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

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, we celebrate our one-year anniversary this week here on Conversations and looking back it's been quite a run. I remember our first guest was Speaker of the House Nancy Pelosi. She was going to call in at 02:30 and guess what there was nobody here to record on that day but as it turned out she didn't call in for about another hour and our Radio Producer showed up so those were some of the early beginnings of it but we had a great run, we had wonderful people very dynamic speakers. Todd Park comes to mind who is just enthusiastic about fusing data and technology to improve America's healthcare and certainly Dr. Brent James at Intermountain Healthcare a great model of quality and efficiency.

Margaret Flinter: Oh we have certainly had a front row seat by talking to some of those interesting thinkers in healthcare today. And it has been a very exciting year with all of the pre and post health reform drama to say nothing of the actual legislation that we now have. And yet, Mark I was thinking this morning nothing happens in a vacuum, we can't look back at the first year of Conversations and celebrate Health Reform but that also being very aware of the lagging economy how many people are out of work, the environmental disaster in Louisiana and then ever increasing partisanship divide both in DC and it seems across the country which makes me think it's a very good thing that so much cost for optimism when I look at the next generation including that freshman class that just rolled into town in campus here at Wesleyan University.

Mark Masselli: And thanks to Health Reform, they can stay on their parents' insurance policy till their age 26 but hopefully they are gainfully employed and making the transformations that our country needs. Let's take a minute to point out some of the other benefits though that the reform legislation has and we will beginning to roll out essential feature of the bill was that patient's bill of rights prohibiting insurers from setting lifetime limits on coverage, banning insurance companies from denying coverage based on preexisting conditions preventing insurers from dropping coverage after patient get sick and requiring plans to cover a comprehensive preventative services. These five provisions take effect September 23rd.

Margaret Flinter: And the new figures released by the census bureau in its annual report support the need for these changes. The census is showing that the percentage of people living in the United States without a health insurance rose to 16.7% in 2009 now that's the highest raise since the census bureau began collecting data in 1987 and certainly goes along with the increased demand that we were seeing for primary care by the uninsured.

Mark Masselli: Well, lawmakers and interest groups took the figures as an opportunity to argue the law, democrats and the liker for expanding government and employer sponsored Health Reform. Republicans say that they have a better plan in mind. There is still a lot of confusion in unknowns about what the plan is going to do especially if republicans win control of the Congress.

Margaret Flinter: We will be hearing much more about this in the coming months. But let's tune now to our interview with today's guest, Dr. James Weinstein, Director of the Dartmouth Institute for Health Policy and Clinical Practice. He is also the President of the Dartmouth Hitchcock Clinic and the co-founder of the New Dartmouth Center for the Science of Health Care Delivery. Dartmouth has made important contributions to health reform and innovation. It's best known perhaps the Dartmouth Atlas Project and we will be talking with Dr. Weinstein about that and also about much more.

Mark Masselli: We are happy you can join today but no matter what the story, you can hear all of our shows on our website www.chcradio.com. You can subscribe to iTunes to get our show regularly downloaded or if you would like to hang onto our every word and read a transcript of one of our shows, come visit us at www.chcradio.com. You can become a fan of Conversations on Healthcare on Facebook and also follow us on Twitter. We are also happy to announce that Connecticut Station WNHU 88.7 FM in West Haven will broadcast our show on Mondays at 2:00 p.m.

Margaret Flinter: And as always if you have feedback email us at chcradio.com. We love to hear from you. Now before we speak with Dr. Weinstein let's check in with our producer Loren Bonner for the headline news.

Loren Bonner: I am Loren Bonner with this week's headline news. Newly released figures from the census bureau are proving to be a prime opportunity for the Obama Administration to sell the healthcare bill and tout some of the new benefits that kick in this week. The percentage of people living in the US without health insurance rose to 16.7%. In 2009 the highest rate since the census bureau began collecting data in 1987, according to the report released last Thursday. Health secretary Kathleen Sebelius in an interview on C-Span says that the economy has taken a huge toll on uninsured Americans and she says this underscores how important the bill was to enact this year.

Kathleen Sebelius: I think it makes it more important than ever that we rebuild this market. There are some provisions in place to stabilize the current market, to provide some help to employers and to early retiree plans, to keep coverage in place and then a new market by 2014.

