(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, it's our one-month anniversary.

Margaret Flinter: It really has gone by quickly and it's been a lot of fun and hopefully very informative.

Mark Masselli: I find the conversations we are having with health care innovators having me go back and rethink some of the ways we are providing care at the health center.

Margaret Flinter: You are right. And on so many different many levels it really is about the innovations that are transforming the way we deliver care. You can just feel the profound effect that these redesigns are having from reducing wait times to changing the way we think about treating patients all improving the quality of the care we give and we receive.

Mark Masselli: I am very excited about this but I am still restless about the time it takes to find out about these changes. Hopefully, we are adding to the body of knowledge for providers and consumers about better ways to care for our community.

Margaret Flinter: Well, we are trying, and we could not do this without the help of our producer Lucy Nalpathanchil.

Mark Masselli: Thanks Lucy. One of the high points of doing this show is hearing from listeners from all over the country.

Margaret Flinter: After our Centering Pregnancy show a few weeks back, we heard from architect Robert Olsen in Boston. He said that that particular show gave him some design ideas. We are happy to hear this show is inspiring people both in and outside of health care.

We also heard from David Willett from Austin, Texas who says he has been enjoying our podcast at www.chc1.com. David wrote in after hearing our discussion with Dr. Mark Murray who helped create Advanced Access a radical redesign of patient scheduling. David said the timing of

this show was perfect as his community health center has been implementing the Advanced Access approach across 21 sites. He also gave us some good ideas for future shows, thanks David.

Margaret Flinter: And an update, we are working on our own Conversations on Health Care website. It will have audio of past shows, information on guests, our own blog; Mark is pretty excited about that one.

Mark Masselli: I am.

Margaret Flinter: And pictures and links to topics we have covered about health care in this country. In the meantime, please send your comments to conversations@chc1.com.

Mark Masselli: Today, we are honored to speak with Dr. David Blumenthal, National Coordinator for Health Information Technology. He will bring up to speed on the exciting innovations in Health IT that have the potential to improve our nation's health care system. We will also take a look at the evolution of Telehealth, a new way to connect a patient with their provider.

Margaret Flinter: But first, here is a look at health care headlines from our producer Lucy Nalpathanchil.

Lucy Nalpathanchil: I am Lucy Nalpathanchil with this week's headline news. The health care reform debate in the senate is in the hands of Majority Leader Harry Reid for now. He is working behind the scenes to merge last week's senate finance bill with another bill approved this past summer by the Senate Health, Education and Labor Committee. Questions remain whether the government-run health insurance plan or public option will be included in the merger or if senators will offer up amendments on the floor. There are several variations of public options on the table that include creating a national plan only if other plans approved by the Congress fail to expand coverage. Another is allowing states to opt into a government-run plan or create their own. In his weekly address, President Barack Obama says he doesn't want Congress to lose sight of an important goal.

President Barack Obama: For the first time ever, all five committees in Congress responsible for health reform have passed a version of legislation. We are closer to reforming the health care system than we have ever been in history.

Lucy Nalpathanchil: As Congress continues to debate, a new Washington Post-ABC News Poll shows support among the public has grown for a government-run health plan. The poll shows 57% support the public option, this support has risen since mid August when just 52% favored the plan. The numbers jumped to 76%. If Congress allows states to run a public option for those who lack affordable private options, the recent poll also shows 56% favor a mandate requiring all Americans to carry health insurance. Meanwhile Speaker of the House Nancy Pelosi is working with her members to merge three committee bills whether reform is a bipartisan effort remains to be seen. So far, only two Republicans, Maine Senators, Olympia Snowe and Susan Collins, have shown they are open to supporting reform legislation. Senator Snowe was the lone GOP member in the Finance Committee to approve its bill. Senator Collins has indicated she is open to voting for a final bill as long as it lowers insurance cost for all Americans. The President says he is hopeful Congress will look past special interest groups who are paying for TV Ads and reports as law makers continue their work.

President Barack Obama: Every time we get close to passing reform, the insurance companies produce these phony studies as a prescription and say take one of these and call us in a decade, well not this time. The insurance industry is making this last ditch effort to stop reform even as cost continue to rise and our health care dollars continue to be poured into their profits.

Lucy Nalpathanchil: Majority Leader Reid has indicated the full senate will meet by the end of the month.

