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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, there was a lot of news this week on the broader set of the issues that affect health and health care in America from economics to government policy to real health problems of Americans.

Margaret Flinter: Well it was a real range there Mark. On the one hand, there was a report showing that the growth in health care spending was the lowest in, do you believe this, 51 years. And a lot of that being attributed to the recession and people just not spending money on health care they might have in the past. Of course what we are worried about is they might be foregoing primary and preventive care that will keep them healthy.

Mark Masselli: You know there was a very sobering study from Yale about the impact that the dramatic rise in diabetes in young people is having today and the impact it's going to have on our country in the future. The study showed young people with diabetes were more likely to drop out of high school, less likely to attend college, and stood to lose roughly $160,000 of income over the course of their lifetime.

Margaret Flinter: That is an amazing figure and it reminds me Mark, you never can separate physical health, economic health, the health of the country, and the recession, it's just continuing to have a big impact on public health. I saw this week a report from The Robert Wood Johnson Foundation saying that they surveyed primary care physicians and 85% of the people they surveyed said unmet social needs are worsening health for all Americans and most of them felt they just didn't have the power to do anything about it.

Mark Masselli: A majority of those physicians polled, said they wish they could prescribe things like housing assistance, help with utility bills, healthy food choices and easier access to good childcare, things they repeatedly see negatively impacting their patients' overall health. It reminds me of why we started as a free clinic and then the Community Health Center here. This last year, we started prescribing tokens to farmers market so we are doing some of the things that many of the physicians really want to do.

Margaret Flinter: And one person who has been pivotal in understanding these changes that need to be made to the delivery and the economics of health care is Dr. Don Berwick, recent administrator of the Centers for Medicare and Medicaid Services, and I think we would degree, a champion of better health for all Americans.

Mark Masselli: He certainly is. Dr. Berwick carried out the first phase of the Affordable Care Act directives for Medicare and Medicaid and is an advocate for continued reform of the health care system. He will be speaking with us today on Conversations on Health Care about his vision for a dramatic overhaul of health care delivery in our country.

Margaret Flinter: And as always, if you have feedback, e-mail us at www.chcradio.com. We love to hear from you. Now coming up, our conversation with Dr. Don Berwick but first, lets hear from our producer Marianne O'Hare here with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with Headline News. The Obama Administration has filed its first brief with the Supreme Court on the upcoming challenge to the Affordable Care Act's insurance mandate. Papers filed late last week by the Justice Department argued the measure is protected under the Constitutional Commerce Clause and this is accepted use of Congress's taxing powers. The Nation's high court is scheduled to hear oral arguments in late March. Customers seeking to fill prescriptions at the nation's Walgreens or their affiliates are out of luck if their insurance provider uses express scripts. The company that negotiates prescription deals with the nation's pharmacists was unable to come to agreement with Walgreens on their prescription fees, alleging the fees were about 20% higher than the competition. Walgreens fills about 90 million out of 750 million prescriptions issued each year. Preemies and painful procedures; a recent study showed a little sugar water and gentle touch greatly reduce discomfort in preemies who often receive numerous painful procedures in their first weeks of life. Now that's a sweet solution. I am Marianne O'Hare with this week's Headline News.

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Mark Masselli: Today, Margaret and I are speaking with Dr. Don Berwick, most recently the Administrator for the Center for Medicare and Medicaid Service. Dr. Berwick is also a Professor of Pediatrics and Health Policy at Harvard Medical School. He is the founder of the Institute for Healthcare Improvement. Welcome Dr. Berwick.

Dr. Don Berwick: Thanks. It's nice to be with you.

Mark Masselli: Yeah, and it's a pleasure to have you on the show and great to welcome a fellow native of the great State of Connecticut so it's good to connect in. As the administrator for CMS, you are responsible for a significant chunk of the total health care expenditures in this country. You serve at a catbird seat if you will. It came into the position as the most sweeping health care reform

legislation in a generation, was being written and signed into law. It's hard to separate all the elements of this complex legislation but when you look at the key components, expanding coverage, changing delivery, or changing how we pay for care, where is the greatest impact likely to come from?

