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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: Well Margaret, another last minute maneuver in Congress regarding the Medicare Doc Fix. Late last week, members of the House and Senate reached a deal to extend the same level of Medicare reimbursement to doctors until the end of the year.

Margaret Flinter: Well that's right, Mark. And once again, they have averted a 27% cut in the payments that physicians receive for treating Medicare patients. But this is a case of déjà vu all over again if there ever was one because this has been going on for so many years that I honestly didn't know a single person who expected it to actually go through.

Mark Masselli: You are absolutely right. Congress still hasn't figured out how to fix the underlying problem that keeps putting us in this situation. The Medicare reimbursement formula set in place in the late 1990s is yet to be changed so they have to keep passing this emergency doc fix at the last moment and they do it at the last moment every year.

Margaret Flinter: And they are costly not just in terms of finances but certainly in terms of focus. This latest fix will cost taxpayers about \$20 billion and since that money has to come from somewhere, \$5 billion will be taken from money allotted for prevention under the Affordable Care Act. That is not popular with folks in the public health community and the prevention community at all. And other funds are going to be taken from funds that support hospitals with high rates of Medicare and Medicaid patients what we call the Disproportionate Share Hospitals.

Mark Masselli: You are absolutely right. And it's putting a lot of hospitals and medical practices in a very precarious position when it comes to treating patients on both Medicaid and Medicare.

Margaret Flinter: Well Mark, I think we have had several guests tell us that it won't be long, maybe a few months, before we can stop expecting to see anything much happen because this is an election year and so this band-aid approach is likely going to carry over until after that election before we see real permanent solutions.

Mark Masselli: You are absolutely right. Meanwhile, the firestorm or protest continued last week from certain religious groups opposed to being required to

provide mandatory birth control for all of their insured employees at no cost to the insured.

Margaret Flinter: It does seem we are going from firestorm to firestorm. It was the Susan G. Komen Foundation just a few weeks ago and now this issue. But the President announced a compromise that would absolve religious institutions with large number of employees from having to directly provide the benefit and instead let the contraception fee be handled by the insurance companies and that seems to have quieted the waters.

Mark Masselli: Absolutely. Most of the groups were in agreement with the President but there are still bishops who say they want to study the compromise to ensure it doesn't violate their religious ethics although it's well documented that universal access to contraception has a profound effect and better outcomes for reproductive and infant health.

Margaret Flinter: Well in the spirit of compromise, today, we are speaking to somebody who knows a thing or two about Congressional compromise and that's Former Senate Democrat Majority Leader, Tom Daschle.

Mark Masselli: He now co-chairs the Bipartisan Policy Center along with Former GOP Senator Bill Frist. They are dedicated to finding common ground solutions to some of the biggest problems facing our nation including better access to affordable health care. But no matter what the story, you can find all of our shows and hear more about us by Googling CHC Radio.

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 Former Senator Tom Daschle but first, our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with this Headline News. A 14th case of measles has been confirmed in Indiana. Health officials in that state say the outbreak is connected to a single person and they warned there could be more cases before it's over. The growing trend of non-immunization is cause for concern among health officials there and around the nation. Baby boomers and hepatitis C, it's a growing problem. A study shows the number of deaths related to Hep C are on the rise among baby boomers with one in 33 middle-aged adults that have the disease which takes decades to quietly destroy the liver before being detected. Federal officials are considering ordering a one-time test for folks born before 1965 to be screened for Hep C because most simply, don't know they have it. There are two new promising drugs to combat the disease.

Virginia is poised to become the 8th state of the nation to require a woman to have an ultrasound before receiving an abortion, joining Texas and Oklahoma among states who have already passed similar measures. Unlike those states, women in Virginia will not be required to look at the screen during the procedure. Foes of the measure protested outside Virginia State Capitol Monday night.

And dieters, it appears you can have your cake and eat it for breakfast too. A recent study of dieters tracked on 16-week low cal weight loss program showed that most in the study lost around 30 pounds on average for first 16 weeks and those who had dessert with their breakfast during the next 16 week period, treats like cake, cookies and pie, lost another 13 pounds while those who didn't gained back almost all the weight they had lost. I am Marianne O'Hare with this Headline News.

