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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, some interesting healthcare news has come out of this week. Tech giant Apple has launched a unique heart study in partnership with Stanford University and the Telehealth Company American Well. It's a first of the kind study using a free app downloaded to the Apple Watch which can detect subtle hints of the presences of atrial fibrillation or irregular heart beat. It's a really interesting idea if the watch detects irregular heart beat it notifies the wearer then connects them swiftly to clinician the American Well's Telehealth Service and a treatment protocol could be quickly ordered.

Margaret Flinter: Certainly atrial fibrillation is not that uncommon, and many people are unaware of their status, so this early morning system could potentially be of real value. It's going to be interesting to see what kind of data comes out of the study. Certainly a lot of buzz in the healthcare industry because there are millions of people who already own that Apple Watch.

Mark Masselli: Meanwhile speaking of buzz, another industry announcement is garnering quite a lot of attention. The proposed merger between the insurance giant Aetna and the drug store chain CVS could have some far reaching implications if approved.

Margaret Flinter: An emulous [inaudible 00:01:16] say that the merger has the potential to bring down drug prices for consumers overtime. It could also spur a new wave of walk-in clinics and on-demand care using the pharmacy as the point of delivery of healthcare services. So a deal that still has to be approved by anti-trust regulators certainly being viewed as a potential disruptive innovation in healthcare.

Mark Masselli: Our guest today is very committed to the idea of delivering quality care, Dr. Sandra Hernandez, is President and CEO of the California Health Care Foundation, really looking forward to that conversation, Margaret.

Margaret Flinter: Lori Robertson will stop by, the Managing Editor of FactCheck.org. No matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Mark Masselli: And as always if you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter, we love hearing from you.

Margaret Flinter: And we will get to our interview with Dr. Sandra Hernandez in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Forward motion on the Aetna CVS merger, CVS's $69 billion deal to purchase Aetna Insurance would mark a significant opportunity for the new partners to negotiate pricing. Beyond the 9,600 retail outlets, CVS also runs more than a thousand walk-in clinics and is also a large benefits manager provider for drug prescriptions. The jury still out on the exact outcome such a deal would yield. But industry analysts see the CVS Aetna merger as a marriage of two verticals and they might actually be in a position to create a new sort of healthcare business model. The move could be good for consumers in two ways, CVS Caremark access one of the largest pharmacy benefits managers in the country and could negotiate lower drug prices. The proposed deal still must pass scrutiny by anti-trust regulators.

Open enrollment is barreling towards the finish under the Affordable Care Act and while the federal government has greatly reduced the outreach budget for those seeking help and navigating the online insurance marketplaces there is a flurry of activity in many parts of the country so far three million Americans have signed up for coverage. Analysts predict that there will be a flurry of sign up activity in the final days.

The first American woman has given birth to a healthy baby from a transplanted uterus. The successful birth was announced at Baylor Medical Center in Texas. Eight women have received uterine transplants in the Baylor study. One woman is also pregnant of the group and others are attempting to conceive. There have been several successful births from transplanted uteruses in Europe. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Sandra Hernandez, President and CEO of the California Health Care Foundation, independent nonprofit organization dedicated to improving health care for all Californians. Previously, Dr. Hernandez served as CEO of the San Francisco Foundation and as the Commissioner of Public Health for San Francisco. Dr. Hernandez was Assistant Clinical Professor at the University of California, San Francisco School of Medicine and was a long time Clinical Practitioner at the San Francisco General Hospital AIDS Clinic. She earned her BS at Yale, her medical degree from Tufts School of Medicine and study public health at the John F. Kennedy School of Government at Harvard. Dr. Hernandez, welcome the Conversations on Healthcare.

Dr. Sandra Hernandez: Thank you. It's nice to be with you.

Mark Masselli: Yeah, you know the foundation founded on the principle that healthcare is a right. California, a champion of state-based innovation, I wonder if you could share how you've connected the dots back to the mission of the foundation with these various initiatives?