Dr. Don Berwick: It's justice in American health care that's what I think about it. It means taking a big step toward health care as a human right by making sure that people in our country have health insurance. So, under this law 32 million Americans at least, who the lack health insurance now, will have it as a result of this law. The second part is essential also and perhaps less understood which is in order to make health care sustainable we have to improve it. That would be true even if we didn't add this third generation people to coverage. But the health care, it's a pretty broken system right now. It costs far too much, twice as much as in any other country per capita. It doesn't perform anywhere near twice as well and we know there are lots of quality defects in health care, things that go wrong all the time and that add waste to the system. And basically the secret sauce to actually making health care sustainable is to improve it. So my agenda there, make health care affordable through improvement of care.

Margaret Flinter: Dr. Berwick, you might have been the best known person to the health care provider community ever to take over the helm at CMS. And I think it's safe to say that many cheer the arrival of a clinician, a pediatrician who knew what it was to take care of people in the context of a health care system and also pulled no punches about how big are shortcomings in patient safety and in consistency in quality care. And recently you were quoted in the Times as saying that the people who give the care, the health care provider community have got to be the people who lead these things forward now. So let me ask you what's your call to action to the health care community? What's the health reform equivalent of the 100000 lives campaign that you unveiled when you were heading up IHI?

Dr. Don Berwick: That's such an important question. I can see now having been in Washington for a year and a half how powerful and generative good public policy can be. The new law, the Affordable Care Act is that. It's a magnificent law actually despite the controversy. People don't really understand how good it is, I do now. So it sets the stage, it makes it possible to focus energies on improvement of care and keeping the patient foremost in mind. But what they really do is create a space and opportunity, support for people to give care, to improve the care they give. I think they really want to do that, most doctors and nurses and hospital leaders, they want the care to be great but things stand in their way. Now a lot of those barriers are gone. But the fact of the matter is nobody really can change the care unless the clinicians, the professionals and the people that organize care do it. Who else could? So here is an opportunity. Can we work together as an entire nation of professionals and caregivers to address the opportunity for care improvement? That includes things that make care better directly for patients like safer care. We now know how to eliminate a

lot of infections, let's do it everywhere. If one hospital's eliminated central-line infections let's just make that the standard and everybody do it. The same goes for continuity of care. We know how to craft much better journeys for patients with chronic illness, smoothing the way inside and outside hospitals. While we could do that we have to change information systems, habits, trainings, training, become teammate you know better teammates. All of that lies with the health care professionals. So the call to arms, the action there is let's make care better, let's commit as a nation that the best care anywhere will be the care everywhere.

Now part of that is cost reduction. I don't think I would choose this to be the mandate if we could do otherwise. We can't avoid it anymore. Health care just plain costs too much in this country and there is going to be only two ways to get cost under control, a bad one and a good one. The bad one is cutting stuff, just taking things away from patients, limiting benefits, denying insurance to some people, it's a really bad move, shifting burdens on to patients who can't afford them. I don't like that idea. But it's going to win because of the economic pressures unless we choose the other way which is to save money by making care better. That's up to us.

Mark Masselli: So it's sort of a dual agenda of we have got to make it safer, improve outcomes but also just pulling the thread on it costs too much. And you have made the point before that we could perhaps save 20% to 30% of our expenditures and you have I think outlines that waste comes in a lot of forms, duplication, you list out some treatment but also complications that could be prevented, ambitions that wouldn't have happened if there were better primary care provider available, and the list is long. A signature accomplishment at your time at CMS was the release of the Accountable Care Organization legislation. You wrote the rules and you re-wrote them and the final versions were really widely embraced. What will an Accountable Care Organization mean to a patient? What's their role in all this and two, what is accountable to the patient to ensure that care isn't sacrificed to cost?

