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

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, we finally got to hear from Don Berwick, the newly appointed Director for Medicare and Medicaid. Although it was in the context of a grueling senate finance committee session, it was compelling to hear defend criticism about the new health law and denounce efforts to repeal it.

Margaret Flinter: Well Mark, Dr. Berwick is certainly no stranger to grueling conversations. He headed up our HR 00.28 _____ and tried to change the course of the entire healthcare system to make it more safe and of higher quality. And only an hour and half was allowed for the session by Max Baucus the Democrat from Montana, some republicans and democrats like, would have liked more time and there is still lingering resentment that the appointment of Dr. Berwick and his confirmation as Head of CMS was done in a recess appointment by President Obama which of course bypassed the Congress.

Mark Masselli: Oh that bypassing of the confirmation process never makes it easier. But Dr. Berwick is hard at work and he has already begun to apply some of his innovative ideas for making medical care more efficient and less expensive. CMS finally launched the innovation center. We have been hearing so much about before initial demonstration projects that focus on coordinating medical care beneficiary's care.

Margaret Flinter: And did you notice that that office now has a new Head, Dr. Richard Gilfillan, and I was not surprised at all that he comes out of the Geisinger System, served as its past president, he is a family physician by a profession. We have heard so much about the route to success in Health Reform being about integrating healthcare services and coordinating care for individual patients. No surprise he came out of the system that's really been a leader in that and I am looking forward to hearing more from him.

Mark Masselli: You are a fond of knowledge out there at Geisinger. Well now, let's turn to today's guest, Donna Shalala who is currently President of the University of Miami, but she also served in the Clinton Administration as their Secretary of Health and Human Services. President Shalala is no stranger to seeking out ways to improve America's healthcare system. She is also a Chair of the Robert Wood Johnson Foundation initiative on the future of nursing at the Institute of Medicine and we are happy she can join us today.

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

could become a fan of Conversations on Healthcare on Facebook and follow us on Twitter.

Mark Masselli: And as always if you have feedback email us at www.chcradio.com, we would love to hear from you. Before we speak with President Shalala, let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. The Department of Health and Human Services issued the long awaited regulations that spell out how much of the premium dollar insurers must spend on patient's healthcare also known as the Medical Loss Ratio. Starting in January 2011, the federal regulation will require health insurers to spend at least 80% of premiums on healthcare for individuals and those enrolled in small group plans and 85% for those enrolled in large group coverage. The new rules which followed the National Association of Insurance Commissioners' recommendations will prevent insurers wasting valuable premiums on overhead, marketing and executive bonuses. Nancy Ann-DeParle, Director of the White House Office of Health Reform says there is even more good news here for consumers.

Nancy Ann-DeParle: This will be transparent. You will know it will be public. You will know how much of your premium dollars your insurance company is spending towards your healthcare.

Loren Bonner: Insurance companies that do not meet the Medical Loss Ratio standard will be required to provide rebates to their consumers starting in 2012. The Department of Health also announced that it's putting 290 more dollars into the National Health Service Corps, the program that helps primary care clinicians pay off student loans in exchange for two years of service in underserved areas. The expansion is projected to allow 11,000 and more primary care providers to participate. Right before the Thanksgiving Holiday Recess senators agreed on extending the current medicare physician payment rates in an effort overt at 23% cut in Medicare provider reimbursement scheduled for December 1st. The measure represents a unanimous agreement negotiated by Democrat Max Baucus and Republican Charles Grassley. Senator Baucus and Senator Grassley said the one month extension would provide time for Congress to work at a deal on a longer extension in December. They said they are working to secure "a mutually agreeable way to pay for the year long cost of the physician formula as well as other extenders." The measure now goes to the house which is scheduled to take it up after the Thanksgiving Recess.