Dr. Sandra Hernandez: Well, you know, I think the biggest opportunity that the foundations has had in terms of the policy environment to reach the many, many low-income folks throughout the State of California really was the passage of the ACA and the opportunity and really statewide effort that philanthropy and the State of California joined together to expand the Medicaid program under the ACA as well as to standup what I think most would agree is the most well run, most accessible, state run insurance exchange in the country. The foundation really played a pivotal role in both of those to get the exchange and Medi-Cal, it's enrollment functions actually allow easy enrollment Medi-Cal in the State of California reaching now a third of all Californians was an extraordinary uplift to get people actually aware that they were eligible because for many people who live in rural areas often come from communities where there are many social issues that contribute to healthcare needs. So the effort to expand coverage the foundation has had just a long track record in policies. And then really making sure that the delivery system itself was using the best evidence and the best care.

Our maternity initiative falls into this category of care that is often not evidence-based and a case of maternity there were wide variations. In C-section rates, most of it was really trying to develop tools in the hands of clinicians to drive change in a delivery system and change the practice pattern such that clinicians who are practicing according to good evidence all of the work are deeply focused on what does evidence tells to do and really important example is work that we've done opioid prescribing through state agencies, the Medicaid program, all came together and said what are the conditions in which there is overuse of care, and so CHF has a very large statewide effort with more than 30 regional coalitions all working at the opioid overuse problem trying to understand what the prescribing patterns are, or how to use data to really redress what has been an overprescribing scenario of opioids for many, many years.

Margaret Flinter: Well Dr. Hernandez, as 2017 is winding down, we find ourselves in just another period of great uncertainty around healthcare and health policy across the country. Certainly the open enrollment period for the Affordable Care Act being cut in half, but in California, you took a very different tack, you vastly outspent the federal government in enrollment and outreach efforts, talk about the gains that you have seen because of the expansion of coverage and insurance and why that was so important in driving your state to maintain this level of promotion for open enrollment?

Dr. Sandra Hernandez: One of the many important insurance tenants that were part of the ACA was the individual mandate. So of course tax bill now would back that mandate and one of the reasons California has stood out as an effective exchange is because the concept of having a broad [inaudible 00:08:41] to enroll everybody who is eligible. With a court tenant of keeping the premiums within the coverage, affordable helped California build a exchange with more than a million and a half members in it, and by virtue of the risk spread in that also allowed it offer very affordable premium. And to enroll populations that have had very little experience or exposure to health care that upfront investment was a critical part of the success of the exchange. California has an uninsured rate today of south of 7% -- I think it's 7.5% at this point we also know that it was going to try be effective with our public dollars that you need to have everybody in.

Mark Masselli: We had the opportunity to meet with one of your stars out there Dr. Mitch Katz on the show recently who is wrapping up his time at LA County Health Commissioner and he is talking about spending public health dollars on housing the homeless to improve health outcomes and reduce costs and you were in San Francisco and you oversaw some innovative approaches to treating HIV and AIDS. And I'm wondering if you could talk about these innovations and what made them so effective and how the foundation is working to scale up these programs?

Dr. Sandra Hernandez: One of the things that we learned very early on during the HIV epidemic in San Francisco was how important it was to establish evidence and clinical practice patterns that was based on the best evidence at any one time, but also that care needed to be fully integrated. So one of the things we did very early on was make sure that all of our federally qualified health centers and all of our community clinics were able to provide full scope testing counseling early treatments and literally utilize the primary care setting as the optimal setting for care management for patients who had HIV. The way I see that translated today and in the work very much that CHCF is doing is patients do not do well when we take a particular disease code and create a segregated delivery system to provide that care.

