

**(Music)**

Mark Masselli: Welcome to Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, it's our first show. You and I have known each other for a long time since the early '80s but we were each involved in health care a long time before that.

Margaret Flinter: Right; we started in the cradle. Mark was 19 when he started the Community Health Center with a group of his friends.

Mark Masselli: And Margaret became a nurse right out of college. Over the years, we have had lots of conversations about the cool things that people are doing to reinvent the health care system some from all over the world.

Margaret Flinter: Yes. And we have seen a lot of eyes glaze over at parties as we went on and on about things like how to vaccinate a 100 people in an hour.

Mark Masselli: That was the first swine flu scare.

Margaret Flinter: Or the data on flossing.

Mark Masselli: But in the past few months we have noticed the kinds of things that interest health care geeks are suddenly okay to talk about in public, suddenly it's cool to be into health care.

Margaret Flinter: So we thought why don't we just take the kinds of things we talk about among ourselves and put it on the air.

Mark Masselli: That's what this show is about, Conversations on Health Care, how to change it, who is doing it right, how we are going to get there.

Margaret Flinter: We will invite people to come and talk with us.

Mark Masselli: Pick their brains.

Margaret Flinter: This is our first show. We have an amazing lineup of people to talk to.

Mark Masselli: First, Nancy Pelosi, Speaker of the House of Representatives at ground zero on the debate and reform. She will give us her take on where things stand.

Margaret Flinter: Next, we will talk about how San Francisco has achieved what most cities can still only dream of, universal access to health care and universal coverage like insurance but not; it's a program called Healthy San Francisco.

Mark Masselli: And we will also have the health care news headlines from around the world brought to you every week by our own Lucy Nalpathanchil who has had a long career in public radio, and we are glad to have her as our producer. We will start with a look at recent health care news.

Lucy Nalpathanchil: I am Lucy Nalpathanchil for this week's headline news. Nine months after President Obama came into office with the promise to reform health care, Finance Committee Chair US Senator Max Baucus has relieved his long awaited health care plan. Now the real work begins. The President wants a bill on his desk that includes a public option Senator Baucus's plan does not include a public option. Here are the next steps. There are two competing senate bills. After the senate agrees on a final health care reform bill, both chambers will go into conference and hammer out a final plan. We will continue to follow what develops. As part of our healthcare headlines, we will bring you newsmaker conversations. One of the key figures in health care reform has been Speaker of the House Nancy Pelosi who is a leading proponent of the public option. Mark and Margaret spoke with Speaker Pelosi.

Mark Masselli: Joining us by phone now is House Speaker Nancy Pelosi, thank you for talking with us this morning.

Nancy Pelosi: I welcome that opportunity, thank you.

Margaret Flinter: Now the House seems ready to pass a health care bill but the senate seems to be divided. Senator Baucus has just introduced his plan before the Finance Committee and that plan doesn't complete upon -- What do you think can be done to expose the divide on this issue?

Well the effort (Inaudible till 00:03:16) to the floor of the senate. There is very strong support on the Senate Democrats for a public option so we would hope that one would either be in the senate bill or they would be receptive to agreeing to one in the house bill. But we are, now that the senate has put out a mark and we will take that in this week out to the Finance Committee, we are on our way to having a bill that we can send to the President's desk this year.

Mark Masselli: Speaker, we know you have been busy in Washington on bringing about meaningful health reform but the debate now seems to be focused in on the public option.

Nancy Pelosi: The public option guarantees that you will have health care for the targeted population that you are trying to reach. On a national level, the public option could possibly save over \$100 billion; we are waiting for the final number from the congressional budget office but it's well over \$85 billion that it saves. So what we are trying to do with public option is to keep the health insurance companies competitive and honest and also to have that competition lower cost as it improves quality, expands coverage, and enables people to maintain what they have if they like it at a cost they can afford by having this competition.

Mark Masselli: Now Speaker you have been out all over the country talking to people, listening to people; what's your suggestion for the average citizen who is concerned and anxious about reform at this point as it's coming to the end? How can they participate in the process over the last remaining months and weeks?

Nancy Pelosi: It's really important for everyday people to understand what's in this bill for them. It says that there will be important insurance reforms that no longer can you be discriminated against by the insurance company because you have a preexisting medical condition. If you lose your job, you do not lose your health insurance. The insurance companies will no longer be able to rescind your policy because you get sick, and the list goes on. There is a cap as to what you can pay in premium, there is no cap in what you receive in benefit; this is especially important to the disability community of people with chronic disease.