(Music)

Lucy Nalpathanchil: This week, we are exploring Health Information Technology or HIT. The term encompasses a lot. The US Department of Health & Human Services defines HIT as a comprehensive management of medical information in a secure manner between health care consumers and providers. And HIT can help providers reach positive outcomes like efficiency of care, a reduction of cost and an expansion of access to affordable care. One technology that fits this description is Telehealth. Telehealth is the use of electronic and telecommunications technologies to support long distance care. Dr. Jay Sanders, President and CEO of Global Telemedicine Group, a health care consulting firm in Georgia, helped to find Telehealth more than 30 years ago. He says many have called him the Father of Telehealth but he gives all the credit to Dr.

Kenneth Bird, a professor of Sanders during his residency at Massachusetts General Hospital. Dr. Bird envisioned a way to reach his patients faster and avoid traffic from busy downtown Boston to his office near the airport.

Jay Sanders: He said Jay, what do you think of my idea. I am going to put up a microwave link between the hospital and airport and I am going to put in some TV cameras and I am going to start examining patients over TV. What do you think?

Lucy Nalpathanchil: The idea hooked Dr. Sanders and he found himself helping his professor create a Telehealth program. Later, he took the Telehealth idea to the correctional system when he was awarded a grant from the National Science Foundation which wanted him to explore ways to improve health care access for prison inmates but he found his niche in Georgia when the Governor at the time asked him to create a statewide Telehealth program to reach Georgia's most rural residents.

Jay Sanders: We got a grant to develop the first technology to go into a patient's home, to be able to examine them right in their living room; we called it the electronic house call.

Lucy Nalpathanchil: The technology was an interactive platform created to exist on a channel made available by the local cable company. Patients and providers could see each other in real-time using video cameras so the doctor or nurse could prompt them to use medical devices linked to the program like an electronic stethoscope. Sanders says the Georgia program became the model for other states and is what started the Telehealth Industry. He says since then Telehealth has evolved beyond just connecting doctors with patients who live in remote areas. One of the specialties that picked up on Telehealth was radiology. Dr. Timothy Myers, Chief Medical Officer for Nighthawk Radiology, a 24X7 offsite radiology service says technological improvements like taking X-rays and scans or film and transferring them to electronic images changed the specialty.

Dr. Timothy Myers: So Nighthawk had its focus to support radiology groups in those hours that they could not cover or had difficulty covering. Those hours were typically the evening hours, the overnight hours and many times weekend hours with the increase in requirements in medicine in general to have 24X7 coverage and standard of care levels that were the same regardless of whether or not it was 2 o'clock in the morning or 2 o'clock in the afternoon.

Lucy Nalpathanchil: Nighthawk radiologists view the X-rays or scans over the Internet. The images are either sent to a Nighthawk Remote Center or to the radiologist's home computer. Dr. Myers says this ability to connect doctors in emergency rooms with radiologists on call or around the country helps improve the care patients receive.

Dr. Timothy Myers: While we have maintained the ability to get images across the Internet as that ability and speed has increased, the number of images have also increased making the diagnosis that we are getting back to the physician at the site even better because we are seeing a lot more and we are seeing it more accurately.

Lucy Nalpathanchil: 15 years ago a slower Internet connection lengthened the time it took to transmit images; Dr. Myers says it took up to two hours. Today, he says the time it takes for a Nighthawk radiologist to receive, review and communicate back to emergency doctors is 16 minutes on average. He adds future technological advancements will only further improve an already efficient specialty. Dr. Myers recounts a story about a colleague who was in China and was able to use his iPhone in a practical way.

Dr. Timothy Myers: And so they were able to transmit the images to him to get him to look at them so that he could consult on the case and get the patient treated appropriately. That was beyond belief up until just two years ago really.

Lucy Nalpathanchil: Telehealth isn't limited to connecting providers with patients, Telehealth is also the sharing of educational knowledge remotely. So, to improve access to quality health care at Johns Hopkins Medicine International in Baltimore Maryland, technology is being used to connect medical educators and researchers with clinicians worldwide. Alexander Nason, Director of Telehealth at JHMI says the organization uses video conferencing units and the Internet to deliver lectures by Hopkins faculty complete with question and answer sessions.

Alexander Nason: It will be talking head usually with a Powerpoint included in that and it will be live transmission to a hospital in most corners of the world at this point. What I am trying to do is build relationships and build these relationships between providers around the world and video conferencing is just another tool to use there.

Lucy Nalpathanchil: Nason says not all communities around the world may have the same technology available in Baltimore. If that's the case, they craft the information session using what technology is available in the local community. Nason says in the future the organization is looking to further promote itself through mobile phone platforms.

Alexander Nason: Devices like the iPhone are making it available to bring in both audio and content. I still hesitate about the live video just yet but I think it's going to happen eventually where an individual could be synced up through their wireless networks and we able to receive content in an audio and let's say a Powerpoint coming to your phone and then watch it as you are traveling.