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Mark Masselli: Today, Margaret and I are speaking with Former Senator and Majority Leader Tom Daschle, now co-chair of the Bipartisan Policy Center in Washington DC with seeks to find bipartisan solutions to some of the toughest problems facing America today. He is also a member of the Health Policy and Management Executive Council at Harvard School of Public Health. Senator Daschle, welcome back to Conversations on Health Care.

Tom Daschle: Thank you. Good to be back with you.

Mark Masselli: Yeah. You know it's been about five years since you founded the Bipartisan Policy Center in 2007. And you have been really working hard on health care issues and it was really one of the reasons that your organization came about to help tackle this issue. But here we are 2012, and we are still struggling to see the universal implementation of some of the basic initiatives. Now your Bipartisan Policy Center has just released a report transforming health care, the role of Health IT detailing some pretty significant gaps among the nation's hospitals and medical practices in switching from paper to digitized health records. And it lays out a roadmap for addressing some of these gaps but tell us where did you find the biggest gaps.

Tom Daschle: I would say that the biggest gap today is still the transformation required to go from paper to electronic means of record keeping and communication. I think that HIT, Health Information Technology, is perhaps one of the most important foundations upon which a transformational health care marketplace can be built. It will affect the way we pay, the way we deliver and the way we receive health care in the future. And so it's critical we get it right and then we give it the priority it deserves. I think we have got a long way to go in that regard. Only about 15% to 20% at the most of all of health care today is administered electronically. In other words, we have 80% of the way to go yet

and until that time we are going to be stuck with the 21st Century operating room and a 19th Century administrative room.

Margaret Flinter: So Senator, you have hit the nail on the head and said still only a minority of practices and institutions have made that conversion. But I am struck that this is one problem where we really did put some significant financial resources to work. That was certainly most exemplified by the \$30 billion in incentives that were offered by the HITECH Act and under stimulus funding. So if we have put a massive money on the problem what are the other things that we can apply to make this transition happen? Clearly this is a case where money isn't everything.

Tom Daschle: Money isn't everything and I think it's important to emphasize that a lot of that money is still yet to be actually invested. And I think we are making progress and I give the Department of Health and Human Resources a good deal of credit but beyond that I think it's critical that we look at all of the other issues that have to be addressed. Obviously one of the biggest is interoperability, how can we ensure just as we have in just about every other sector of the economy that we can talk to each other and that there can be a common means of communication once this electronic network and infrastructure has been built. That continues to plague us and compound us in so many ways and I think that's going to be one of those issues. We also have to recognize as well that we have just a wide and a very eclectic marketplace with providers and stakeholders in so many unique sets of circumstances. A family doctor in a small town is dramatically different than the Mayo Clinic. And so we have to recognize that that diversity and ensure that we have an infrastructure that isn't one size fits all but that can really adapt to the unique circumstances that we find ourselves in with regard to health care all over the country.

Mark Masselli: We are speaking today with Former Senator Tom Daschle co-chair of the Bipartisan Policy Center which just released a comprehensive report outlining gaps in the switch to IT based practices in health care. But Senator, reports suggest that one of the reasons for the reluctance by practices and patients alike is patient privacy and security. Obviously more needs to be done to ameliorate these concerns.

Tom Daschle: Well, I think first as you suggest it really is one concern that is bona fide and very much a part of the landscape and we have got to address it. I think making sure that we can solidify public trust and making sure that we create the mechanisms within the information exchanges that will allow us absolute privacy and security is critical. I think we have done a pretty good job of it in other sectors especially in the financial sector today. I think we can do exactly the same thing for health care. But it does require prioritization, attention, high degree of collaborative work and I think overtime we can accomplish that.

Margaret Flinter: Senator, I think you may remember this back from previously being on the show. We often try and draw the line and make the connection between federal policy and then policy at the level of the states or implementation. So I wonder if you would like to comment on assessment of how well this process of the state-led regional extension centers working at local levels with local communities of health care providers to implement electronic health records are going in and also the Beacon Communities, those points of light out around the country that are out at the forefront. What's your assessment? Do you take some hope from that work or do you think there are more challenges there?

