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

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, Medical Home Concept should be familiar to our listeners by now. We have talked about it on the show most recently with Dr. Paul Grundy, who leads the Patient Centered Primary Care collaborative – a coalition group that's advancing and advocating this model and pilot demonstrations around the country. The concept is emerging as a leading model for efficient management and delivery of quality care, probably care at its best, a team approach with patients at the center.

Margaret Flinter: And like so many things in healthcare people who deliver healthcare may have a very different perspective than our patients. Knowing about the Medical Home Concept may not be the case for everybody. The New York Times article a few weeks ago really hit it on the head. It spoke of how much providers are embracing the model but patients they are kind of in the dark saying what's a Medical Home, a Nursing Home.

Mark Masselli: These things do time Margaret. Hopefully, our guest today can offer some insights, Dr. Lisa Dulsky Watkins from the Vermont Blueprint for Health, is here with us today. The Blueprint is an integrated health service pilot program in Vermont that includes the Patient-Centered Medical Home. It's been operating for several years now and is successfully expanding its mission and reach. Dr. Dulksy Watkins can hopefully answer many of the questions that still linger about the Medical Home Pilots for apparently many of our listeners.

Margaret Flinter: Well, Vermont has really been a leader in healthcare innovation and reform for the past several years now. I think they are pretty close to achieving universal coverage. Their healthcare reform commission recently voted in support of a team that's going to craft three possible single payer system plans that will be considered by the legislature. But no matter what the story, you can hear all of our shows on our website chcradio.com, subscribe to iTunes to get the show regularly downloaded or if you want to hang on to our every word and read a transcript of one of our shows, come visit us at chcradio.com.

Mark Masselli: And as always, if you have got feedback, email us at chcradio.com, we would love to hear from you. Before we speak with Dr. Lisa Dulsky Watkins, let's check in with our producer Loren Bonner with headline news.

Loren Bonner: I am Loren Bonner with this week's headline news. A Federal Judge in Virginia ruled that the state can proceed with its lawsuit to challenge the healthcare overhaul. The state is claiming that it's unconstitutional to require citizens to buy health insurance or pay a penalty. Virginia is the first state to have

their lawsuit go before a judge and a hearing on the case is scheduled for October 18th. Florida, joined by 19 other states, filed a separate lawsuit arguing that the healthcare reform law is unconstitutional because it puts a physical burden on its cash drop budget by expanding state run Medicaid programs. Cornell University Law Professor Robert Hockett says he doesn't expect the anti-federal cases to make it all the way to the High Court.

Robert Hockett: I tend to find that this huge drop by the states against the Healthcare Act so surprisingly lacking in there that I really I am rather doubtful that it will ever get up if filed in Supreme Court.

Loren Bonner: A judge hasn't scheduled a hearing in the Florida case until September. The Department of Health and Human Services announced two key steps that will help states begin establishing health insurance exchanges. HHS will offer $51 million in grants to help states to get started creating state based health insurance exchanges, which will be operational in 2014 under the new law. The temporary exchanges in states just began coverage for people with preexisting conditions on August 1st. In a second move, the department also issued a notice requesting public comment on standards needed to create a successful exchange. Each state and the District of Columbia are eligible for up to $1 millions in grant money to establish their exchange. HHS said this first round of grant money will give states resources for research and planning needed to build and manage a strong health insurance marketplace. Money for this critical piece of healthcare legislation comes as states struggle with their budgets. In the coming weeks HHS plans to host governor staff from across the country to begin navigating the road ahead. The White House unveiled a new report by the centers for Medicare and Medicaid services that predicts the new healthcare law will save Medicare about $8 billion by the end of next year and $575 billion during the rest of the decade. Senior citizens have been the most skeptical of the new law and the administration hopes this news will build support. This week on Conversations on Healthcare we are looking to the State of Vermont as a laboratory for healthcare reform and innovation. Vermont has been a leader in efforts to ensure access, affordability, and quality. The Vermont Blueprint for Health Pilot began in 2003 and the state passed its own healthcare reform in 2006. Right after the Patient Protection and Affordable Care Act was signed into law this spring the Vermont House of Representatives passed a bill establishing a new commission called the Healthcare Reform Commission, which gives the state permission to experiment with different methods to achieve a more efficient and accessible but less expensive healthcare system. The Healthcare Reform Commission authorizes the state to hire a team of consultants to create implementation plans for three different design options for a new statewide healthcare system that will provide coverage for all Vermonters. One must be a government finance system or single payer and another must include a public option for health coverage along with private insurance. A third design is to be determined by the consultant. However, Vermont's efforts to create either a public option or a single payer insurance system could run into

