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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, last night, President Obama gave his State of the Union Address calling for a new era of cooperation.

Margaret Flinter: And it was an unusual address, the congressmen and women across party lines to sit together perhaps a sign of this new era of cooperation. Nonetheless, they have huge challenges as they struggle with reducing that federal deficit and still follow through on this investment in our future that was so talked about last night.

Mark Masselli: Well they sat together last night but as the President said can they work together today. He also spoke about the need for more than just cooperation to win the future, we need to focus in on the great American tradition of innovation.

Margaret Flinter: And I thought Mark, one of his quotable moments was that, “In America, innovation doesn’t just change our lives, it's actually how we make a living”. It's also about how we improve health care at Community Health Center and that’s a key focus of our show.

Mark Masselli: It is absolutely with us and it's also true that innovation takes place at many levels. We see some exciting activity coming out of the states, Vermont is an example, they are a front runner in creating a single-payer option for their residents. The effort has progressed through some legislative maneuvering within the current law. We will see if Vermont’s innovation is something that gets allowed in our federal system.

Margaret Flinter: And we didn’t hear so much about federal health reform last night though it was touched on but we are seeing innovation there too. To foster innovation, Democratic Senator Ron Wyden, Republican Senator Scott Brown are demonstrating a little cooperation of their own with the white and brown bill. And that would give states greater flexibility with the law using federal dollars to help finance their own approach to reaching the coverage objectives of health reform. Now we will see where it goes but it's an example of people working together across parted lines to find solutions everybody can live with.

Mark Masselli: We like that bipartisan spirit. Staying on the topic of the rural states playing innovating health care reform, today we are speaking with Alan Weil, Executive Director of the National Academy for State Health Policy. We will be talking about how states are leading the way with health care reform and

innovation and about what's in store as they move federal health care reform forward this year.

Margaret Flinter: We are very glad that Alan can be with us today and no matter what the story you can hear all of our shows on our website www.chcradio.com. Subscribe to iTunes, get the show regularly downloaded or if you like to hang on to our every word and read a transcript of one of the shows, visit us at www.chcradio.com, and don't forget, you can be a fan of Conversations on Health Care on Facebook and join the discussion 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 Alan Weil, let's check in with our producer Loren Bonner with Headline News.

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Loren Bonner: I am Loren Bonner with this week's Headline News. President Obama defended the health care overhaul against Republican repeal efforts in his State of the Union address Tuesday night but also clarified a willingness to work together with Republicans.

President Obama: If you have ideas about how to improve this law by making care better or more affordable, I am eager to work with you. We can start right now by correcting a flaw in the legislation that has placed an unnecessary book-keeping burden on small businesses.

Loren Bonner: The President went on to address the country's mounting debt crisis, he said health care reform would slow rising health care costs and suggested looking to other ideas like one Republicans have mentioned to reform medical malpractice to rein in frivolous lawsuits. A bipartisan effort is mounting as Democrats back the Republican colleagues in repealing a provision in the Affordable Care Act. That provision would require all businesses, nonprofits, and governments to file 1099 tax forms reporting any purchases they make of goods or services above $600. Small businesses are complaining that this will be expensive and labor intensive. Republican as well as several Democratic lawmakers are saying the economy will recover more quickly and more jobs will be created if regulations on businesses like this one are reduced. The measure was designed to raise $17 billion over the next 10 years to fund the new health care law by cracking down on tax invasion. The Republican-led House recently voted to repeal the entire health care bill but the democratic majority senate has no plans to bring that up for a vote. Although previous attempts to repeal the 1099 provision have failed, approval of a standalone bill now appears likely. Democrat Max Baucus introduced his own version of the 1099 repeal with several cosponsors and he says he hopes Democrats and Republicans can come together to pass the legislation quickly. Wal-Mart has announced efforts to get consumers to eat healthier foods. The US retail giant is teaming up with first

lady Michelle Obama and her campaign to fight childhood obesity with a five year plan to lower salt, fat, and sugar in its packaged foods as well as drop prices on fruits and vegetables sold in its stores. The first lady says this change has the power to make a huge impact on the health of Americans.

Michelle Obama: The largest cooperation in America is launching a new initiative that has the potential to transform the marketplace and to help American families put healthier food on their tables.

Loren Bonner: The partnership is the result of over a year of work together between the first lady's Let's Move campaign and Wal-Mart.

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Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Alan Weil**,** Executive Director of the National Academy for State Health Policy. He is a member of the Institute of Medicine's Board on Health Care Services, the Commonwealth Funds Commission on high performance health systems and the Kaiser Commission on Medicaid and on Uninsured. Welcome Alan. It looks like this may be a very busy year as elected officials try to work through their practical issues around health care reform and I guess at the same time wonder what changes Congress might make and this is where the National Academy for State Health Policy comes in. You work with state leaders to solve critical health issues facing states. Could you start out by outlining the major issues you expect officials to deal with and why states are such critical players in health care?