Margaret Flinter: Speaker, what about the cost?

Mark Masselli: In terms of the cost, it's important for them to know that unless we take action we are never going to be able to afford even what we have now because the escalation in health care cost, premiums,

pharmaceuticals, you name it. So again to maintain, the President says if you like what you have, you can keep it; well that can only happen if we pass this bill, if the status quo would price that same option, that same choice out of the means of many-many Americans. So, to people who are listening and have concerns about what change may mean to them, all they have to know that we must have the change for them to have the choice to keep what they have. And they also should know that this is important to individuals, it's important to families, it's important to businesses, can be competitive with the escalating cost of health insurance and it's important to our economy and to our budget; we can no longer sustain the rising cost of Medicare and Medicaid and that's why we must have reform as well.

Mark Masselli: Speaker, you have talked a lot about the need for innovation in health care; how is that reflected in the bill?

Nancy Pelosi: We try to improve quality and save money by having innovation play an important part that we will have quality not quantity of procedures that will have value not volume that will have health information technology that will enable us to do things in a much better way. So it's important for them to know that we need to take this step in terms of innovation.

Mark Masselli: You have been a great champion for the electronic health record. Do you see as one of the more important innovations that you have been thinking about in seeing around the countries, you have traveled around and talked with people in the health care field?

Nancy Pelosi: It really is. We, in anticipation of passing a health reform, insurance reform bill now, earlier in the year when we did the recovery package, we put billions of dollars into our health information technology and we did so because this is central to again reducing cost to improve quality. First of all, it takes your records to wherever you are and our interest of making healthcare available closer to home and closer to the workplace will mean the health records will follow the person. Therefore whoever treats the individual will know what medicines they have taken, what they are allergic to, what their history is and this is about time, and time is very important in terms of treatment and success also in that, physicians and health care providers are not spending their time and resources on paperwork and red tape.

Margaret Flinter: Speaker, can you tell us how health reform will control cost and address the issue of Medicare?

Nancy Pelosi: What we are doing will all be paid for A, B, will lower cost over time, and more important than that, will prevent the escalation of cost. In order to keep Medicare for example solvent and viable, it's important for us to take the delay, fraud and abuse out of Medicare and we can do that, in fact it's essential that we do that, in order for our seniors and those who depend on Medicare and Medicaid I might add to know that it is there for them. Since I mentioned seniors outside of it, in the bill we will close the doughnut hole in the house bill. That's one of the differences between the house and the senate. So this is about affordability for the middle class, it's about security for our seniors, it's about accountability for our insurance company and it's about our responsibility to the future.

Mark Masselli: Margaret, that was great Speaker came on, on our inaugural radio show, she is quite passionate about the public option. It will be interesting to see how all this plays out.

Margaret Flinter: It certainly will. And while the Speaker works to bring about national health reform including a public option in her home district in San Francisco, there is a great example of what could be called a local option to cover the uninsured and create universal access it's called Healthy San Francisco. Here is Lucy Nalpathanchil with the details.

Lucy Nalpathanchil: Healthy San Francisco was launched in 2007 after a large provider network was created made up of community health centers, public clinics and nonprofit hospitals. It's not health insurance rather it's a program that targets 73000 uninsured adult residents by giving them access to quality healthcare within the borders of the city and county of San Francisco. And all these are assigned to a medical home or a health care facility that's close to where they live so it's easier to access primary care and other services. Two years later, 75% of the uninsured have enrolled in Healthy San Francisco. Mayor Gavin Newsom says the program, an example of a public option, has been a success.

Mayor Gavin Newsom: And I underscore this frame, this public option where the sky has not fallen in, the world as we know it did not come to an end, businesses did not rush up and out of this city and we have been able to do it without increasing taxes and without creating a new bureaucracy all those fears that some had fretted about when we initiated this program.

Lucy Nalpathanchil: There have been several reports that outline Healthy San Francisco's progress. Recently Kaiser Family Foundation released a survey of a release. Mollyann Brodie, Kaiser's Vice President of Public Opinion and Survey Research, says Healthy San Francisco is an example for other municipalities who are trying to increase access to healthcare in their communities although she says San Francisco has an advantage.

Mollyann Brodie: I think that this is showing that these kinds of geographically specific programs are possible and that they can, and our survey shows, provide access and help to uninsured residents. It's also important to remember that there was an extensive infrastructure in place for the program to build upon and so therefore it might not be the model for all other communities.

Lucy Nalpathanchil Back in San Francisco, health care providers like Christina Ng say the program has changed the lifestyles of many in release.