Dr. Don Berwick: Yeah, yeah good question. Well back to the premise. The way to get care to be affordable is to get the waste out of care and the best people to do that are people who give care. So waste comes in many forms but probably one of the big ones is failures of coordination of care and every doctor, every nurse, every patient knows what that feels like. It's when they can't remember your name, what your problem was, doesn't move around with you, when doctor number one prescribes a medicine that shouldn't be given with a medicine prescribed by doctor number two, when someone with chronic illness goes home from the hospital and bounces back in six days because they had a complication that nobody detected, all of that, everyone knows what failures of continuity and coordination look like. So there has been a move toward a form of care, the Accountable Care Organization, which actually is a pretty interesting idea. It's to encourage primary care providers to band together to take care of populations of patients over time and space. But the patients don't lose any choice; they still

can go anywhere they want. They are just normal fee-for-service Medicare patients. So now this group of providers that said, well we will be accountable for their care, they have got to now act through traction, they have to be such a great place to get care that patients choose to stay there because they can feel the continuity. If they manage to offer continuous care, avoiding readmissions, reducing complications and so on, well costs will fall and the Accountable Care Organization gets rewarded because it can share in the savings if the cost for care of the population is less so they share in the savings. So the ACO is watched closely. There are 33 quality measures, several of them include direct feedback with patients. We are going to be watching quality really closely in the ACO. So the only way they are going to be able to save money is by improving care. If care gets worse, they won't save any money and they won't share in anything.

Margaret Flinter: Dr. Berwick, it's been so sobering to note reports that as Medicaid costs rise as a percent of state budgets, the budget share that can be allocated to education is falling proportionately in some states and you know of course the health of a community tends to rise directly in proportion to the level of educational attainment so we don't want to see this happen. Medicaid has such big challenges, the cost of long term care for the elderly in nursing homes, the cost of folks who are under age 65 but who are disabled and poor and on both Medicaid and Medicare. It's also though in area where there is so much innovation going on at the state level and the state Medicaid plans. What are some of the promising areas of innovation at the state Medicaid plan level that came across your desk while you were heading up CMS?

Dr. Don Berwick: A lot excited me. Better assistance for coordinated care, getting especially dual eligible patients into really effective coordinated care assistance but keep them home where they want to be, hiring health care coordinators and others that really help people understand what's going on with them and staying healthy. I also was really intrigued by innovations in telemedicine. There are several projects, not just in the Medicaid realm, offering consultations to primary care providers from university basis, there is a wonderful program called the ECHO Program in New Mexico that's just fantastic. It's projecting technical care support to primary care providers all over the state. I see lots of opportunities for using remote monitoring and for remote consultation and for Medicaid population that's crucial because these are largely people with chronic illnesses.

Mark Masselli: Today, we are speaking with Dr. Donald Berwick, who recently stepped down as administrator of the Center for Medicare & Medicaid Services. Dr. Berwick, I want to take you back to a thing, a speech you gave over a decade ago, Escape Fire, and you told the gripping story of 13 young men who were killed fighting a fire in Montana. The leader of the group, Wag Dodge, now you couldn't make up a name like that, survived by starting an escape fire essentially creating an opportunity to find a route to safety. In your speech you talked about

the importance of sense-making in a critical situation, the essential qualities needed to change old patterns and adopt effective ones. How has your work at CMS advanced developing new leaders that can lead health care and help the country escape the fire which I think you described as really a poorly performing health care system?

Dr. Don Berwick: Well the story of Wag Dodge is that he invented a solution and tried to get the other people to get into the escape fire area to save their lives and they didn't, they ran right past it and got killed. In health care, we have answers, we have solutions, there are great programs all over the country and we can't run past them, we have to say hey, wait a minute, if they know how to do it, we all should do it. CMS now has tools for doing that. It has both incentives making it more interesting financially for places to invest in better care. It also has the ability to help people learn about what's new and what's possible through the Innovation Center, the Center for Medicare & Medicaid Innovation. And before I left, we introduced the Innovation Advisor Program which will support scores and soon I hope hundreds of people around the country who would be in relationship with the Innovation Center from their home base and will learn what's new, what's coming along that they can adopt and use locally.