Alan Weil: States have a tremendous role in implementing the new health care law. States have always been major actors in the health field. They were on the Medicaid program which serves low income people and elders and people with disabilities, they regulate health care providers, they run medical schools and the list goes on and on. In the new law, states have a number of responsibilities that are going to take their attention over the next few years. Quite a bit of attention is focused now on establishing what are called health insurance exchanges which is a marketplace where people who don't have coverage through their job can obtain coverage and people can get access to federal tax credit, subsidies to apply to the cost of coverage. There is a significant expansion in the Medicaid program and that means states need to simplify and integrate the eligibility for the Medicaid program with the eligibility for subsidies for middle class families, and find providers, sufficient providers to deliver health care services to all of the newly eligible folks. There is a significant increase in regulation of health insurance providers around rates and other practices and states are the frontline of insurance regulation. Those are the highlights but there are public health initiatives, there are data improvement initiatives, there are many other aspects of the law that states are involved in.

Margaret Flinter: Alan, it seems to me we are entering a period of a lot of push and pull. We have states and the federal government certainly pushing forward strongly to implement federal health care reform and certainly we have some efforts to pull it back and one thing that's for sure is the public is likely to be somewhat confused. So one of the top priorities I think of the National Academy is to engage the public in policy development and in implementation. We are curious about what your strategies are for bringing people, bringing the American public, into these important conversations?

Alan Weil: The public at large certainly needs to be involved in many different ways and then of course the health care sector, the delivery system, the hospitals, the doctors, the nurses, they also need to be involved because there are significant changes in what they are expected to do, and over the long term, certainly the reform anticipates putting into place changes that will affect their world in very significant ways. What we see when we look around the country is that states are doing the things you might expect them to do on a sensitive and highly visible issue. They are holding public hearings and forums, we will expect a lot of legislative hearings and they are putting consumers and other health sector representatives on committees that are charged with defining the states' approach to implementation. There is a lot of work to be done in this area.

Mark Masselli: And one of the initiatives that the National Academy for State Health Policy undertook was your Assuring Better Child Health and Development, your ABCD Program, which is focused in on children, birth to 3 and improving the delivery system for child development and primary care. Can you tell us about some of the best practices you are seeing across the country as this program is now about a decade old?

Alan Weil: The focus of the current effort is around linkages between pediatric practices and the developmental services that are available in states. It turns out that if you walk into a typical one or two or three pediatrician office practice, they are busy taking care of the health needs of their kids and the less frequently observed social delays or emotional delays that go beyond what the pediatrician can take care of, they may be isolated from what the community resources are. So, so much of what the ABCD program is about and frankly so much of what's exciting in health care these days is moving outside of the traditional practice, thinking about the broader needs of the patient in the context of ABCD, this is young children and realizing that there are resources out there that often are outside of what the typical health care provider is paying attention to on a daily basis but they are out there and if we can help build those linkages then we can take better care of patients.

Margaret Flinter: Alan, certainly you can't talk about health reform without talking about innovation and we always say that every state in America is a laboratory for innovation. You have worked with the Commonwealth Fund on a report that looked at how a diverse group of states is trying to reorganize the delivery of

primary care and chronic care services. Tell us about that and what are you seeing that's really promising in terms of innovations from these states.

Alan Weil: What's happening in the most innovative locations is that the various payers for health care that's often at the state level, the anchor is the Medicaid program but it's also insurance plans and private companies that are paying for health insurance for their employees, they are coming together and saying we want a greater emphasis on primary care, we want a greater emphasis on care coordination. These are services that are not readily reimbursed in the traditional medical claims processing systems in our insurance plans so we are going to come together and fund with an assessment on all of us who are payers, a fund. So, for example, in Pennsylvania, you have a little part of money that's being used to go out region by region at the peer level helping practices learn how to convert themselves into centers that are able to offer a broader range of services and a more comprehensive set of supports to the patients that are served by them. It's the little daily practices that create an infrastructure that enable a physician's practice to be more productive, more comprehensive, more patient-centered. That is a movement going on around the country it falls in, it has a number of different names and it comes in different structures but the notion of moving out of this, moving patients through the door, billing for the procedure, seeing the next patient into a broader view, that's where some of the most interesting innovation is happening these days.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Alan Weil, Executive Director of the National Academy for State Health Policy. Alan, the academy roadmap if you will for states to implement health reform really laid out 10 goals for states to be successful. I think they covered the waterfront from being strategic with the insurance exchanges to expanding provider and health system capacity to focusing on the dually eligible. But we were particularly interested in your thoughts on the use of data and pursuing population health goals. Why is this such an important area for states to improve and how can they begin to do so?