Mental health care, for example, we care for people who are incarcerated in a certain way while they're incarcerated and then when they're released should they go to primary care or should they go to behavioral health specialist and so I think the opportunity that we have to learn from the HIV epidemic is to think about how to best holistically provide care and California is going on 24, Whole Person Care Pilots where counties themselves are innovating about how to deal with patients who have very complex conditions, how do we best serve populations that have very complex care where we create a system where there is no wrong door through telemedicine and through technologies and in some cases maybe even through private companies we funded for example who

provide substance use treatment in rural communities, these are all ways in which in California we are continuing to try to evolve our delivery system that patients in particular who have complex issues and needs can get their care in a holistic way, so if you are already in a mental health clinic we want to make sure you easily can get primary care.

We want to be able to provide that care in the most coordinated efficient way and so we're supporting evaluation of helpers and care pilots across the state. We're trying to create the evidence and understand what works and scale it in other places or whether it's through telemedicine capability or whether it's through some electronic consultation between specialists. We have great centers of academic excellence and then we have places that have significant workforce shortage. And so we're trying to really understand how do we utilize and develop the workforce for the future using new technology with the idea that we're trying to reach the most complex patients in the most efficient way possible. HIV in San Francisco had a very active consumer base and that very much influenced the program design. We recognize we need that same kind of feedback loop coming from Medicaid and Medi-Cal enrollees so that systems that we're designing work best for that. So, we have many opportunities in California to innovate and to scale.

Margaret Flinter: Well, Dr. Hernandez I wonder if I could get you to zero in on the Opioid crisis maybe highlight a few initiatives that you think stand the possibility of really making a difference?

Dr. Sandra Hernandez: Response in epidemic like this not unlike HIV really requires a very multidisciplinary response. We are working with public health institute to provide all kinds of technical support across the state who are working with their local data, with their pharmacies, with their emergency rooms and really broad sector of folks that have come together in the coalition, physicians over a long period of time were sort of told two things one we were under prescribing pain medications and under managing pain and two, we were really led to believe by a few very, very poorly run articles early on that these high dose opioids were somehow not addictive that is clearly not the case. The use of very high dose opioids has a very limited scope and really the only place for any sort of long-term opioid use is in people who have terminal condition. Now we've got a whole population that's significantly addicted to the opioids that we've prescribed in the past and so for that population it's really important to make Narcan which is the drug that reverses the narcotic affect, if it was widely available in our community it has a very short acting, it is not addictive, and it is absolutely lifesaving.

We should think about Narcan as we do people knowing [Inaudible 15:26] and medication assisted treatment and it should be on demand, we should be able to take anybody who today is addicted and be able to at any point that they are ready to get treatment, be able to get them into Medicare assisted treatment, we

both need to train more addictionologists, and we need to bring more primary care physician in doing MAT that is a path that we're certainly supporting along with many others.

If you do not carefully manage people who have chronic addictions and get them off opioids in a thoughtful way these are individuals who get quite desperate and if they come across fentanyl or other drugs that are even of higher potency those drugs are very hard to manage and control, and that I think is one of the reasons it's been so hard to see mortality began to decline with opioids, but what I would say about California it's a partnership effort, epidemics of complex issues and you really need everybody in the community looking at real time data, there is a fantastic tourist [PH] database that the state set up that allows absolute real time prescriptions who has gotten what when was it last prescribed and that is really helping with the information sharing that's necessary.

Mark Masselli: We're speaking today with Dr. Sandra Hernandez, president and CEO of the California Health Care Foundation, dedicated to improving health care for all Californians. And Dr. Hernandez you gave a wonderful keynote at the Health 2.0 Conference in San Francisco and you outline the ways technology will help fill the growing gaps and challenges in the health system and but just a few of them certainly the shortage of clinicians in primary care there are 10,000 baby boomers a day who are aging into Medicare. I wonder if you could share with our listeners your vision of a technology enabled healthcare system of the future.

Dr. Sandra Hernandez: You know if we think about technologies and the kinds of capabilities that we can readily foresee and that are already being studied today and you recognize that we have this immense silver tsunami that's occurring in California. I think that you have got to be able to see the opportunity for technology to help with helping people stay in homes and be able to be monitored from afar and to support issues with medication management. There are many, many technology companies now that are looking at how we even build in a build environment via a phone or via an iPad be able to communicate with their providers. I don't think we're going to be able to address all of our healthcare need both as the age as a population and as we think even better investment and workforce I think increasingly we need to think about how technology can give us leverage in meeting some of the needs that people would have in order to help them a little bit home for as long as possible.

