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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with Dr. Joseph Kvedar, President Elect of the American Telemedicine Association, seeking to advance the adoption of telehealth services to improve access to care for all patients and yield better outcomes for everyone, talks about Coronavirus and how this outbreak will likely lead to more clinicians seeking to adopt telehealth services moving forward. Lori Robertson also checks in, managing editor of factcheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts, and we end with a bright idea that's improving health and wellbeing in everyday lives. If you have comments, please email us at chcradio@chc1.com or find us on Facebook, Twitter or wherever you listen to podcasts, and you can also hear us by asking Alexa to play the program conversations on healthcare. Now stay tuned for an interview with Dr. Joseph Kvedar of the American Telemedicine Association here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Joseph Kvedar, President Elect of the American Telemedicine Association, the largest organization in the world promoting the adoption of telehealth. Dr. Kvedar is Senior Advisor for virtual care at Partners HealthCare in Boston and board certified dermatologist and Professor of Medicine at Harvard Medical School.

Margaret Flinter: And Dr. Kvedar is internationally renowned for his leadership in advancing connected health to better manage chronic conditions compliance and wellness through digital and telehealth monitoring. He has written numerous papers and books on the topic, including the new mobile age, how technology will extend the health span and optimize the lifespan Dr. Kvedar we welcome you back to conversations on healthcare.

Dr. Joseph Kvedar: I'm delighted to chat with you today.

Mark Masselli: We're In the midst of a pandemic with COVID-19, disrupting travel, leading to quarantines impacting healthcare delivery across the globe, and you've been a champion of telehealth as an important untapped resource in our healthcare system.

And I wonder if you could talk to our listeners about telehealth, especially against this backdrop of the epidemic we're experiencing now.

Dr. Joseph Kvedar: Well, it's extraordinary how fast things are happening. My daughter is a law student at USC here. Classes are now going to be all virtual after spring break. Same thing, I just noticed that in my neck of the woods at Harvard, I live with that because the technology we're using to talk today, video chat is mature enough now that most people have used FaceTime to talk to a loved one or Skype. And so the concept of if I can use the phrase Skyping with your doctor doesn't sound so odd to people. We have enough experience now in the healthcare world to be able to, to be able to do a lot of what we do in the office using a tool like we're using to do this interview against the backdrop of telling everyone stay home, don't go anywhere, quarantine, etc. A couple of just very quick examples of how our systems are already implementing this. Many hospitals now, when you arrive, if you have symptoms, you're escorted to a private isolation room and you're done your intake by video. That's a simple application. And of course, more and more follow up visits in the home following people who are quarantined, so enormous opportunity for that technology.

Margaret Flinter: Dr. Kvedar, it was somewhat surprising to us how relatively slow the pace of adoption has gone. And I think the last sort of figure we saw quoted was maybe 15% of the nation's clinicians and health systems had adopted telehealth. But there's so many clinical needs that would benefit from expanded telehealth support and one of them that we've been very focused on is Behavioral Health just in and of itself, but also with all the anxiety that's being caused by maybe an increased need. And one of those areas that is just ripe for a major uptake in telehealth. Talk to us about that or other areas that you see where adoption is most likely to have a substantial impact?

Dr. Joseph Kvedar: Sure, well, first thing is to, it's a little more rosy than 15%. That data comes from 2016 from the AMA. They just released their 2019 data, it’s now up to about 28%. Hospitals about 76% said they have a program of some sort, virtually every health plan offers some sort of virtual Urgent Care solution to their insured. On the mental health side, almost half of mental health professionals have used this tool in some way for shaping their practice. So the reason mental health is such a natural fit is because the physical exam is talking to the patient, you can do that very, very capably with a tool set like

this. I grew up in this field in an era where people were constantly grading me with I'm not sure it's as good as face to face. Maybe if you're stuck in some rural part of the world like Antarctica, this might be okay. And in mental health, we think that probably it's better. And what's probably better for a couple of reasons. One is that you as a clinician get to see the individual in their setting. And there's so much about that setting that could influence their mental illness that you might not know. And the flip side is they don't have to endure the trauma in some cases of traveling and so forth. So it seems to be almost better for mental health. And that's why I think the rapid growth that we see.

Mark Masselli: That's interesting. We had a newspaper story today that featured one of our psychiatrists, and we made the reporter of the patient from home and he wrote a beautiful piece on how easy it was and how connected he felt to the clinician. So I couldn't agree with you more. But to get there, we need the federal government and state governments to really align in terms of their policies. Now, we had the federal government that passed an $8 billion Coronavirus relief bill or whatever they're calling it, about 500 million I believe went over to Medicare for some enhanced telehealth services, but they certainly haven't got down on the Medicaid level to the state level. So walk us through what the American Telemedicine Association is asking for in its legislative agenda.