some road blocks. The reform legislation of our states from experimenting with a public healthcare system until 2017 and Vermont would need approval by the federal government for the measure. It comes as no surprise that Vermont Senator Bernie Sanders an independent who is one of the strongest proponents of including a public option in federal health reform will fight to win permission from the federal government. Sanders believes state should be able to take the lead in demonstrating that single payer healthcare is the best method of providing quality affordable care to all Americans. If implemented in Vermont, he believes the single payer approach will prove to be the most cost effective and will expand nationally. All this week Sanders is holding a series of town halls and rallies in his home state to support single payer and healthcare as a human right. Let's turn now to our interview with Dr. Lisa Dulsky Watkins who will tell us more about how Vermont has already begun reforming its healthcare delivery system through the Vermont Blueprint for Health Pilot Program.

(Music)

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with Dr. Lisa Dulsky Watkins, Associate Director of the Vermont Blueprint for Health in the Integrated Health Service Pilot Program in Vermont that includes patient centered medical homes, community health teams and health IT infrastructure. Welcome Dr. Dulsky Watkins.

Dr. Lisa Dulsky Watkins: Thank you very much.

Mark Masselli: You know Vermont has been serious about reforming healthcare, especially the delivery system I believe. Vermont passed its own Health Reform Legislation about four years ago. So let's start with some background. This commitment to comprehensive health reform that includes universal coverage is largely the result of the visionary leadership from Governor James Douglas, a republican and a democratic legislature, a bipartisan effort if you will. Can you talk to us in more depth about Vermont's vision for healthcare reform and how this leadership has been critical to that goal?

Dr. Lisa Dulsky Watkins: Absolutely and I think you really can underscore that statement enough. We really are incredibly fortunate to have bipartisan support for the cutting edge work we are involved in. The legislation that you referred to that passed in 2006 was really landmark healthcare reform legislation. But the Vermont Blueprint for Health precedes that by a couple of years. It was kicked off by Governor Douglas and our former commissioner Paul Jarris, the commissioner of health in 2003. And, that was clearly a response to the overwhelming burden of chronic disease and related illnesses to ageing and obesity that appears still to this day to be very concerning in terms of the looming cost, in terms of human health and the financial impact. The program at the time was very much modelled on something called the Chronic Care Model which is designed by Dr. Ed Wagner out in Seattle at the MacColl Institute in the

University of Washington. And that's a holistic approach to health looking at a person who not only goes to the doctor's office but actually lives at home and works and lives in the community and goes to school or goes to church I mean this is a very comprehensive look at a person who lives in their world. And how do you support people staying well if they are well or certainly not getting secure if they are unfortunate enough to have a chronic disease. And so what the information that you need about what happened to the doctor's office is only one part of that. What happens when you get home, what kind of opportunities do you have to make choices that will keep you well. While we were focused on chronic disease specifically diabetes but other chronic diseases initially that has changed very significantly over the last several years guided by the legislature and the governor as well whose work is going on here at the department of health. So we really are much more about prevention, health maintenance, comprehensive approach to people's health and wellness and not just about chronic disease.

Margaret Flinter: We are big fans of Dr. Wagner's chronic care models and certainly appreciate that benefit it provides, but you know, one of the things that's really striking about the work that you have done in Vermont is that while clearly the incidents of chronic disease and particularly diabetes and the cost associated with that and the suffering was a major motivator for you all. You seem to have accomplished something quite remarkable which is to bring together the public health people and the private practice people in a joint goal towards making an impact there. Can you tell us a little bit more about that partnership?

Dr. Lisa Dulsky Watkins: It has always been the case with the Blueprint being here at the department of health. In state government that we have reached out and had to establish very strong working relationships with many areas in the private sector. And that includes the University of Vermont which actually is a public school but really you know is not state government are various colleagues in the insurance industry both in the private insurance career role as well as Vermont Medicaid and also with obviously all the people who provide care. We have really had it remarkable opportunity perhaps because Vermont is a small place and people tend to know each other, not everybody obviously but there is an intimacy in being in a relatively small environment that allows four people to literally be at the same table at meetings, you know so there are opportunities we are very lucky on some level that we had that in place.

Mark Masselli: Today we are speaking with Dr. Lisa Dulsky Watkins, Associate Director of the Vermont Blueprint for Health program. Little curious about how your progress has been made on Health IT across the board. You have been working on establishing central registry for patient records. What kind of infrastructure needs to be in place first established this as well as the expansion of the electronic medical record and what kind of challenges are you facing now in anticipation of the meaningful use standards being set up by the office of the national coordinator.