Loren Bonner: As a series of tough insurance restrictions going to effect September 23rd for new health plans the Obama administration will use every platform available to communicate them. And to arbitrary recessions, lifetime

limits on coverage and preexisting conditions for kids among them. Hundreds of events across the country are being organized to market the 6-month anniversary of the law. Following secretary Sebelius's declaration last week of the zero tolerance for insurers falsely blaming premium increases for 2011 on the patient protections in the Affordable Care Act several senate democrats send letters to 5 insurance companies warning them against telling consumers their rates are going up because of the new mandates in the healthcare law. State regulators have said that some insurers seem to be guessing at the additional costs. The most closely watched legal challenge facing the healthcare law went before a federal judge in Florida last week. 20 states and an influential small business group are challenging the constitutionality of the mandate over coverage. Judge Robert Vincent indicated that he would allow parts of the lawsuit to proceed, which parts are not yet specified. The hearings and oral arguments and the motion for summery judgment will be held on December 16th.

Margaret Flinter: This week on Conversations on Healthcare we are looking at how academic research has influenced healthcare reform. Dartmouth College has been a leader on this front most notably with its findings from the Dartmouth Atlas Project which maps geographic variations and care and the cost for Medicare recipients across the country. A new report from the Dartmouth Atlas maybe worth considering as we move toward a healthcare delivery system focused on primary care. The findings in the Dartmouth report show that neither higher amounts of primary care services nor making sure patients routinely see a primary care clinician is by itself a guarantee that a patient will get recommended care or better outcomes. The research also finds that patients access to primary care, a quality of overall care and the likelihood of hospitalization very greatly in different locations. In other words where patients live has a great influence on the care they receive than the color of their skin. The authors of the report note that despite the importance of primary care access is not enough to guarantee high quality care. Achieving this requires better coordination between specialists and hospitals. If you want to check out or download the new report, go to our show web page chcradio.com. Let's turn now to our interview with Dr. James Weinstein who can tell us more about how Dartmouth is reforming and innovating healthcare delivery.

(**Music**)

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with Dr. James Weinstein, Director of the Dartmouth Institute for Health Policy and Clinical Practice, home to the Dartmouth Atlas. He is also a president of the Dartmouth Hitchcock Clinic and co-founder of the new Dartmouth Center for the Science of Healthcare Delivery, welcome. Dartmouth College has been a leader in the healthcare reform and innovation and particular with research that has stemmed from the Dartmouth Atlas, set of studies that maps geographic variations and how US regions and cities vary in care in cost for Medicare

recipients, what role in advancing or informing healthcare reform has the institute for health policy and clinical practices home to the Atlas plate.

James Weinstein: I think it's been significant Mark. The Dartmouth Atlas work the Jacqueline work started back in the 1970s. It really shined a light on this idea of variation and practice. It's really enigmatic, meaning it's really puzzling to people that think that healthcare knows exactly what it's doing and if you are going to your doctor that they are the best doctor and you get the best care and you know I think the work of the Dartmouth Atlas really so that's not true. It's hard to grab that, because people have great faith in the health profession as I think they should but it's an industry that hasn't had the measurement and the feedback at a public level in a transparent way.

Margaret Flinter: Well Dr. Weinstein, it's certainly was clear during the debates and health reform that the findings of the Atlas really became quite influential and we understand that the New Yorker article writer by Dr. Atul Gawande that heavily referenced the Atlas findings even became required reading for the White House during the debate. And as a result I understand the administration his promise to ask the institute of medicine to consider ways of putting the findings into action in some way and the one suggested method is to actually set payment rates that would reward efficient hospitals, hospitals that really had a handle on this cost care balance. What's the status of putting this into action and what do you see is I am sure there are some big challenges there. But what do you see is the challenges and obstacles to using the findings to really drive change?

James Weinstein: Living in both worlds as I do as a researcher in running a hospital system, I understand the complexities of actually trying to make reality out of what the institute shows and puts forward. I don't know that there are really any obstacles. I think what the Institute of Medicine's challenge will be to say what is value-based medicine. And then of course when there is money involved it's always sensitive or politics involved. It's sensitive about how that affects me or my state, and we know that from the Dartmouth Atlas that for example, there is a 2½-fold difference across United States and just rates of reimbursement by Medicare. Is that really fair and some people would say well it costs more to live in my state. But these things are adjusted for cost in states. The hope is that, that the Dartmouth Atlas will at least be core information, it has shine the light on where we have opportunities and that the institute of medicine with great minds will use that information in ways to try to layout strategies around what we hope will become a value based payment system.