This week on Conversations, we are looking to the role nurses play in the future of healthcare. At three million strong, the nursing workforce has the potential to significantly improve the quality of healthcare and Americans access to it. The Robert Wood Johnson Foundation and the Institute of Medicine published a new report on this very subject. One aspect of the report focuses on the role nurses

play in primary care managing chronic disease particularly in high risk underserved populations. One challenge for healthcare today is to adequately care for an aging population with chronic disease. This challenge comes beside a primary care workforce shortage and the high cost of chronic disease which accounts for more than 75% of annual healthcare costs nationally. Five nurse-led innovations aimed at better managing chronic care are highlighted in a section called Transformation Models of Nursing Across Different Care Settings. One of the demonstration projects mentioned for example, involves advanced practice nurses at a nurse-managed Primary Care Healthcare in Texas. They oversee community health workers who provide intensive care coordination involving home visits and telephone calls to patients enrolled in a Chronic Disease Management program. The interdisciplinary team takes into account social determinants of health and care delivery and involves engaging a Community Advisory Board in implementing a program. There are already early indications that it's having a positive impact on health. Let's turn now to our interview with Danna Shalala who led the initiative on the future of nursing at the Institute of Medicine.

(Music)

Mark Masselli: This is Conversations on Healthcare. Today, we are speaking with Donna Shalala of US Secretary of Health and Human Services during the Clinton Administration and currently President of the University of Miami. President Shalala is also Chair of the Robert Wood Johnson Foundation initiative on the future of nursing in America at the Institute of Medicine. Welcome President Shalala. As a Secretary of Health and Human Services, the longest serving HHS Secretary in US history I might add they were many accomplishments raising childhood immunization rates to the highest level in history making health insurance available to millions of children through the SCHIP program and improvements to Medicare to name a few but National Health Reform eluded the Clinton Administration in which you served. As you look back, how was the environment different in the Obama Administration from the Clinton Administration that made it possible for Health Reform Legislation to pass?

Donna Shalala: Well, first of all, he had the votes. He had both senate and the house. By the end of our first two years, we had lost both the senate and the house but initially coming into the administration we simply didn't get it done as quickly as the Obama Administration, didn't reach consensus. They essentially used existing platforms as existing program and handed over a lot of the coverage to the private sector to do with the states. So Obama's proposal was state based, not the federal takeover everybody has been talking about though there clearly are federal guidelines but the states will organize the markets, the states will hand out the subsidies to people who can't afford to pay. Most of whom are working and the states will expand their existing programs, the Medicaid program in particular that cover low income workers.

Margaret Flinter: President Shalala, Dr. Harvey V. Fineberg the President of The Institute of Medicine has said that the possibility of strengthening the largest single component of the healthcare workforce nurses to become partners and leaders in improving the delivery of care in the healthcare system as a whole is what inspired the IOM to partner with the Robert Wood Johnson Foundation and creating the initiative on a future of nursing which you of course have led and chaired. That committee was formed in 2008 just before the health reform efforts got on to way so your work really played out against this backdrop of a huge national debate on healthcare. How did your understanding of the fundamental issues in healthcare generally and in nursing specifically change over these two years?

Donna Shalala: Well there is no question that if you want to cover a larger number of people you are going to have to use every part of the healthcare workforce to their training and nurses are fully able to absorb a very large number of people that will be coming into primary care. Working as partners with physicians we simply don't have the physician workforce for primary care to be able to absorb the very large number of people whether it's primary care chronic care management, palliative end of life care, nurses are trained to do these jobs but they are restrained by rules in their state. If we can use nurses as part of this expansion will have quality healthcare that will be able to deliver fairly quickly.

Mark Flinter: Because initially while your committee is true together national leaders from healthcare, government, education technology in nursing but in addition to exhaustive research it took the committee on the road for a series of forms in LA and Houston and Philadelphia. The form seemed to be designed to inform the committee about critical and varied roles and nurses play across settings and you focused in on acute care education and community health. That's what was the consistent message you heard in those forms.

Donna Shalala: That nurses can do more that they have the education they need more education as we go forward but they certainly have the education and the ability to take on larger roles in healthcare. That's what we heard consistently from one end of the country to the other. Not simply from nurses but from educators from doctors from other parts, other leaders in healthcare.

