthood.

For example, a Pew Research Center poll conducted in late September found that 60% said any congressional budget deal must maintain funding for Planned Parenthood, 32% says that any agreement must eliminate such funding. A Reuters/Ipsos poll released in August found that 54% supported federal funding of Planned Parenthood with 26% opposing it. A USA Today Suffolk University Poll from late September found that 65% of those surveys said, federal funding of Planned Parenthood should continue while 29% said it should be eliminated. And there are other polls with similar findings.

We also consulted Marquette University's Charles Franklin, a polling expert who runs pollsandvotes.com to ask if he knew of any national polls that supported Fiorina's claim.

He did not. And that's my fact check for this week, I am Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

(Music)

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Pregnancy is normally an exciting time for most women but according to the research an estimated 10% of prenatal women experience some kind of depression during their pregnancy and many are reluctant to treat their depression with medication for fear of harming the fetus.

Dr. Cynthia Battle: In fact a higher percentages are experiencing lower grade depressive symptoms. So they might not meet full criteria for major depressive episode but they are having significant symptoms that are getting in the way of feeling good perhaps even getting in the way of engaging in the kind of healthy behaviors that are going to support a healthy pregnancy and left untreated those mild to moderate symptoms can progress and can lead to a more serious postpartum depressions.

Mark Masselli: Dr. Cynthia Battle is a psychologist at Brown University with a practice at Women's and Infants Hospital at Providence. She and her colleagues decided to test a cohort of pregnant women to see if a targeted pre-natal yoga class which combines exercise with mindfulness techniques might have a positive impact on women dealing with prenatal depression.

Dr. Cynthia Battle: We worked with these experts to really come up with a program that was similar to what you might find in the community of prenatal yoga that would include physical postures, meditation, exercises. And we enrolled 34 women who are pregnant who had clinical levels of depressions and we measured their change in depressive symptoms over about a period of time.

Mark Masselli: Not only were women able to manage their depressive incidents they also bonded with other pregnant women during the program and found additional support from their group.

Dr. Cynthia Battle: We found that women on average were reporting that they were reporting much less. Women who are depressed during pregnancy unfortunately do often have some less ideal birth outcomes. So one thing we are interested in seeing is

when we provide prenatal yoga program can it improve mood and then can we even see some positive effects in terms of the birth outcomes.

Mark Masselli: A guided non-medical yoga exercise program designed to assist pregnant women through depression symptoms, helping them successfully navigate those symptoms without medication ensuring a safer pregnancy and a healthier outcome for mother and baby 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 WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.