Mark Masselli: You co-founded with President Kim the new Dartmouth Center for The Science of Healthcare Delivery, which promises I think to bring some real new energy and to identifying strategies for healthcare transformation. What's a mission of the new center and can you share with our listeners some of the initial priority projects with the center?

Dr. James Weinstein: I think the Dartmouth with Dr. Weinberg we have invented and started the evaluative sciences and looked at you know national data through the Dartmouth Atlas but there is not been the science of healthcare delivery. We know about the genes, we know about the drugs, we know about the variation, how do we actually implement the change in a healthcare system more broadly. Dr. Kim and I believe that this is really an opportunity for the nation much like the National Cancer Centers that were started years ago that took on the tremendous problem with cancer in our nation and we would like to see 40 centers of healthcare delivery science across the country, supported by federal dollars at least in part just started to take on how do we actually deliver the best diabetic care, how do we actually deliver the best breast cancer care. We have one diabetic program that really works nationally from Utah with Brent James, why aren't we doing that nationally as a nation. Well you know Dr. Kim is famous for his work outside United States in tuberculosis and AIDS, where people said you know you can't treat drug resistant TB etc. The fact of the matter is that Paul Farmer and Jim did that in countries with a lot less resources than we have and a lot cheaper. We actually believe that we should take the lessons from those kinds of work that German Paul did and bring him to United States, things don't have to cost a lot of money to do well. Let's do the case study and see how we do that in United States for the best price in the most sufficient way and replicate that across the country.

Margaret Flinter: Well that is a very exciting, thrilling I would say agenda and we look forward to participating in some of that with you and thank you for mentioning Dr. Brent James because I was just about to mention it to you, Dr. James the Chief Quality Officer at Intermountain Healthcare is someone that we have spoken to about putting into practice Shared Decision Making, and you of course founded, I believe the first in a country center for Shared Decision Making back in 1999 and as Dr. James share with our listeners the benefits of Shared Decision Making which involves presenting patients with the pros and the cons of all the viable choices of treatments really promises a new level of involving patients in their healthcare decision making, how do you see this model evolving across the country and in particular we are curious are you seeing it carried into the area of end of life care which certainly wasn't incredibly galvanizing issue throughout the healthcare reform debates.

Dr. James Weinstein: My belief in opening that center in 1999 was that we haven't had the right people involved in decisions of healthcare all the time and specifically the patient. It should be about the patient and their beliefs and their values and what we have learned over the years in many, many studies now, where patients are well informed by an independent source without conflict, patients make really good decisions about their healthcare and often times choose the lesson which has just effective treatment as opposed to the more expensive and may be not as effective treatment. Of course doctors talk to their patients. But the notion that we have actually studied this for years now and found that about 30% of patients on average when given this kind of independent

information make a different decision than they do if they are just talking to their doctor makes me think. And the reason why we started this center that there is tremendous opportunity here. What's the solution? The doctors are worried about taking away their autonomy, people are worried about reimbursements. The end of life issues you mentioned people are worried that people are going to keep them from having the treatments that they need to sustain their life for a longer period of time, when in fact when they are well informed they would choose not to die in a hospital, they would choose to be home with their loved ones. They would choose not to be in intensive care unit having multiple tests to prolong their life for a matter of weeks to months as opposed to being with their loved ones and dying at home. End of life is a very expensive part of our healthcare system and it's not just dollars and cents it's what it does to families and their loved ones. We need to allow patients who are sharing these decisions about things that matter to them most, their health.

Mark Masseli: Today we are speaking with Dr. James Weinstein, Director of the Dartmouth Institute for Health Policy and Clinical Practice, President of the Dartmouth-Hitchcock Clinic and cofounder of the New Dartmouth Center for the Science Healthcare Delivery, should also note since you were talking about spinal surgery that you were also the founder of the Spine Center at Dartmouth-Hitchcock. You know few weeks ago we were talking with Dr. Fitzhugh Mullan about our country's effort to train the next generation of healthcare providers to meet the evolving demands of the American population. And he spoke about the many new innovations in medical education. Can you tell us what's new at Dartmouth around training the next generation and are you seeing a difference in the focus of new medical students and maybe juxtapose that against your own days as a student?