Tom Daschle: Well, you ask a good question. I would say I do both. I do take a great deal of satisfaction and hope that things are progressing but I also recognize that we still have a long way to go. And I think it's widely recognized that our beacons as well as our successful states, those states that have really embraced it and made it the priority it deserves and have really put the kind of resources and attention to it that we see in some circumstances. I think there is plenty of reason for optimism here. Is it moving as quickly as I would like, probably not, but is it even more complicated than perhaps some of us understood a couple of years ago, probably so. America is I think one of the most if not the most innovative country in the world and I think we are going to show that kind of innovation and that character as we tackle this challenge as we go forward too.

Mark Masselli: Senator Daschle, it's important to note the work that your organization has been doing and it's really been doing it in a bipartisan way. You have pulled together Congressional leaders. It seems though that bipartisanship happens only after you leave Congress. There seems to be a siege going on around the Affordable Care Act with various political groups that are in the Supreme Court, the matter is going to be decided there. How do we get elected officials who are deciding some matters of critical importance to stop their bickering and start working together?

Tom Daschle: That's such a good question. I only wish there was a silver bullet or a formula that we could point to and say look just follow this and you will be fine. That hasn't happened. And I think unfortunately we have got a (12:14 inaudible) confrontation in the Congress today that is as confrontational and as acerbic as I have seen in my long years of public life. I think that if the Bipartisan Policy Center can do anything it's simply to continue to keep the hope that there are people on both sides of the aisle who strive to find meaningful compromise and common ground and that overtime the American people will continue to pressure Congress and their elected officials to look through that common ground. We need to make sure that when they do we have got answers for them. But we have created a system that I think has been far too reliant on too much money and politics. We don't spend that time in Washington that we used to, to create the kind of bond that I thought was so critical to success in prior

generations. Republicans and Democrats lived together, they communicated as a result and they ultimately got things done together. And I think we have got to reconfigure some of that aspect of Washington life to ensure that people start or continue to talk across the aisle as they need to if we are going to get some of these things done.

Margaret Flinter: Senator, it seems to me that I have lost track of how many hundreds of thousands of apps are available for my mobile phone if I want to use them. But yet, direct access to your electronic health record through a patient portal or a media campaign encouraging people to ask their health care provider, if such a thing exists for them or why this might be good, still is not really front and center I think on the national marketing stage. What's your think tank colleagues working on in this area about really getting that message to consumers, not just to health care providers, we know the work that we need to do but directly to health care consumers too?

Tom Daschle: Well you are absolutely right. We are moving far too slowly and you have just cited some good examples of where we could be so much farther along. I was getting my car repaired the other day and I took my car in and I gave them the electronic key, they put it in a computer and the entire car history and all the maintenance and all the issues involving the car came up on the screen. We can do that for cars but we can't do that across the board for people and I think therein lies one of the challenges. One of the things that I think we have to acknowledge that we haven't talked about yet is the reluctance on the part of many to be more transparent. Many of those involved in health care today are very concerned about greater transparency. I happen to believe that the extent to which we can truly have a competitive marketplace relies almost entirely on our ability to have that kind of transparency. We are going to need not only electronic health record and Health IT but far greater transparency that I think could be accelerated with Health IT today.

Mark Masselli: You know in France they have La Carte Vitale which everyone carries their health information on a swipe card and you bring it into the office and there it is, pops up on their system.

Tom Daschle: Exactly.

Mark Masselli: But we are looking for what seems to be here an American solution. It's very hard for Americans it seems to grab the best practices from other countries. What do you see out in the countryside that excites you about an American solution to our problems here?