Alan Weil: It's one of my favorite areas to work on and part of the frustration of the current debate in health care is that we always go back to issues of coverage and cost, and they are so important. But in fact when you talk to people about what's important to them, it's their health and it is the ability to afford access to the services they need but at the end of the day they want those services so they can have their health. I think there are two aspects that bring the data and the population health pieces together, one is they create a focal point for action and accountability that's far more meaningful to the public than talking about health insurance exchanges which seems like I spend most of my time doing these days. We should be able to look out in a community and identify the burden of illness that is most of concern to us and say let's align the forces of the health care system but also go outside of the health care system to reduce that burden whether it's pediatric asthma or uncontrolled diabetes, pick your burden, it does

vary by community. And actually this is where the data and the population health come together, use the increased investments that are being made everyday in the information infrastructure to not just look at claims as in did someone come in to get their blood pressure checked but what was the value of that check to determine whether or not their high blood pressure is being controlled and start building a community-oriented focus on reducing the negative consequences of disease. That is a very powerful motivator for improvement.

Margaret Flinter: Alan, one of the areas that we haven't focused so much on the show and I don't think has been so much part of the public debate is that of long-term care which given what a huge financial burden and what it means just in terms of people's lives probably one we should be putting more attention on. Some of the provisions in the health reform bill that take effect starting this year really address long term care allowing Medicaid enrollees to designate a home health care service as a providers and allowing states to receive 90% federal matching payments for two years for home health related care. Can you tell us a little bit about how the National Academy for State Health Policy has been working on the issues of long term care and maybe explain to our listeners a little bit about what these provisions mean?

Alan Weil: There are many new provisions. One you didn't mention is the CLASS Act which is a voluntary long term care insurance program that people can pay into to give them a benefit should their functional status reach a point where they need help. There is also the creation of a new Office of Dual Eligibles. If you are low income elder on Medicare but you are also because of your health status and your income eligible for Medicaid, you are what we call a dually eligible person. These are often people with very frail or with dementia or physical deterioration to a point where their health and social needs are quite significant. And we run these two separate programs, Medicare and Medicaid, they haven't historically worked together too well and now we have a new office focused exclusively on trying to coordinate between those. There is movement towards increased use of the so-called medical home model and care coordination for this population. What's interesting to me is that other than the CLASS Act which is brand new most of what's in the federal law is a continuation of a direction that states have already been going. So there is an expansion for example of a program called Money Follows the Person which helps people move back into the community from the nursing home. But that program existed before health reform, it's now expanded and the people eligible for it grows. Really the issue here is states have, and it's the work we have been doing for decades with the states, is states have to build an infrastructure of community supports for people who want to live in their home which is almost everybody.

Mark Masselli: We like to ask all of our guests this question on Conversations. When you look around the country and the world what do you see in terms of innovations and who should our listeners at Conversations be keeping an eye on?

Alan Weil: Well you are talking about a 7th of the economy when it comes to health care so there is a tremendous amount of innovation. And the ones that excite me the most are around engagement with patients. I am struck by how much of the health care discussion talks about providers, talks about how we pay them, how we structure them, what the insurance coverage looks like. And then we had this movement to sort of patient, to what was called consumer-directed care but it became a short hand for high deductible insurance where people had to pay for their care. I think consumer engagement is not just about paying, it's not primarily about paying, it's truly about engaging patients for who they are, for what their preferences are. There is very interesting work going on now to give patients more information about their treatment options. We have had sort of the ugly side of the national debate about end-of-life care but people really do want to engage about their treatment preferences at the end-of-life. But it's throughout their lives, throughout the healthcare system. I really think true patient engagement not just in a financial way but in a health care way is the frontier of health care. Those are small conversations going on around the country and around the world but I think we are going to see more and more attention on that one.

Margaret Flinter: Today, we have been speaking with Alan Weil, Executive Director of the National Academy for State Health Policy. Alan, thank you so much for joining us.

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

This week's bright idea focuses on a hospital-based violence prevention program that's tackling the roots of repeated violent injuries. In the 1990s, physicians and nurses at the University of Maryland Medical Center in Baltimore were quite used to treating and releasing victims of violent crimes only to see them return several months later with even worse injuries. But after experiencing this vicious cycle for years, Dr. Carnell Cooper, an Associate Professor of Surgery at the university, decided that he and his colleagues needed to reach out to their community and address the problem at its sources poverty, substance abuse, crime and mental illness. In 1998, Dr. Cooper created the Violence Intervention Program or VIP. When patients are hospitalized with intentional traumatic violent injuries, they are encouraged to join the VIP. Upon enrolling, they receive an individual action plan designed by the program's team of social workers, parole and probation officers, and physicians specializing in psychiatry, trauma, epidemiology and preventative health. During and after the patients' stay in the hospital, this team meets with them regularly to help reduce the likelihood of recidivism. In addition to the treatment and therapy the team provides, they also help patients gain access to services like substance abuse rehabilitation, job training, family counseling and GED tutoring. In the 13 years since the program began, there has been an 83% decrease among participants in repeat hospitalizations for violent injuries, 75%

reduction in criminal activity in the area and an 82% increase in employment. Although it started ahead of the curve, Dr. Cooper's program is now one of the many hospital-based violence prevention programs around the country. By viewing repeat hospitalizations for violent injuries as a problem rooted in the community rather than isolated incidents, these programs are reducing crime and improving the health and cohesion of communities across the country. 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.

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.