Lucy Nalpathanchil: So who pays for Telehealth? Dr. Jay Sanders of Global Telemedicine Group says federal and private foundation grants have enabled Telehealth to grow over the years but now insurers like United Healthcare are taking the technology seriously.

Jay Sanders: With 70 million enrollees in partnership with Cisco said that they are going to develop nationwide telehealth networks. Number 2, they signed a contract a few months ago with a company in Boston called American Well that allows all of their enrollees to use a web cam and to be able to seen by a physician wherever they are whether they are at home or at work.

Lucy Nalpathanchil: With this new technology changing how providers see their patients it's natural to wonder how developments are tracked and who has oversight of the newest telehealth applications and growth of electronic medical records. To learn more about this, Mark and Margaret spoke with Dr. David Blumenthal, President Obama's National Coordinator for Health Information Technology.

Margaret Flinter: Welcome Dr. Blumenthal.

Dr. David Blumenthal: It's great to be here.

Margaret Flinter: You were appointed by President Obama earlier this year to lead the effort to bring America's health care system into the 21st century including getting all health care providers onboard with using electronic medical records. It seems that some of the drive for this has to come from the patients. Do you feel that public is aware of the benefits of HIT or is this something that we still need to get the word out on?

Dr. David Blumenthal: Since computers are ever present in the lives of Americans, I think they are generally sympathetic to the idea that their doctors should have the benefit of electronic technology to gather and process their personal health information. Most Americans believe that their physicians actually have the benefit of computers already and I think many would be surprised to know that the kinds of technology that they get take for granted in their banking and in their making of travel reservations or in their Facebook encounters are not yet used by most hospitals and physicians to get the best out of their personal health information.

Mark Masselli: That's a very good point. A survey of US Hospitals use of electronic health records published this spring in the New England Journal of Medicine concluded the very low levels of adoption of electronic health records in US Hospitals suggest that policymakers face substantial obstacles to the achievement of health information technology. Tell us about these obstacles.

Dr. David Blumenthal: The first obstacle is cost. These are expensive systems especially for small and medium size hospitals and for hospitals that are stressed financially. And they are also very difficult investments for small physician practices and solo practitioners and for those particularly like primary care physicians who don't make much money in their regular practice. The second issue is kind of a combination of logistics and technology. It's complicated to set up so many systems just like most people need some technical support in getting their own computers set up at home and keeping them running. You need those in hospitals and in physician offices and it's a little scary to be dependent on these kinds of systems. Every physician's nightmare is that their waiting room is full, they are packed up, they are running an hour late and their computers goes down and what do they do then especially if they are really using that computer. So, getting people, the individual physicians and getting hospitals some technical logistical support is really important as well. I think those are the two major issues that are in the way of a much wider spread of this technology.

Margaret Flinter: Dr. Blumenthal, it sounds like you and your office are right in touch with the concerns of providers. One of the exciting innovations that we have been hearing about is that the government is funding the Department of Regional IT Extension Centers around the country sort of like the agricultural extension centers that we are quite familiar with and their charge is specifically to help those local

communities and practices get up and running with electronic health records. Can you tell us about your expectations for that program?

Dr. David Blumenthal: Well you are exactly right. We announced in August that we were going to be making almost $700 million available to fund at least 70 of these regional extension centers around the country. They were modeled on the agricultural extension service which is 70 plus year old program that helps farmers stay in touch with the latest information about agriculture and the science of farming. And we think that that model which by the way was created by the Congress that that model makes a lot of sense in medicine. We are reviewing applications for them as we speak. We hope to have them up and running early even in the new year and we want to give them a year or so to work with physicians and hospitals locally in preparation for the availability of Medicare and Medicaid fund that will support the adoption and meaningful use of electronic health records.

Mark Masselli: This is Conversations in Health Care, we are speaking with Dr. David Blumenthal President Obama's National Coordinator for Health Information Technology. President Obama has said that he wants the nation's health IT infrastructure to be connected and not isolated. In lay terms, this will allow one medical practice to communicate with another. How is your office working to make sure this happens?

Dr. David Blumenthal: This is so important. I am a primary care physician, I was a practice for 30 years before I joined this office and one of the things that I found so valuable about the electronic record I used was that it enabled me to know what all the specialists that I was sending my patients to were doing with and for my patients so that I wasn't in the dark the way I used to be and I can answer their questions and make my plans accordingly. The way we are thinking about this has multiple approaches. First of all, we are and have been creating a model program for a nationwide health information exchange capability and basically it's analogous to the national highway system or the national railway system where you create a plan for linking all parts of the country together for those who want to travel or communicate using that system. So, that's one thing we are doing. And you don't actually have to create the system itself because the Internet exists and it creates that kind of system already but what we are trying to do is make sure that it's safe and secure and adapted to medical information. That's one point. And the other thing we have done is we have put almost $560 million on the table for state governments to plan the exchange of information within their jurisdictions.

