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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, discussions about the debt ceiling are still dominating the headlines out of Washington, but there are some interesting discussions going on about how we can reduce the cost of the health care.

Margaret Flinter: And improve health. One of those is a recently released study which looked at the State of Oregon where they actually had the opportunity to do almost a randomized control policy intervention study, if you will, and found that having Medicaid drove down health care cost by about 25% for new enrollees who previously had had no health insurance at all.

Mark Masselli: It's really quite fascinating Oregon found itself in this unique situation as the focus of the study and the benefits of Medicaid. In 2008, they only had enough money to care for about 10,000 residents. Unfortunately, 90,000 people qualified for Medicaid so they used the lottery to decide who got the coverage. Harvard economists and MIT economists took advantage of this opportunity to compare those who won the Medicaid lottery to those who didn’t.

Margaret Flinter: And the outcomes were pretty fascinating. They found that the group that got the coverage really faired much better, and not just in health terms but also financially. They were far more likely to actually go and get preventive care and regular care for illness from a provider. They also found the covered group reported that they felt much better physically and mentally. And as for the financial benefits, they were less likely to have had to pay out of pocket or to be in the predicament of deciding what other bills to forgo in order for themselves to get medical care.

Mark Masselli: Margaret, it seems to make commonsense, a study like this. But nonetheless, we encourage lawmakers to take a look at the study as it will save money and improve health in the long run.

Margaret Flinter: And Mark, there was also another recent study that’s worth noting and that one published in The Journal of the American Board of Family Medicine, and this one found that patients who received what we now call patient-centered care in a Patient-Centered Medical Home also reduced health care cost. And why is this? Well, the number of specialty care visits, hospitalizations and diagnostic services used were significantly reduced for these patients in these practices. I think we have talked about the Patient-Centered Medical Home before of the very strict set of standards around technology and access after hours, evidence-based care about most of all and ongoing personal relationship with your primary care provider.

Mark Masselli: Electronic Health Records are also a critical tool in helping patients take a more active role in their health. Our guest today brings a great level of expertise in this subject. We are so glad that Dr. Farzad Mostashari, the new National Coordinator for Health Information Technology, can join us today to talk about more patient-centered focus in Health Information Technology as well as the progress that's been made in the more widespread adoption of HIT.

Margaret Flinter: And we are happy to welcome Dr. Mostashari on the program today. But no matter what the story, you can hear all of our shows on our website Chcradio.com. Subscribe to iTunes to get the show regularly downloaded. Or if you want to hang on to our every word and read a transcript of one of our shows, come visit us at Chcradio.com. And if you are a social media aficionado, become a fan of Conversations on Health Care on Facebook and follow us on Twitter.

Mark Masselli: As always, if you have feedback, email us at Chcradio.com, we would love to hear from you. Before we speak with Dr. Mostashari, let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. President Obama praised a new bipartisan plan emerging in the Senate, calling it broadly consistent with the White House's approach to raising the debt limit. The plan has been drafted by a bipartisan group of senators known as the Gang of Six. It would spend health care dollars more efficiently in order to strengthen Medicare and Medicaid while maintaining the basic structure of the critical programs. It would fully pay for the Medicare Doc Fix over 10 years, and it would also repeal the class act, a controversial long-term insurance program in the Health Reform Law.

Although school is out for the summer, Obama Administration Officials announced a boost to an important school-based program. The Department of Health has granted $95 million to 278 school-based health centers. It's the first installment of a $200-million appropriation under Obama's Health Care Overhaul Law. The second round of funds are expected to be distributed next summer. The money will help expand existing clinics and schools so that thousands more children and teens can receive essential health care services. School-based health centers are clinics that provide primary care to students as well as mental health and dental care.

Mark Masselli: Margaret and I are speaking today with Dr. Farzad Mostashari, the new National Coordinator for Health Information Technology within the Office of the National Coordinator at the U.S. Department of Health & Human Services. Welcome, Dr. Mostashari. First of all, congratulations on your new appointment. You bring a wealth of knowledge and experience to this role as a person in-charge with implementing Health Information Technology on a large scale. You became the national coordinator this past April. But before joining ONC in 2009, you served in the New York City Department of Health and Mental Hygiene as an assistant commissioner for Primary Care Information project. And I actually kept an eye on your role there and the project that you rolled out. It was very impressive. You helped more than 1,500 clinicians acquire and implement Electronic Health Records to improve health care for the underserved population. Could you connect the dots for us on what you learned from that project and what lessons you are taking from it as you would ______ 5:57 and see forward?