Christina Ng: They really want to come in and give themselves a checkup, make sure everything is okay, stay healthy so we do see a change in how patients are accessing health care now.

Lucy Nalpathanchil: Ng works at Northeast Medical Services, a community health center that's based in San Francisco's Chinatown. She says Healthy San Francisco helps bridge the gap for most of their patients who live at or below the 500% Federal Poverty Level and who don't have access to any other state or federal health care program. How is it paid for? The cost is taken care of by city and state dollars and by San Francisco employers who are mandated to pay a small fee per hour for their employees. The cost for Healthy San Francisco participants is dependent on a sliding scale based upon their income. For Conversations on Health Care, I am Lucy Nalpathanchil.

Margaret Flinter: Lucy thanks for your report. And joining us now by phone is Public Health Director for the City and County of San Francisco Dr. Mitch Katz. Thanks for speaking with us today.

Dr. Mitch Katz: Thank you for the invitation to join you.

Margaret Flinter: Well, welcome Dr Katz. And you know the whole country is thinking about health care access for the uninsured. Your Healthy San Francisco program is a great model to learn from. Was there

as much of a struggle to get health care reform in your city as we are now seeing nationally?

Dr. Mitch Katz: In San Francisco we, in many ways, focused on a simpler question than the federal government is looking at right now. We focused on the moral imperative to cover the uninsured. I think one of the challenges that the federal government has is they are looking at how do we cover the uninsured, how do we bend the curve, how do we fix the hole in Medicare drug coverage while we really attack a narrower but I would argue very important question.

Mark Masselli: Dr Katz, I know that San Francisco has put together a large provider base made up of community health centers, public health clinics, safety net hospitals. But most physicians belong to small private practices; have you been able to engage those providers in your initiative?

Dr. Mitch Katz: We have now. Your description is correct in the beginning, our network was the public provider and our terrific federally qualified health centers. But now we have been able to expand to all of the nonprofit hospitals, Kaiser and even a physician association. So we now have the Chinese Community Health Association which has individual doctors and those doctors are able to see our patients. The one thing we will never be able to do in our model is contract with individual doctors because we don't pay claims, we pay an amount of money per person, kid for per month. So the model would be generalizable to any place where doctors are associated within private provider organization or some glue that holds them together.

Margaret Flinter: So you have a lot of innovation in Healthy San Francisco and one of the areas that we have been so impressed with is the technology and the way you have used technology to leverage access to care and to eliminate the delays and the waste that we sometimes see in the healthcare system. Tell us about that.

Dr. Mitch Katz: We have found technology has been the answer to a lot of problems our system suffered from before. So even without all of the coverage part of Healthy San Francisco when we went to our new model, we had one Internet system that all of our providers could use to enroll our patients. And this accomplished two goals; one was that we were now able to get our patients benefits that they were entitled to that they didn't even know they were entitled to. So in enrolling our 46000 members, it turns out that almost 5000 of them were entitled to Medicaid and didn't know it and that turns out to be good for them and it turns out

to be good for our providers because they now get a higher level of reimbursement. By having this common system also now we know where everybody is getting care, we know how many people are not getting care at all and we have eliminated the duplication that comes from someone going to one clinic on Monday and going to a different clinic on Wednesday, the person who see them on Wednesday doesn't even know that they were seen on Monday. So we are big advocates for trying to come up with a common Internet system so that anyone can use it, Internet systems are used by our Storefront Clinic that's in the poor section of the city because it doesn't require that people has sophisticated computer equipment.

Mark Masselli: We are talking with Dr Mitch Katz, San Francisco's Health Director about innovative health access program for the uninsured in the city. Dr. Katz, one of the hallmarks of this initiative is your commitment to establishing medical homes for everyone enrolled; can you explain this idea for us?

Dr. Mitch Katz: Under our old system, people went wherever they went that day and they got whatever care they got; no one person was responsible. I learned this when I went to first my computer staff and said well I want to know what percentage of women over the age of 50 in my system got mammograms and I was very disappointed at the low number but when I went and talked to my providers, they started looking at the list and they said well she goes over here and she goes over there and she just came once and I suddenly realized that without a unifying system, there is no accountability. So, under our new system, each person has to choose a primary care home and that's the only place where the care is provided under Healthy San Francisco. And then from the provider point of view, now each provider has a certain number of people for whom they are responsible. If that person doesn't get a mammogram, then I go to that person and I say why are your mammogram levels only 40% of eligible women while the doctor in the room next door to you, she is able to get 90% of her women mammograms.