You know telemedicine is an area that it's quite extraordinary in terms of what its capabilities are, people don't have to leave work to be able to go you know and assess whether their child has an otitis or not. They could you use the telephone will be able to assess whether in fact there's pus in the ear or not. The way that technology could transform and really fully leverage the workforce of the future. We are really excited of them really thinking about monitoring capabilities that we have allow us to envision a time when our workforce might be to be much more focused on wellness and use the more scaled up, more expensive centers only in

the circumstances in which you had no other choice. If you think about predictive analytics and artificial intelligence all of those capabilities potentially have health wellness healthcare delivery implications and opportunity. We think about the workforce of the future. We think about it in complement the technology and then we not try to build the workforce for the way we used to provide care. We should be able to use technology and virtual capabilities and all of those things I think will help us figure out those what the workforce should look like in the future and how it uses technology by the way the workforce of the future are going to be millennial and younger and they are so tech native that you can imagine the way that they will deliver care and how they will use technology will be quite different than we have used it in the past.

Margaret Flinter: We have been speaking today with Dr. Sandra Hernandez President and CEO of the California Healthcare Foundation. You can learn more about her work by going to chcf.org or follow them on Twitter @chcfnews. Dr. Hernandez thank you so much for the work they do and for joining us on Conversations on Healthcare today.

Dr. Sandra Hernandez: Thank you it's a real pleasure.

Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Republican Senator Bill Cassidy wrongly claimed that he has a way to prevent the senate tax plan from raising health insurance premiums on the individual market. The senate tax bill contains a provision that would eliminate the penalty on Americans who don't buy health insurance. The nonpartisan Congressional Budget Office and the joint committee on taxation have said in a joint report that repealing individual mandate would increase average premium on the individual market by about 10% for most years over the next decade but Cassidy said that concurrently passing the tax bill and the bipartisan healthcare stabilization act would result in "net" lower premiums it wouldn't.

The bipartisan bill was introduced by Senators Lamar Alexander a republican and Patty Murray a Democrat. Cassidy claimed that the CBO said the bill would quote lower premiums by 25%. That's not correct. Instead the CBOs said the bipartisan bill would prevent premiums from going up by 25% by 2020. The bill would continue to provide cost sharing subsidies for those who earn between a 100% and 250% of the federal poverty level. Subsidies of the Trump administration had ended, ending the subsidies would cost premiums to rise so the bipartisan bill stops a future potential increase from happening.

Meanwhile eliminating the Affordable Care Act penalty for not having health insurance would increase average premium on the individual market because healthier people would be less likely to purchase insurance that would lead to a less healthy risk pool for the individual market and higher premiums. And that's my factcheck for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com, we will have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. Currently about 2 million people around the world are suffering from end-stage renal disease. There are basically two options for these patients kidney transplants or dialysis requiring patients to undergo blood filtering treatments at medical facilities lasting up to five hours per treatment a Montréal team science project just may pave the way for another solution. Anya Pogharian developed a portable home dialysis kit that cost about $500 to produce far less than the $30,000 dialysis machines currently in use inspired by her high school internship working at a dialysis center in Montréal.

Anya Pogharian: You wouldn't have to make a way to the hospital which is a problem for a lot of patients.

Mark Masselli: Pogharian says hundreds of hours of research led her to build a prototype of the dialysis machine which is about the size of a typical gameboard but pumps and purifies blood just as large-scale dialysis machines do. She hopes this device can be developed throughout the world.

Anya Pogharian: 10% of patients living in India and Pakistan who need the treatment cannot afford it, so that's really what motivated me to continue.

Mark Masselli: A relatively cheap portable easily assembled dialysis machine allowing them to be treated at home, now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

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

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