Margaret Flinter: President Shalala the committee recently released its report called the future of nursing leading change advancing health. It issued 8 recommendations for action consistent with Dr. Fineberg's call for the initiatives conclusions to be a blueprint for action. We would like to explore a few of these recommendations in more depth starting with recommendation number one, Remove scope of practice barriers and you gave very specific directions to congress, to the state legislatures, CMS even the Federal Trade Commission on how to do this. But I think outside of the nursing profession the issue probably

just isn't part of public consciousness. Can you share with our listeners why the issue of barriers, the scope of practice such an important one in healthcare?

Donna Shalala: I think the American people will be surprised to learn that they have invested in nurse's education in their states. And yet there were states restrains on how much nurses are allowed to do. In some states like New Hampshire for example, nurses are allowed to do everything the primary care doctors or at least 70% of what primary care doctors are allowed to do. They can write prescriptions, they can do diagnosis, they are obviously not specialists but they can do referrals, where in another state Kansas for example, or Ohio, or Florida they are restrained from doing many of those things. Nurses can be in places like Kansas City, Missouri, Kansas City, Kansas and on side they can do more than they can do on the other side of the bordered line so. This is unfair constraints given the fact that the public the tax payers have invested in their training, have approved that training, have tested that training but have unfair constraints on their ability to use that training. It's also a very expensive way to do healthcare, invest in training you ought to be able to use your education and training. You can go to some states and use it and other states there are restraints put on you.

Mark Flinter: President Shalala, the report makes strong recommendations for education, life-long learning and to prepare enabled nurses to lead change. You call for increasing the percentage of nurses with the Bachelor's degree and doubling the number of nurses with the doctorate. But you also speak to the need for leadership training and business practice skills for nurses as essential to leading change. What did you hear from nurses in the healthcare community as a whole during your work that led you to focus on the ability to lead change as a vital importance skill for nurses.

Donna Shalala: Well I think it's very important that nurses see themselves as partners, that that they see themselves as leaders and their education and training has to include that as part of the curriculum. There is no question that they can step forward that they are on the line that they see patient care from a different perspective that most patients first contact and last contact is really with the nurse. We also call for 80% of the nurses to have Bachelor's degrees. That doesn't mean that we think those programs should be expanded just in current four year colleges. We believe in community colleges across the country that they ought to be able to expand to four-year programs in nursing. That has already happened to the couple of places in Florida. We believe it will be very successful universities like mine are training the faculty for those places. The only way you are going to get to 80% is to have lots of parts of the health system participating.

Margaret Flinter: President Shalala I actually had the pleasure of attending the Philadelphia Form and the Future of Nursing and was your Guest Blogger for the event. Governor Rendell spoke very powerfully at that forum about his view the

advanced practice nurses and particularly nurse practitioners and midwives were critical to his state's goals of improving access and also transforming care and of course Pennsylvania has been a leader in providing support to practices in health centers to transform care particularly around chronic disease management. So this kind of executive leadership at the state level is obviously very helpful to carrying out your recommendations. Have you in the committee been involved in working with governors across the country in this effort and is there plan to help bring the many new governors and new members of congress up to speed on these issues in this post election period.

Donna Shalala: Yes in fact Robert Wood Johnson program is going to underwrite the efforts to implement the report and that means working with governors and state legislatures I am going to be talking to some state legislative leaders myself a little later this month and make the point that they really have to step up if they want to improve the quality, the breadth, the coverage of healthcare in their states.

Mark Flinter: This is Conversations on Healthcare, today we are speaking with Donna Shalala former Secretary of Health and Human Services and currently chair of the committee on the future of nursing at the Institute of Medicine. President Shalala you started your career as a Political Science Professor. We heard that every spring semester there in Miami you teach a course covering the United States Healthcare System trying on your expertise as serving as secretary of health and human services. With the changes in health reform how is your lesson plan going to change?

Donna Shalala: Well we are going to talk about the politics of implementation and the politics of change. What happens when you get a new congress they take a look at the legislation and say may be we want some changes here. It's hard to do changes before you started the implementation process so my students will be following both the politics and the economics of healthcare to see whether the new congress and basically the voters have set a message for some changes. I doubt there are going to be many changes but I do think implementation is where the action is going to be.