Dr. Farzad Mostashari: Absolutely. It was an amazing experience but I think what's most important is that it was a project that came out of the New York City Health Department, and the purpose of the project was to improve health care and to improve health, particularly for underserved populations through the views, the appropriate views and what we would today call the meaningful use of Health Information Technology. So the technology was a means to an end and that end was better health for individuals throughout the city but particularly those in underserved communities. And that's the same perspective that I brought to ONC, and I think really it's a natural fit for us. It's really part of how we view this challenge. It's not a challenge about information technology implementation. It's really our goal and our mission is to improve health.

Margaret Flinter: And Dr. Mostashari, back in 2009, which now seems like a long time ago, we had your predecessor Dr. David Blumenthal on our show. And at that time, he outlined the obstacles that he saw that face this in the widespread adoption of Health Information Technology, and certainly he mentioned cost and logistics as key concern, also shortage of Health Information Technology workers and professionals to support practices. And in these past two years, we have seen very targeted efforts to address these obstacles, certainly the federal funding for Regional Extension Centers to support practices and train practices, for the community colleges to train a new cadre of Health Information Technology workers and also that solid plan for reimbursing providers for investing in the EHR under the meaningful use program. So as you came in and assessed the scene, what's your sense of the progress that's been made in just these past two years around the country?

Dr. Farzad Mostashari: It's been really an unprecedented acceleration. We had 20% of primary care providers in this country having basic Electronic Health Records in 2009 when you spoke with David. And within a year, from 2009-2010, that went from 20% to 30%, and a large part of that I believe was the understanding that the Health IT incentive payments have now created a partial compensation for the cost of implementing such **systems**. As well, as you mentioned, we have established Regional Extension Centers in every part of the country that are now signed up in working with 80,000 primary care providers throughout the country.

They **haven't been** in small practices or consortia, small practices, those who historically have had the lowest rates of the EHR adoption because it's hard work. As you alluded to, making this change is hard. It's rewarding, it's the right thing to do but it is hard to do. And many providers, particularly in small practices, don't have the capability around the project, managing an IT project, and that's what the extension centers are really helping them with.

Mark Masselli: Speaking of things that are hard but also rewarding, I want to focus for a moment on your goal to implement patient-centric healthcare system. But belief is that how IT will be able to improve the effectiveness of physician-patient relationships, you want to focus more on patient-centric system which goes one step further to engage patient in managing their own health care. How does health IT help contribute in helping patients engage in their own health?

Dr. Farzad Mostashari: Oh, great question, and that is one of my priorities for the next two years. There are three parts, I believe, to patient centric, putting the patient in the center. The first is putting the patient in the center of the health care system, so really being able to view things from the perspective of the patient, what works for the patients in the health care workflows. And a lot of the workflows are now built around what's convenient and good for the doctors and nurses and staff but not around what works for patients. So let's give some examples of this from meaningful use so the meaningful use requirements that would trigger the health IT incentive payments.

It says you should give people an after-visit summary because when the perspective of the patient, the minute you walk out that door, you have already forgotten half, up to 80% of what you heard in the visit, and particularly when it's important news, whether there is some emotionally heavy information diagnoses, prognosis, treatment that was given. So something as simple as they had, giving the patient an after-visit summary, giving the patient "patient education" material, that's part of meaningful use. Giving patients access to their own information and copy of their own information, that's part of meaningful use.

So that's all part of patient-centered care. Another part is protecting privacy and security. So when we talk about putting the patient in the center, putting the patient in their interest in the center, really important part of that is maintaining the public's trust and the privacy and security of their health information. And the third aspect of putting the patient in the center is literally giving patients the tools to manage their own care.

Mark Masselli: Well, Dr. Mostashari, I think for our listeners, what you are saying is really music to their ears. This is what people, whether they have been able to express fully to us or not, that is of course what people have always wanted, and what we have always wanted to provide to them. And my sense is outside the world of health care, the general public is a bit oblivious to this whole meaningful use process that's going on and the degree to which really you are fighting for patient rights and for patients progress. So I might ask you to elaborate on this a little bit more. First, just on some of the nuts and bolts and the **ways** we have been reading and the papers about phase 1 and phase 2, maybe phase 2 being pushed off a little more. What does that translate into? What should the public understand about the different milestones that you are asking practices to achieve in order to secure those investments under the Meaningful Use Act?