Margaret Flinter: I think I can safely say that IT has been one of our greatest challenges and I think there are multiple reasons for that. One is that pure and simple the cost of any sort of transition to an electronic or medical record or to the use of a as you mentioned a centralized registry, which I can describe in some detail has, it's a big change in terms of our practice functions and it's a huge undertaking in terms of cost. Vermont has been seeking out and fortunate in some decisions that have been made at the legislative level as well as I think very deservedly receiving significant funding for the implementation both at the registry and the electronic medical record in practices around states. I think that we have had tremendous partners in many different parts of the states in terms of the practices in hospitals and we have a non-profit organization called the Vermont Information Technology Leaders that has really taken the lead in creating a health information exchange, structure that is starting to be used and working as partners with us as we try to move this ahead both for individual practitioners as well as for the state.

Mark Masseli: Sounds like not everyone is leaping though.

Dr. Lisa Dulsky Watkins: There is tremendous interest. If you had looked back two years ago, you would have seen something like 11% or 13% of primary care practices in the State of Vermont using electronic medical record. That number is much, much higher now and that's not even counting practices that are in transition. You know we are looking at more like 40% to 50%. It's a huge change and I do think that is a function of interest of some very enticing programs that actually are you know grant to practices to both purchase electronic medical records and also to have the support that they need in terms of practice transformation and IT support plain and simple who do you call from the help desk.

Margaret Flinter: Yeah right, exactly, and we are expecting over the next year or two as the office of the national coordinator releases funds at that rate of acceleration is going to speed up even more which is a good thing.

Dr. Lisa Dulsky Watkins: Absolutely but you need people on the ground who really hand troubleshoot, not just technically too. I mean I couldn't emphasize enough the need for support for practices looking at their processes, looking at their workflow, looking at how they interact with each other and with their patient.

Margaret Flinter: One of the things we were curious about is that Vermont is one of not so large number of states that's been successful in getting the insurance companies, the payers to the table paying for some of these reforms at the practice level and when I say payers in Vermont that includes Medicaid as well, correct. So I think a big challenge from beginning was getting the payers on board and we would assume that they were interested in better care but certainly

interested in controlling cost. Any early data on whether they have seen a realization of return on that investment?

Dr. Lisa Dulsky Watkins: We do not have hard numbers to state whether or not there has been a return on the investment in infrastructure of the Blueprint. That will be available in the next 6 to 12 months and we have a tremendous resource that we are just starting to be able to pull reports from which is a multipayer claims database that allows us to actually flag the patients who are involved in our integrated patients in a Medical Home Pilot and compare them to matched cohorts in other practices.

Mark Masselli: Now, are you practicing physician right now?

Dr. Lisa Dulsky Watkins: I am not in practice right now. I am a general pediatrician and I was in practice for ten years.

Mark Masselli: And how are your colleagues embracing this model as it rolls out? What are you hearing directly from them? What's their reaction in the communities not only from the providers but their medical staffs as well as you roll this out?

Dr. Lisa Dulsky Watkins: Well, I think first of all you have to be careful not to make generalization, certainly there is a spectrum of opinion but overall I would say you have tremendous interest and enthusiasm for this type of work. People who have been in primary care have been feeling like they are on hamster wheel. They get paid for the perverse incentive of seeing as many patients as possible. And people understandably were in practice and not just the physicians but people who are in the practice and work in the practice which is a multi-disciplinary team by definition are very interested in both taking better care of patients as well as being compensated more fairly and compensated for the things that really do matter in terms of keeping people well such as patient education, self-management opportunities, coordination of services so that you don’t have redundancy.

Mark Masselli: Does that really fall under the sort of Patient Centered Medical Home Concept that’s both supported in the current federal legislation? Medicare is now doing, starting some demonstration projects on it. Are you using some of that in terms of reimbursement or the private companies in Vermont using that model for reimbursement that sort of gets away from just the productivity based model but more really around outcomes?

Dr. Lisa Dulsky Watkins: We have, based on the recognition of scoring if you will from NCQA, established a patient centered medical home there if you will of each of our pilot practices. And our insurers are covering per attributed patient in each of these practice a certain amount of money per month based on that score, so it's like a multiplication factor. So it really is paying for the quality of the

services that are delivered, the experience that the patient will have, not the number of patients that were seen but the patients that are actually in the practice. It's a very different model and it's also in star contrast to a more traditional pay for performance mechanism, which is saying okay how you know perfect can you get these blood tests, which of course doesn't take into account all the other human factors that have nothing to do with you know the actual number.