Dr. James Weinstein: Mark, I think the notion of training the next generation of physicians is extremely challenging but extremely exciting. There is so much to know today in medicine, the breadth and depth of knowledge is growing exponentially compared to when I was a medical student. And yet at Dartmouth I get like really excited about what we are going to be doing in that domain. We are going to be looking at maybe a prolonged undergraduate experience and a different medical school experience. We believe the Liberal Arts are extremely important. We believe that we haven't taken advantage as I was suggesting before in our new center for healthcare delivery that we haven't taken advantage of engineering science as the business school sciences. We are going to look for students who have a passion to change the world and we are going to empower them with curricula that not just focused on the traditional basic sciences and clinical science, it's not enough to understand the mechanisms of the scientific cycles of the cells or what drugs and how they work, but how do we actually use your decision making with patients in a clinical practice, what kind of Electronic Health Record systems need to be in place to help the patient through this maze of healthcare that patients often get overwhelmed with. How do we engage their families and their communities?

Margaret Flinter: Well Dr. Weinstein, I think one way in which you are already making a great contribution, particularly to people already out there practicing in the field whether in primary care or in the hospital is through the Green Books on Clinical Microsystem Redesign. Now, that might not be a familiar term to a lot of people but these are series of workbooks that provide as you say tools and methods that busy clinical teams can use to improve the quality of and the value of patient care as well as the work-life of the staff who contribute to that care. And I thought the comment on your website was particularly important. It says absent the intelligent and dedicated improvement work by all staff and all units, quality efficiency and pride in work will not be made or sustained. So the workbook sound like just that practical primers and how people practicing today making sustained change. Can you just share with us a little bit about how you see the Green Book helping practices to provide exceptional care and are you helping them measure their improvement as well?

Dr. James Weinstein: Absolutely Margaret, the work by Paul Batalden and Eugene Nelson and Mark Splaine and others in our organization have really been leaders nationally in this notion of microsystem change where we actually bring to bear all of the disciplines to manage patients care. People need to work at the top of their license whether it's a nurse, secretary, a nurse practitioner, physician etc to coordinate the care for that patient in the most effective, efficient way. And the Green Book asks people to understand their work within the context of a whole in the management and to streamline that work to become the most highly-valued, low-cost delivery system.

Mark Masselli: Dr. Weinstein, you have a great global view of the healthcare transformations going on. What do you see in terms of innovations and who should our listeners at conversations be keeping an eye on.

Dr. James Weinstein: One of the things I wanted to mention about a program that Dr. Kim and myself are hoping that we will begin in July of 2011 here at Dartmouth is very exciting. Dartmouth for the first time in its history will offer a distance learning degree from Dartmouth College in healthcare delivery science. It will be a synchronous and asynchronous learning experience meaning that participants in the program will visit campus four times during the 18 months period but most of the learning will occur back in their home state, their home city, their home country. This will be an international project which we will provide the tools and the knowledge that we have learned over the years to try to spread it nationally.

Margaret Flinter: Today we have been speaking with Dr. James Weinstein, Director of the Dartmouth Institute for Health Policy and Clinical Practice, President of the Dartmouth-Hitchcock Clinic, and co-founder of the New Dartmouth Center for the science of healthcare delivery. Dr. Weinstein, thank you so much for joining us today on Conversations.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities in everyday lives. This week's bright idea focuses on a new project to combat obesity in several cities across the United States. Armed with the new findings from a study that links community violence with obesity rates and other chronic illnesses, the Prevention Institute has partnered with local organizations in six of the most at-risk cities in the country, Chula Vista, California, Denver, Colorado, Detroit, Michigan, Louisville, Kentucky and Oakland, California as well as Philadelphia, Pennsylvania are part of a six-month pilot project starting in January 2011. The project is run by the Oakland-based Prevention Institute and is aimed at improving community health through violence prevention by encouraging collaboration from many community partners, ensuring adequate funding for initiatives and developing a multi-faceted plan, with the goal of creating safe spaces and promoting community development and social occasion. Reducing violence in these communities will help make them healthier places to live in a variety of ways. When residents feel safe in their neighborhood they are more likely to spend time outdoors and exercise regularly which further improves neighborhood safety and health. In addition to facilitating physical activity, reduced crime rates will also attract new businesses to the area, including the full service groceries that many of these communities lack. Residents' access to fresh fruits and vegetables they need to keep their family healthy will expand due to the increased number of local grocery stores and the reduced anxiety of residents feel when walking through their neighborhoods to the local store. To find out more information about this project go to www.preventioninstitute.org. By working to improve neighborhood safety, this pilot project will make regular exercise and healthy diet a realistic option for residents and these crucial lifestyle changes will go a long way to reducing obesity in cities across the country. 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.

Conversations on Healthcare broadcast from the campus of Wesleyan University at WESU streaming live at wesufm.org and brought to you by the community health center.