Margaret Flinter: Well that's going to be a fascinating class. President Shalala we were particularly pleased to see recommendation number three and the report implementing nurse residency programs to support to transition to practice for both new nurses and new advance practice nurses and parenthetically our organization established America's First News Practitioner Residency Program in Primary Care in 2007. And in that recommendation you urged HRSA, CMS and the foundations to the fund the development and implementation of residency programs across all practice settings. Now over the years there have certainly been many calls to revise the legislation that governs the Graduate Medical Education Funding at the federal level or GME to allow these funds to be used for nurse residency programs. We are curious whether the committee consider

that policy issue as a strategy to implement residency programs for nurses and can you share some of the pros and cons if that was considered?

Donna Shalala: Well, you know, we certainly did consider it. We identified a source of funding in HRSA that could pay for these programs but the truth is many of these programs they will cost much money, particularly the hospital based ones. Hospitals can implement Residency Programs, all the evidence says that if you do that and pay close attention to the new group of nurses coming in, you will reduce medical errors and you will increase retention and so these programs will make a difference. It doesn't mean that someone isn't working, after all these nurses have their licenses. But it does mean that you pay closer attention and put them through a Residency Program that will benefit your bottom-line as well as the quality of healthcare you are able to provide.

Mark Masselli: President Shalala, you have a broad world view through your entire career starting as one of the early Peace Corps volunteers when you were assigned to Iran. We would like to ask all of our guests this question when you look around the world, what do you see in terms of innovations and who should our listeners at Conversations be keeping an eye on?

Dr. Donna Shalala: There is enormous amount of innovation going on around the world. The use of nurse mid-wife in Peru for example, to reduce mother and infant mortality is very impressive. Here is the nation that doesn't have a lot of resources but got their act together and got an integrated plan working with US Aid and care to design a program that saves babies and their mothers by getting people into institutional settings, clinics, and hospitals to have their babies. And some of the poorest areas of Peru 70% of mothers are giving birth in the institutions that have dramatically saved mothers' lives as well as children's lives. So there are impressive programs all over the world not just in the industrialized countries that are saving lives, that are improving and we have programs in the United States that are innovative, using clinics combined with academic health centers, using mid-wife centers for the delivery of babies. But all of these require state law to be flexible so that we can improve the quality of care. We have made dramatic improvements in reducing medical errors in hospitals. There have been lots of quality initiatives. The fact that Don Berwick is now heading CMS I think will make a big difference in leadership and in our understanding of improving the quality of healthcare.

Margaret Flinter: Today we have been speaking with Dr. Donna Shalala who served as US secretary of Health and Human Services from 1993 through 2001 under President Bill Clinton. She is currently President of University of Miami, Florida and Chair of the Robert wood Johnson Foundation initiative on the Future of Nursing in America at the Institute of Medicine. President Shalala, thank you so much for joining us today.

Dr. Donna Shalala: You are welcome.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. This week's bright idea comes Peru where Solidarity Hospitals are making essential healthcare services accessible and affordable for the country's poorest residence. Peru's health system has undergone substantial reform in the last decade and the government now guarantees access to healthcare for all citizens. However, many Peruvians struggle to receive care because providers are scarce and often lack resources. Recognizing this gap in services several Lima healthcare providers and entrepreneurs organized the metropolitan system of Solidarity Hospitals. They opened the first Solidarity Hospital in 2003 in a converted bus and began providing basic health services to area residence. With the help of the local government which encourages alternative healthcare providers 23 hospitals have been opened in and around Lima. Built out of recycle shipping containers, the hospitals provide a wide variety of services from pre-natal care to infectious disease treatment. They remain self-funded through a daily high volume of patients whom they charge modest fees. They also keep overhead expenses low. Peruvians are chronically underserved by state healthcare programs. In 2000 the country had roughly 1 hospital bed per 1000 people and 32% of the population was suffering from a disease health condition or accident or had no access to care. Because of these groups in government systems many Peruvians see the Solidarity Hospital as their only option for affordable reliable healthcare. In its 7 years of operation, the hospitals have served over 4.5 million people by facilitating the need left unmet by the state healthcare programs, Solidarity Hospitals are democratizing access to affordable healthcare for all Peruvians. Now that's a bright idea.

Margaret Flinter: This is Conversations on Healthcare.

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

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