Dr. Joseph Kvedar: Well, it's a long and winding road that the new funding that you mentioned was something that we advocated for and we're very pleased that for Coronavirus related visits that some of those Medicare restrictions will be relaxed, two things. One is that health plans continue to be worried about over utilization so we would constantly have to fight that Brumby you might say Gee, I have a sore throat you might connect With a tool like this, and I would say, you have a sore throat, you need to throat cultures. So you've got to come in the office and then I built twice. There's lots of data to show that doesn't happen. But health plans, one of their goals in life is not to pay people. So the second is this idea of state licensure crossing state boundaries. We're getting some traction slowly but surely, but on the Medicaid side, it's, as you know, set up so it's a state by state decision. So we go state by state, foxhole by foxhole to try to get more and more Medicaid reimbursement more and more Medicaid engagement. Medicaid is the most cash strapped health plan in any state. So it's a challenge, but we're continuing to work on it and I think we're making progress at the national level, I would just put in a plug for the AMA's work on reimbursement

codes, which has been quite prolific over the last three years. And part of the reason we were able to do that is because they the current administrator of CMS is the most telehealth friendly administrator we've seen. So I realized there's still a long ways to go. But that's how I continue to get up in the morning and fight for the costs.

Margaret Flinter: Well, I think it's good to note for our listeners and viewers that Since launching connected health at partners in Boston, you've served about 1.5 million people with some form of remote monitoring or telehealth service. But as you know, we are particularly concerned about the most vulnerable patients and certainly those on Medicaid, also those who don't have any health insurance at all. What are your thoughts about the scaling of telehealth access for patients and populations who are already struggling to access health care? We have issues certainly around training providers about the system's infrastructure. We'd love to hear your thoughts, but if you could wave your wand around really making this available to people? What are some of those strategies for scaling?

Dr. Joseph Kvedar: Well, one thing I'm involved with is Association of American Medical Colleges has a telehealth effort and the idea behind that efforts is to promote standardized training modules for medical students and residents. It's interesting that today's trainees are all digital natives. They all grew up with mobile phones in their hands, but we kind of teach it out of them, unfortunately, in medical school, so they still are cautious about using these tools, and it's moving forward. We've been working on that for over a year now, it'll start to see the light of day in the next few months and then as medical schools and residences pick it up, we'll see more and more comfort amongst our trainees with how to integrate this into their practice. Patients are usually not hard to convince. We have a program at partners where I work a virtual Urgent Care program through our health plan for all of its members, which includes our employees and their dependents. It is a small set of complaints that you can get a virtual console for but on average within five minutes you get a provider, and 80% of the time your problem gets fixed. Who wouldn't want more of that, right compared to what we go through when we visit the office [inaudible 00:10:11] waiting in the waiting room, and all of that nonsense that we go through. So I think patients are generally on board, health plans, and particularly, you've mentioned Medicaid a few times, they're the biggest challenge. I would say Medicare Advantage on the other end is, is doing some wonderful things generally. So the only thing I would say about that, about the commercial plans that I

mentioned earlier to stay in business application for, but it's very silent and that bothers me because we have this scenario where you have a sore throat, we, we interact, I prescribe something. It's good for you. But that never really makes it to your own doctor because your own doctor isn't involved with a care. It's a shadow network. So we want to fix that as soon as we can. That's both an interoperability challenge.

Margaret Flinter: Yeah.

Dr. Joseph Kvedar: But It's also a physician training physician comfort challenge. We're speaking today with Dr. Joseph Kvedar, President Elect of the American Telemedicine Association, the largest organization promoting the adoption of telehealth. Dr. Kvedar is Senior Advisor, virtual care at Partners HealthCare in Boston. He's editor in chief of NPJ Digital medicine, and Dr. Kvedar for the past three years, your enterprise. I think it's called the connected health symposium merged with the personal connected health conference, an event hosted by HMIS. And of course, HMIS was about to have its annual conference, and I think rightfully made the decision with this gathering of so many people from hundred plus countries that it was probably more prudent to cancel that. I know our National Association of Community Health Centers just canceled its annual Policy Forum in Washington DC. And, I was reading today in the Atlantic an interesting article about social isolation. ADA is sort of hearing the administration really hasn't come clear on it. So I'm just wondering what important opportunities are being missed by these cancellations and how can we address them? Perhaps through the use of telehealth? I'm not sure we've gotten people to understand outside of smaller gatherings how to do a national conference, through telehealth, what are your thoughts about this?