Margaret Flinter: Dr. Berwick, I am glad you mentioned the Innovation Center because I have to tell you that I think your time at CMS ended just as you were about to have some real fun in the middle of all that hard work that you were doing like just about everybody in health care with drive for creativity. We are very aware of the Center for Innovation call for creative ideas that offer real evidence that can reduce cost, improve quality, improve the care of patients and the CMS Center of Innovation has a billion dollars appropriated under the Affordable Care Act. Some big ideas give us a sense of kind of ideas that you think will come pouring in and what would you be really excited to see?

Dr. Don Berwick: Well first the Innovation Center has $10 billion.

Margaret Flinter: Oh excuse me.

Dr. Don Berwick: It is the largest national investment in innovation of health care that we are seeing, it's really, really exciting. And it's already issued a number of calls for proposals around Pioneer, Accountable Care Organizations, bundled payment demonstrations, fairly qualified health centers, advance primary care, just tremendous stuff going on. The most recent $1 billion solicitation was for sort of any ideas that have the effect of reducing costs while improving quality quickly and I think we are going to see thousands of proposals coming in. There are inventors all over the country, some of those will be in the telemedicine area that I mentioned earlier, I think there are great opportunities there. And we need much better ways to develop teams in coordination of chronically ill, take care for chronically ill patients in very local settings. I think we will see new job roles emerge as we think about how to help people through their journeys and care, I

think we are going to see lots of inventions around new roles for people to help them learn how to stay healthy. And I have seen some of those around the country already, they are pretty exciting.

Mark Masselli: Now a new proposal on Medicare was released the other day by a representative Paul Ryan a Republican in Wisconsin and Democrat Senator Ron Wyden and I would say it's more of an outline. The plan would set up a competition between traditional Medicare and regulated private insurance plans. Now the Whitehouse has penned the initiative; any initial thoughts on this?

Dr. Don Berwick: I highly respect the people that are trying to come up with new ideas but I have not studied those proposals particularly so I am going to have to hold my comments till I have studied them further.

Mark Masselli: Sure.

Margaret Flinter: Dr. Berwick, we have heard a lot of concern over the last several years voiced about our country's ability to meet the demand for primary care, health care in general, but particularly primary care both when 40 million Americans get health insurance but even today we have certainly heard about this in Massachusetts and I they think turned out to be well founded particularly in the more rural western area of the state. Now the Affordable Care Act addresses primary care shortages in a variety of ways through training and through incentives to attract more people to primary care. But I would like to ask you one, do you think are turning the tide with regard to the shortage of primary care providers and two, is it possible that there are more efficient ways for fewer primary care providers or physicians, nurse practitioners, PAs, to take care of more people?

Dr. Don Berwick: Yes and yes. Of course, you understand you are talking to the son of a primary care provider, to a primary care provider, and a father of a primary care provider so this is close to my heart. All strong health care systems are founded in primary care not just physician primary care but advance nurse practice and other roles. Yes, I think the tide is turning. There are more incentives now under the Affordable Care Act toward primary care. I think that everyone is aware of this as a problem and I think we are going to see more and more progress toward increasing the attractiveness of primary care as a discipline.

But the other point is equally important, leveraging the time of those who want to give primary care so that they can take care of more people more effectively with more joy in their own work it's very important. That includes new roles. I always worked for example with nurse practitioners, I never saw patients without a nurse practitioner helping me and I know the value of non-physician roles and supporting more effective primary care. And this is by the way also supported by the new wave of exciting work to help patients and families take more

responsibility for their own care, really why would we make people helpless when instead we can give them tools to stay healthy, to monitor their own physiologic status, their own medicines, to be more active participant in care and that will leverage primary care too. So I am optimistic it's going a little too slowly but I think we are going to see acceleration.

Mark Masselli: This is Conversations on Health Care. Our guest is Dr. Donald Berwick, former administrator of the Center for Medicare and Medicaid Services. You spend a lot of time trying to change the framework of how people think about the payment system from volume to value. Talk to us a little bit about outside of government beyond the Medicaid and Medicare payment what's happening in the private commercial sector or what are employers doing to help create that change?