Margaret Flinter: Let me turn Dr. Blumenthal for a moment to health care reform and the goal of reducing cost or at least bending that cost escalation curve. When you think about the issues care coordination, duplicate testing, managing chronic disease what's that relationship to healthcare information technology that's going to play a role in reducing cost there?

Dr. David Blumenthal: The absolute core to better and more efficient care is information. The analogy I like to use is that information is the life blood of medical practice and Information Technology is its circulatory system. If physicians and other health professionals depend almost completely on the quality of information they have in order to pick the right treatments at the right time for their patients, you can't be efficient unless you have the right information and you can't deliver high quality care unless you have the right information whether that information is from diagnostic tests or discharge summaries or the latest kind of patterns of care that another physician or patterns of symptoms that another physician has observed. That's really what makes care efficient and high quality. So we want to make sure that everyone knows everything that they can about a patient when they are seeing that patient.

Margaret Flinter: The national debate certainly has focused some on training, the healthcare provider workforce to deliver care but it sounds like we are also going to be looking for people who are really trained in health IT to support providers as we build this IT infrastructure. Is there a plan for this? Is this a growing field where we are going to need to train more people specifically to work in Health IT?

Dr. David Blumenthal: Yes. Congress actually directed my office to develop a program to support training of health information technology workforce. We are working on that program as we speak. We think there is a shortage of about 40,000 to 50,000 health information technology workers nationally right now and we think overtime the market will respond and produce more such people but in the short term to get that training process up and running that the Federal Government needs to provide a little pump priming. So we are working on that right now.

Mark Masselli: Dr. Blumenthal, Conversations on Health Care focuses on innovations in healthcare delivery. From your perspective, what innovation or person in healthcare technology excites you and that our listeners should keep an eye on?

Dr. David Blumenthal: When you read in the newspapers about the greater ability that we have to use handheld devices for example, to communicate with one another, the same opportunities exist potentially to link patients with their healthcare providers. And just as an example, the idea that one could use some of the mobile handheld devices that people now use to get information about flight status of their airlines or shopping opportunities, those could also be used to keep people informed about their health and to remind them of the tests and treatments that they need to get. So there are those kinds of technologically empowered ways of communicating with people and involving them in managing their own health, I think very terribly exciting.

Mark Masselli: We have been speaking with Dr. David Blumenthal, President Obama's National Coordinator of Health Information Technology. Dr. Blumenthal, thanks for speaking with us today.

Dr. David Blumenthal: You are very welcome.

(Music)

Mark Masselli: Each week Conversations on Health Care highlights a bright idea about how to make wellness a part of communities in everyday lives.

Margaret Flinter: This week, if you want to quit smoking, there is an app for that, Lucy.

Lucy Nalpathanchil: Quitting smoking can be difficult, there is no question about it. The Federal Centers for Disease Control and Prevention say millions of Americans try to quit, but relapses are common because of withdrawal symptoms like irritability, increased appetite and anxiety. What helps people succeed, support and now that kind of support is available right on your cell phone. MyQuitLine is free i-Phone application that links cell phone users to live counselors. It's help right at your fingertips, just by downloading the app on to your i-Phone. When the app is opened, a short message pops up informing the cell phone owner that free expert advice from counselors at the National Cancer Institute Quitline is just moments away. Then the i-Phone user can choose to hit a button that would call the National Quitline or another button that launches a browser to start a live chat session with the Quitline counselor. MyQuitLine is different from other apps because it's

linked to Quitline telephone counseling, a method used by many states as one important element to help people quit. What helps individuals succeed with Quitline counseling according to the CDC, counseling by telephone eliminates barriers and traditional cessation classes like having to wait to enroll in a class, MyQuitLine also appeals to people who want to get advice one on one instead of in a group setting. MyQuitLine was developed by a joint project of the George Washington School of Public Health, and the National Tobacco Cessation Collaborative. They were grant to use new media technologies to get people access to tools based on proven therapies. Interested in the MyQuitLine app, it's as easy as downloading the app from your i-Phone or going to iTunes.com. Increase in the number of people who succeed at quitting can decrease tobacco use as a leading cause of death and disease in the United States. Now that's a bright idea.

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

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

Lucy Nalpathanchil: 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.