Dr. Joseph Kvedar: It's an enormous challenge. As much as I'm an advocate for using this kind of a tool set for the right set of activities, whether it be educational or clinical, there's nothing like being together for certain things and one of them is forming relationships around moving the industry forward. Whether those be relationships with people who deliver care or whether relationships between people who deliver care to try to move the rising tide that floats, all boats, those things are harder when you're doing something that looks like a Hollywood Squares thing on a video call, just it's harder. We're trying to figure it out because we have to continue to move our agenda forward, not just at ATA but in general and whether whatever it be I was to speak at an event three, three events that I was to speak at, and the next three, sorry, six

weeks are now either cancelled or I can't go because I'm not allowed to go to conferences by my employer. So it's getting pretty bleak. So we're working very hard at ATA, our conference is currently scheduled for May three through five. Right now we're on. We're hoping that by then that we'll have some clarity on either transmission or what have you that we can actually hold meeting, because we are the ATA. We're working very thoughtfully to come up with alternate plans that will allow us to continue to educate one another two uses of technology. So if anyone can do it, we can and.

Mark Masselli: There's an app for that.

Dr. Joseph Kvedar: Yeah exactly. So we are working on, it is it's an enormous challenge, though.

Mark Masselli: Yeah. Because just gathering people together, that's the reason conferences are so prolific. There is something about it that is very powerful for everyone involved. There's a lot of mutual benefits. So we're working on it.

Mark Masselli: Yeah.

Margaret Flinter: Well, that's great. And it reminds me that last week, we decided to put together a Project ECHO, I'm sure you're familiar with the ECHO model of case based distance learning. Communities of providers and experts and a 1000 people joined down to that ECHO from all over the country with a tremendous feeling of community based on the chat room going simultaneously. A few minutes ago, you noted that today's health professional trainees are digital natives. And I wonder if you could speak because I know one of your many hats is that you're also a professor of Harvard Medical School, about the faculty, the curriculum, if you will, all of whom need to get on board with these changes in order to both have the ability to train our students and our trainees, you run up against a lot of barriers in doing this. And I wonder if you have any thoughts on that for our listeners who are engaged in education and training.

Dr. Joseph Kvedar: You've outlined an enormous challenge. People ask why haven't we got farther, faster. And there's a number of reasons, the classic ones reimbursement, liability, etc. They're all still relevant. But there's also something in the background, which is our current service delivery platform. That means you come see me in some physical location, and we call that healthcare. That platform is quite alive and quite busy and cluttered now with physician burnout, and so forth. The idea that not only do I come to work and work all day in this

environment where I'm busy seeing patients that are in front of me, and I've got to go home at night and do my notes and so forth, and then you say, hey, I've got an idea. We're going to change the whole thing up into telehealth, what do you think?

Margaret Flinter: Wow.

Dr. Joseph Kvedar: You want to take a app right? So Don't forget most training centers are by the very nature those patients really do need a lot of face to face here.

Margaret Flinter: Right, right.

Dr. Joseph Kvedar: Their people are complicated illness. So factory we're looking at, I got to go see my clinic full of weird diabetics now I can't really think about this. So it's an enormous challenge. And it's a little bit like when I started working in this area, we it was about 1993. And we had a new technology come in, it was called email. Everyone was really worried because we already had fax machines and voicemail they were like another channel I don't know. Of course now you don't get many faxes. So it's a bit like that like we're introducing a new channel of care into an already busy environment. It's hard. So it's a challenge for sure.

Mark Masselli: Well, speaking of challenges, one of the things that we have stood up here at our health center, through an organization we call confirm ed is e-consult platform and particularly focused in on special populations. And when we so this we cover about 1.3 million lives, we have about 40 different specialty areas covered. And our worry is the population that simply through anxiety or also because of lack of insurance coverage, you simply can't get to a specialist, love to hear your thoughts about the council movement that's going on around the country.