Dr. Don Berwick: Well a lot. One of the constant sort of frustrations at Medicare for me was for people to perceive Medicare to be somehow outside the American health care system and kind of its own thing. But it's not, it's a stakeholder in the whole system. So happily, what we are seeing is lot of the same innovation that's occurring in the Medicare, under Medicare **hospices**, it's occurring perhaps even faster in the private sector. So lots of insurers are now experimenting with new ways to pay for value not volume, for outcomes more transparently and to reward organizations that achieve better health for their populations while containing cost. The Alternative Quality Contract from Blue Cross Blue Shield in Massachusetts, which has become quite well known as one such form but by no means the only one. There is lots of synergy between the federal payer Medicare and Medicaid and the private sector moving toward paying for what we really want, which is health and better outcomes, not just for spinning the wheel.

Margaret Flinter: Dr. Berwick, it's been very exciting over the past year to see many elements of health reform in motion, certainly watching the 20 something stay on their parent's policies and how much the rate of un-insurance has fallen in that group, the expansion in Medicaid in some states increased public health funding and of course the work going on building the health insurance exchanges. But that threat is still out there in front of us that the Supreme Court could find the act unconstitutional particularly the individual mandate. Now forward progress is hard to stop but if that fell, if the individual mandate fell, do you think meaningful reform can still move forward?

Dr. Don Berwick: Oh definitely. I mean first of all I don't think the law will fall. I think it's constitutional. Everything I heard when I was in government makes me optimistic that the Supreme Court will find that this was a properly constructed law under the constitution. That said the movement toward a better health care system I think is unstoppable now. I mean we really have no choice because we are headed for a cliff. Unless we find a way to make health care better and affordable at the same time, our country is much more serious trouble than it is now. So I think we are headed for health care change no matter what. I don't

think the repeal or disabling of the Affordable Care Act is a good idea, it's a terrible idea, it's a tragedy for the country as people lose the kinds of coverage we were just referring to, insurance companies begin to get away again with withholding coverage from people with preexisting conditions and so on. So I think we will be smart enough as public to realize that we need to keep this law in place.

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

Dr. Don Berwick: All over the world, health care is at last discovering the same connection between quality and cost that other industries discovered decades ago. There is misperception in health care that in order to have the care we want to need, we have to pay an ever-increasing share of our Commonwealth. I think that's not true. As in all other sectors, better care and better quality is the **best-of-breed** to lower cost, and when we mature as an industry and realize that and when professionals lead it, we will have a solution.

Margaret Flinter: Today, we have been speaking with Dr. Donald Berwick, former administrator for the--

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

Margaret Flinter: Today's bright idea looks at a unique way to use simple Smartphone technology to help HIV-positive mothers in Sub-Saharan Africa safely feed their babies breast milk without transmitting the HIV virus to their children. Researchers from the University of Washington in partnership with PATH unveiled promising data from a project currently underway in South Africa where 40% of new HIV infections in children happen through prolonged exposure to breast milk from their HIV-positive mothers. PATH, a non-profit organization dedicated to maternal and infant health worldwide is studying a low cost cell phone based system which guides the user to flash-heat pasteurize the expressed breast milk to just the right temperature to kill the HIV virus without harming the nutritional value of the breast milk. The AIDS epidemic had led to a huge drop in human milk bank donations which are used to treat undernourished low birth weight or orphan children. Using a simple phone app that comes with a water temperature sensor connected to a datacenter, HIV-positive mothers as well as milk banks are guided to flash-heat the expressed milk to just the right temperature without damaging the milk's proteins. The technology is cheap, portable and effective, a potentially life-saving nutrition intervention for infants who are pre-term, low birth weight, born to HIV-positive mothers or orphaned. Simple inexpensive phone apps being used to improve infant health for tens of thousands of at-risk infants, now that's a bright idea.

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

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

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