Dr. Farzad Mostashari: That's a great question, what does it mean for the public. And I think we really have to do a better job, not only in programs like this but in a broader way, of helping the public understand, helping them put themselves in the middle of this health IT revolution that's happening, and that's really a part of the transmission of the health care system. So what does it mean for patients? Well, one thing is there will be things that will start to happen to you. There have been great and wonderful things that have never happened before.

So we have all gotten reminders from our dentist or our veterinarian or mechanic, "Hey, your car is due for an oil change." But unless our doctors have Electronic Health Records, we probably have never gotten a reminder for ourselves, for our health "hey, congratulations, you should get a flu shot. You haven't come in to get your flu shot" or lifesaving things like colon cancer screening or "your last blood pressure was too high, you haven't been back" or "you didn't fill your prescription, I am concerned."

So starting to get reminders from our physicians, our primary care providers is something that people will start to get, and it will be almost strange at first. And I think we will see that more and more.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dr. Farzad Mostashari, the new National Coordinator for Health Information Technology. Dr. Mostashari has been telling us today the quality is fundamental to Health Information Technology. In fact, it is the driver behind Electronic Health Records. But can you tell us a little more about what's happening in the primacy care space and who were the leaders who were using HIT to drive quality improvement?

Dr. Farzad Mostashari: Every day, I have a thick stack of certificates in front of me that I sign congratulating different providers across the country for being part of the movement, we call it the Meaningful Use Vanguard movement. And it's folks like Dr. Stephanie ______ 14:49 in Kansas, small practice, primary care provider, family practitioner. She is just a regular doc who said, "You know what, I am a primary care doctor. I am going to take the plunge." And she focused on one thing in looking at what this meant for her. She looked at her cancer screening rates for colon cancer. She thought she was doing great. But once she got the system, she realized she was only screening 40% of her patients.

And everyone thinks – everyone wants to be at 100%. And what I loved was she said, "I am still not there yet. I am only at 83% now." She went from 40% to 83% after implementing the health record. But you know what, I found three cancers early, and they were removed, and the patient is fine now, doesn't need any additional treatment. So those are the kids of stories that we celebrate, and it's becoming more and more part of not the academic centers only, not the benchmark institutions or early adopters, it's becoming part of the mainstream of primary care slowly but surely.

Margaret Flinter: Those are really some of the experiences that put that joy and vitality back in primary care certainly why people went into it. And Dr. Mostashari, let me probably try a little bit on the work of your office again. I don't think the American public has a good sense of just how vigorously your Office of the National Coordinator fights for patients' right to privacy and confidentiality and also accuracy. I have been reading about your Tiger Team which is a great description for a group of people who are protecting other people's rights. And I was particularly struck by the emphasis on protecting a patient right to accuracy, certainly ______ 16:44 the experience unintentional, there can be erroneous information that's put into a chart.

Now, with this vision of patients having access and reading their own charts, patients may find an inaccuracy. You are looking for ways to make sure that there is way to correct it, to correct any information that's been sent out to others. And if the clinician disagrees and thinks "no, that is accurate," then at least there is a way to record that the patient doesn't agree with that. Tell us about this Tiger Team. Who is on it? How are consumers represented? And what's their focus? And congratulations on forming one.

Dr. Farzad Mostashari: Thank you. This is part of our federal advisory committee, and this is a group of outside experts who we bring in to advise us in a very structured and open and public way. So there are public hearings. We have had public hearing throughout Federal Advisory Committee every other day for the past two years, every other day. It's hard to keep track of but these are really the national experts, representatives who are working in the public interest for free, for nothing, to give us the best possible recommendations.

And one of the teams that we formed, as you mentioned, was this Tiger Team on privacy and security, and it is really tackling the tough issues. The Stimulus Bill actually, HITECH, which was passed as part of the Stimulus Bill in March of 2009, had some really important additional protections for patient's privacy. It established the requirement around reporting of breaching. If there is over 500 patient records that have been for whatever reason lost or misplaced, breached, they have to alert the media; they have to alert the patient; they have to alert the Department of Health and Human Services. And even if it's fewer than 500, they have to do it, to report to the department.