Dr. Joseph Kvedar: At Partners HealthCare, we do this, we've done it for several years, our being in a risk contract with every pair at some level, we're at risk with every local payer, with Medicare and with Medicaid now. And so one of the areas that we know we can control costs on is specialty access, if it's done thoughtfully, and so we do this as well. We do it right through epic, but we do it like you across all of our specialties. And in a couple of years, we've done about 35,000 of them. As we look at the data, we've avoided about 25,000 specialty offices with what's interesting about that is all of the specialists are still really busy. So they're seeing a more enriched sample of people that will need to see them. It's a beautiful thing and it

works really well. And by the way, there's a code now to pay for it. So if people that are listening or watching say, Oh, I can't do that because we can't get paid. We're not at risk. Well, guess what? They are supposed to pay for it now.

Mark Masselli: Absolutely.

Margaret Flinter: We've been speaking today with Dr. Joseph Kvedar the President Elect of the American Telemedicine Association. You can learn more about their work by going to American telemed.org. Dr. Kvedar, we want to thank you for your long, steady and persistent dedication to the quest to expand telemedicine and modern healthcare to improve healthcare delivery and outcomes for patients and providers alike. And thank you for joining us again, on Conversations on Healthcare.

Dr. Joseph Kvedar: It's a pleasure, we're just hitting our stride. So thanks to venues like this where we can get the word out and thanks for inviting me.

Mark Masselli: Great, at Conversations on Health Care, 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 nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: We looked at several statements by President Donald Trump and members of his administration during the last week of February that gave inaccurate or misleading information about the new Coronavirus. And in February 26. Press Conference, Trump said the current number of COVID 19 cases in the US is “going very substantially down not up”. But the Centers for Disease Control and Prevention has said to expect more cases and has warned that is highly unlikely that the virus will not spread to some degree within the United States. Economic adviser Larry Kudlow also misled on the potential for the virus to spread within the US saying n a television interview on February 25. We have contained this and “it's pretty close to airtight”. The President said that the US is rapidly developing a vaccine for COVID-19 and “will essentially have a flu shot for this in a fairly quick manner”. That's misleading. The director of the National Institute of Allergy and Infectious Diseases, said a vaccine at best won't be ready for a year to a year and a half and won't be available for the current epidemic. So far, the fatality rate for COVID-19 has been about two to 3% higher than the influenza fatality rate in the United States of about

0.1%. But in talking about those rates, the President made confusing remarks that left a false impression that “the flu is much higher” than the coronavirus rate. Since 2010. influenza in the US has caused between 9 million and 45 million illnesses annually. The CDC says with 12,000 to 61,000 of those resulting in death, that puts influenza fatality rate at about 0.1% the fatality rate for COVID-19, in late January, the worldwide fatality rate was 2%. But as of February 27, the figure would be 3.4%. And that's my fact check for this week. I'm Lori Robertson, Managing Editor of factcheck.org.

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'd like checked, e-mail us at chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Healthcare providers are forever on the lookout for that magic elixir that can cure a host of chronic ills in one step, and in the case of obesity, depression, anxiety and stress that elixir could be turns out a number of steps as in taking a hike. A large study conducted by several institutions, including the University of Michigan and Edgehill University in the UK, looked at the medicinal benefits derived from regular group hikes conducted in nature.

Dr. Sara Warber: This study had enough people in it and following them over time, that we could see that these two different types of help for a mental wellbeing they're operating independently, that means that if we go out in nature for a walk, or getting an additional boost to our mental wellbeing.

Margaret Flinter: Researchers evaluated some 2000 participants in a program called walking for health in England which sponsored some 3000 walks per week across the country.

Dr. Sara Warber: This is a national study in the UK, there was investment In these walking groups, in training leaders to take people on walks, finding trails that were good for people to do, even if they had health problems.

Margaret Flinter: Dr. Sara Warber, professor of Family Medicine at the University of Michigan School of Medicine, said this study showed a dramatic improvement in the mental wellbeing of

participants, especially those who have recently experienced something stressful.

Dr. Sara Warber: Depression was reduced, perceived stress was reduced, and people had experienced more positive feelings or positive emotions. And there's been really lovely research that's shown that when we have positive emotions, we actually have better health in the long run.

Margaret Flinter: The participants almost universally reported reduce stress and depression after participating in group date your hikes, and the effect was cumulative over time. Other studies have shown a link between mood and exercise, but Dr. Warber says this is the first study that revealed the added benefits of group hikes in nature and significant mitigation of depression.

Dr. Sara Warber: Because we were really interested in whether if you are more stressed, would you get some better benefits from being in nature. And in fact that did pan out.

Margaret Flinter: Walk for Health, a simple guided group nature hike program, which incentivizes folks suffering from depression and anxiety to step into the fresh air with others to talk about their thoughts while taking a hike, improving their mood, reducing their depression, increasing their overall health at the same time. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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