Margaret Flinter: Well maybe that explains why when the Kaiser Foundation surveyed your participants in Healthy San Francisco, they found 9 out of 10 people say they are satisfied with coverage and even the Local Chamber of Commerce supports it. But there have been some concerns about the burden on small businesses who may have trouble with these costs, how are you addressing their concerns?



Dr. Mitch Katz: Well certainly this has been a difficult issue. The Employer Spending Requirement that we have in San Francisco has been a challenge for those businesses that have traditionally not provided health benefits, and that's heavily the restaurant industry. The rest of San Francisco businesses, when we first started the program, we found out that about 80% of businesses were providing insurance or some other health benefit. And so for that 80% it wasn't a problem at all and some of those people even said well gee it's unfair that I am paying for health benefits and my competitor across the street is not and so I am at a disadvantage, let's level the playing field. But, in the restaurant industry, that's just not true and it has been difficult, it's a very cut throat industry where profit margins are very small.

Mark Masselli: Moving a little away from San Francisco, cost, quality, access, choice, these are all the big drivers in health reform debate. What's your advice to President Obama and Speaker Pelosi?

Dr. Mitch Katz: They have a very tough job. At many times I have wondered if it really can all be done in one bill. I admire our Speaker's work on behalf of a public option, I believe that a public option is necessary in order to guarantee that our especially for-profit insurance companies offer meaningful benefits to people. But it is a very tough road when you are trying to do so many different things and my hope is that if we can't pass an overall bill, then that at least let's do what we can do to make lives better for the uninsured.

Margaret Flinter: Now Dr. Katz it's only been a few years but of course we want to focus some attention on outcomes. We know the data on outcomes when people don't have insurance or access to care. Do you have any outcomes yet that you can point to and say here is the benefit of having made this investment?

Dr. Mitch Katz: From the kinds of study we know not only that people are satisfied but 40% of people say that they have fewer unmet needs to health care than they had prior to the program. So I would consider that an outcome although it's subjective, it's somebody reporting it isn't on the basis of data on utilization rates. In the next phase of the evaluation what we are going to be looking at is Emergency Room use that's inappropriate and hospital admissions that are inappropriate meaning that they are avoidable; I should say Emergency Department visits that are avoidable, hospital visits that are avoidable and try to see whether we can show decreased rates. We do know that since starting Healthy San

Francisco, our Emergency Department use has been less than a comparable population seen by Medicaid.

Mark Masselli: You know Dr. Katz we just have a short time left, can you tell us what's next in San Francisco in terms of innovation in health care access and what excites you?

Dr. Mitch Katz: So we are up to 46000 of the 60000 uninsured and I want to get to 50000, and then I want to focus some more effort on what I would call population prevention. So, for example, I want to be able to contact every smoker and be able to offer them a nicotine patch with the hopes that they will stop smoking even before they have ever gone to see their doctor, I want to approach them about increasing their exercise and improving their diets without necessarily ever seeing the doctor because I think we can make a lot of inroads in making people healthier.

Margaret Flinter: Dr Mitch Katz, Public Health Director for the City and County of San Francisco, thank you for joining us today.

Mark Masselli: If there is one thing that everyone in the health care debate can agree on, it's that access to medical care is just one part of the puzzle, we also need to create healthy lifestyles. Each week, conversations will be pointing out a bright idea about how to fit wellness and healthy choices into the daily life of your community.

Margaret Flinter: This week we heard from a group of parents who found a healthy solution to a modern problem. Most parents have fond memories of walking to school as a child but years of media attention on the possible danger of strangers has made the sight of a child walking to school an endangered species, the unintended consequence of life that's more sedentary and less independent than children in previous decades. One school in Kansas has their kids hopping on a new kind of school bus this fall, the walking school bus. Parents in each neighborhood take turns supervising groups of walking kids; the kids learn the joys of independence and they get some exercise but with fewer risks. North Lawrence Elementary School in Lawrence Kansas has had great success with the program since school started.

Mark Masselli: For some families it's important that their kids are learning to save the environment and fight obesity at the same time and it doesn't hurt that it's kind of fun too. If you would like more information on how to set up a walking school bus, in your town, go to [www.walkingschoolbus.org](http://www.walkingschoolbus.org). Now that's a bright idea.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, until next time, peace and health.

Lucy Nalpathanchil: Conversations on Health Care, broadcast from the Campus of Wesleyan University at WESU streaming live at [www.wesufm.org](http://www.wesufm.org) and brought to you by the Community Health Center.