Margaret Flinter: You know doctor one of the innovations that I think is being watched most closely in Vermont because it's so applicable across the country to communities where you largely have physicians and other healthcare providers and small independent practices of one or two or three people is the development of this community health teams that can serve a number of practices and sort of share that resource. Do you think that that is a sustainable model? Has that been a particularly successful effort in Vermont and something that the rest of the country can build upon?

Dr. Lisa Dulsky Watkins: Right. I completely agree with that, yes. And it's actually my favorite part of the program I have to say. The teams are, as I said, multi-disciplinary. They are locally based. Every insurer in the country including Vermont Medicaid has a telephone type of service that is a Remote Disease Management Program. In Vermont, and I suspect this is probably true in many other part of the country, people don't really want to be called at home by someone they don't know and ask personal question for their diabetes. People just don't like that sort of intrusion and it doesn't feel at all personal or may be a little too personal with that sort of the background. The teams are designed at the local level for people who work in the teams, work in the community in which they are providing service. And they are multi-disciplinary as I said, so you will typically have you know a nurse coordinator and a behavior health specialist, may be a dietician and you know there are all kinds of roles that people fill and those positions are paid for as a shared responsibility by the insurance companies as well as the state kicking in as if we were Medicare, at least for the pilot program.

Margaret Flinter: So now to get too deep into the details but this is really an area that I hear so much interest and excitement about, so who do this community health teams work for? They are not working for the practice, they are not working for the State of Vermont or are they?

Dr. Lisa Dulsky Watkins: The way the money has sort of funneled through is that they typically are working either for the hospital that is at the center of a hospital service area and in Vermont the state is divided into a 12 different hospital service areas or they might be working directly for the practice. The grant goes out to the community and then it gets spent the way the community wants to spend.

Mark Masselli: When you look around the country and the world, what do you see in terms of innovations that excite you and that our listeners at Conversations on Healthcare should keep an eye out for?

Dr. Lisa Dulsky Watkins: One of the opportunities we have had is to be part of the Institute for Healthcare Improvement's Triple Aim, which is an international organization. My personal bias around this is that the construction of multidisciplinary teams and as a link with community involvement and public health measures and programs that I think are badly under-utilized is where the key is. I think we are going to get to cost containment through prevention. I can get a lot of other issues around cost containment obviously in terms of utilization of expensive resources, but I really do believe that if people are baseline healthier and have access to important preventive services that we will be dealing with less morbidity and less bill population over time, it is not a quick fix and that's one of the very important take on messages around this whole process. We are not talking about savings that will happen in a 6, 12 or 24 month period. I do think it's going to take time.

Margaret Flinter: So excitement and patience both, today we have been speaking with Dr. Lisa Dulsky Watkins, Associate Director of Vermont Blueprint for Health, doctor thank you so much for joining us today.

Dr. Lisa Dulsky Watkins: You're quite welcome, thank you.

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

Margaret Flinter: This week's bright idea comes in response to a White House led challenge from the Community Health Data Initiative. The company MeYou Health recently released a new interactive game called Community Clash at the initiative launch earlier this summer. Community Clash is an online card game that picks cities against each other on the basis of public health data and it aims to teach people about their city's health and encourage them to take everyday action to create a healthier community. Chris Carter, General Manager at MeYou Health said they wanted to create a fun way for people to interact and get motivated.

Chris Carter: We designed Community Clash to really be for anybody who wants to engage with the health data as it pertains to their community. The real fun in the game comes from that comparison of your community to another community in the head to head clashes at the game.

Dr. Lisa Dulsky Watkins: The data used in the game combines information from Twitter conversations, the Community Health Data Initiative, the Healthways Well-Being Assessment and the Gallup-Healthways Well-Being Index. Side note, MeYou Health is a subsidiary of Healthways. To begin the game, a player selects

their city and a rival city to compare. Then four cards are randomly dealt per location, each card contains a datapoint for a Community Health Indicator such as obesity, smoking diabetes and homicides. The fifth card contains the Gallup Healthways Well-Being Index score for each city. A player can exchange up to two of the cards before play begins by reviewing a list of matrix and deciding which ones might improve their odds of winning in the clash. Players can also choose to use their own Well-Being score instead of their cities by completing a scientifically validated assessment. Community Clash provides several ways for different players to interact with one another as well, including comparing their personal Well-Being scorecards and sharing health related Twitter posts. In this technological age games like Community Clash are proving to be an increasingly effective way to communicate information by making complex public health data easier to understand and fun to access, MeYou Healths Community Clash card game is helping people learn about their city's health and find tangible ways to make themselves and the people around them healthier. Now that's a bright idea.

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

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

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