So more and more we are learning about and hearing about the breaches, not because there are more breaches but because we are learning about them, and we are requiring people. And this is making a difference in terms of health care institution saying, "Gee, you know what, I really don't want to be on that wall of shame of the HHS website. I really don't want to have these now million dollar fines that are being levied more and more against health care institutions that didn't do what they should do to protect patient privacy and security." And it's having an impact. We are seeing really a redoubling of attention on the private health care providers to do what their patients expect from them, which is to keep their information private and secure no matter how it helps, whether it's in paper or electronic format.

One of the rights that was also elaborated on in the HITECH bill, the legislation, was patients' right to their own information in an electronic format. And really, game changer there, one of the game changers there is that when you share information with patients, they find inaccuracies. That's really powerful. And we had a great community health center in the New York area, Institute for Family Health and they instituted this. And they said that their records, the quality of the data improved dramatically that initially the providers were a little hesitant, "Gosh, well, what's going to happen if we give patients their own information?" And what they found was the patients, they didn't abuse the – they didn't come flooding in with kind of nitpicky stuff but very important, "You know what, I don't have an allergy to that medication," or "I am not taking that medication actually," or "I have this diagnosis, I didn't know that."

And part of that is – and we just had a discussion yesterday in our public hearing around making sure that the Electronic Health Record systems have the capability to flag these corrections and give the patient an opportunity to append their corrections or modifications or comment on these issues that they identify.

Mark Masselli: Dr. Mostashari, you mentioned a few minutes ago the Vanguard Movement and as you mentioned, I started to think about Todd Parker who has been with us before. And you both represent a new generation of leaders within our government who are really engaged in social media. And I have noted that you have been involved in investigating outbreaks of West Nile Virus and cases of anthrax in New York City and helped to develop a real-time electronic disease surveillance system nationwide. Can you tell us how social media might help contribute to electronic disease surveillance in protecting public health?

Dr. Farzad Mostashari: It's a really interesting issue, and there has been a lot of – I think two ways, a lot of possibilities in terms of social media looking at the broad patterns, not that one person says "Hey, I am staying home today because I have sniffles," twitting that to their followers or posting it on the Facebook page but looking at those patterns in aggregate, learning from the big trends and things like Google trends in terms of search terms that people put in. And there has been some really interesting experience learning from what's happening in social media.

But I also think that what's really powerful is not only kind of sensing what's happening in the world by having our finger on the pulse of what people are publicly posting but also being able to effect health care behavior through the use of social media.

Margaret Flinter: Today, we have been speaking with Dr. Farzad Mostashari, National Coordinator for Health Information Technology at the Department of Health and Human Services. Dr. Mostashari, thank you so much on Conversations on Health Care today.

Dr. Farzad Mostashari: It's been my great pleasure.

Margaret Flinter: 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 focuses on a partnership that's addressing the legal problems that can sometimes pose a threat to a person's health. Oftentimes, poor health results from socioeconomic factors in a person's life, things like inadequate housing, lack of food and lack of access to health care. Although governments have enacted laws over the years to address many of these social factors that influence health, the benefits and the protections are not always afforded.

So the idea of a medical legal partnership was conceived in 1993 by Dr. Barry Zuckerman, Chair of Boston Medical Center's Pediatrics Department. He was frustrated that non-medical issues interfered with these young patient problems, and he brought in a lawyer to help. Out of that, the National Center for Medical-Legal Partnership was launched in 2005. Today, more than 200 medical-legal partnerships exist in hospitals and health centers across the country. These centers help patients with a number of issues; filling out applications for disability or challenging the findings of a disability hearing, pursuing landlords for failing to clean up apartments where roach droppings or mold triggered children's asthma attack.

Advocates for these partnerships know that sometimes health care providers can't address the fundamental problems that are making their patients sick or keeping them from being well. They hope that one day, their efforts will make it much simpler for patients to address these legal needs without needing to see a lawyer. They are taking practical steps putting in the form letters, standardized screenings and legal information right into Electronic Health Records in standard forms for providers and patients to use. A partnership that works to make sure that system is properly addressing all the factors necessary for good health, now that's a bright idea.

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

Mark Masselli: And I am Mark Masselli. Peace and health.

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