Tom Daschle: We talk about having an electronic card and actually that is being tested. There are projects and programs underway and different organizations that are working on that, and I am very excited about that. I am excited about the whole ACO Movement, the Accountable Care Organization Movement and the

opportunities that we might move away from the volume-driven systems that we have today to a much greater value-driven approach. I think that also could accelerate many of these things. So to the extent that we can look at the three major challenges we face insurance reform, payment reform and delivery reform, I think it's increasingly clear that Health Information Technology can help us on all three fronts. And I see examples of that as I travel the country and talk to many of our leaders today.

Margaret Flinter: Senator, I know and have always respected you as a very broad thinker so I want to go maybe outside a little bit of the health care delivery payment system and the insurance system to ask your thoughts on an area where Health Information Technology offers us great promise and maybe we haven't made that argument enough to the public that's in the whole arena of public health and community level health interventions. I just finished reading the, I think it's a still draft report from the Institute of Medicine Living Well With Chronic Illnesses and the Health Affairs Journal devoted to diabetes and you come away from those realizing that we cannot solve these problems in our clinical offices. What would you make as a plug for the advantages of adopting Health Information Technology as a public health issue not just a personal care issue?

Tom Daschle: Well I think it's really important as a country that we move from an illness-driven to a wellness-driven marketplace. The key is going to be public health, the key is going to be a societal response not just the health sector response to the challenge. And the more we can do that, and here we don't need modern technology, here those apps that you were talking about a minute ago could be very important in personalizing public health. But I think that technology is yet to catch up with where the recognition is and that recognition is that we have got to change the paradigm. Every society has health care in a form of a pyramid where at the base of the pyramid you have public health and good primary care and you work your way up and become more and more sophisticated until at the very top you have the most technological applications of health like heart transplants and MRIs. Every society starts at the base of their pyramid and they work their way up until the money runs out. Unfortunately, we have always started at the top of the pyramid and we have worked our way down until the money runs out. Our challenge is to invert our pyramid to make sure that we put the emphasis on public health and the bottom of the pyramid care through good primary care and wellness that we can across the board in schools, in businesses, in communities as well as in our health sector.

Mark Masselli: And today, we are speaking with Former Senator and Majority Leader Tom Daschle who now co-chairs the Bipartisan Policy Center in Washington DC. They just released a report entitled Transforming Health Care: The Role of Health IT. You really assembled a great group on your advisory committee. Talk to us a little bit about some of the members but also talk to us about where the report goes from here.

Tom Daschle: Well you are right, we had a stellar group of people and I am very, very grateful to so many of them to put in the kind of attention and effort they did. But I want to give a special thanks to Senator Bill Frist, my co-chair and then the two former governors, Governor Mike Rounds of South Dakota and Governor Ted Strickland of Ohio for the tremendous job they did and providing the kind of leadership and attention that they have to this project. And to your question about where we go from here, I think the most important thing now is to ensure that as we look both at the marketplace and in public policy that we follow through with these recommendations and observations in a way that can allow us greater confidence that these questions are going to have the kind of priority they deserve. We picked the leadership in part for their insights but also in part for their ability to persuade and their ability to be fully engaged once the report was done of what we think needs to be done with the kind of blue print and action plan required to move forward. I am really encouraged by the reception we have gotten so far. So we are off to a very strong start and we also of course recognize that we have a long way to go.

Margaret Flinter: But let me ask you to do a little bit of future gazing for a moment and somewhat of where the rubber meets the road perspective. There are things that we used to do in health care that the expression you wouldn't be caught dead is probably not a good one but things you would never consider doing today, right, the things that we have just moved past, things that we recognize as unsafe, behind the times, obsolete. So you look at the adoption of electronic health records in both hospitals and in practices and in other health care settings and at what point do we say enough, no more, this is the thing of the past and it is the standard of care, we can't have paper records? Do you see that five years, 10 years? Do you see that in our future or do you think this is going to be a very gradual drawn out process?

Tom Daschle: I see it as picking up momentum. Unfortunately, it is going to be drawn out much longer than most of us realize. Many of us who can clearly see the advantages of a Health IT, a robust Health IT are understandably impatient but I also recognize the practical realities and as I said earlier in our conversation, how diverse the health settings are in our country. But we have done it. You look at what we have done with iPads and iPhones and so many of the other technological tools that we are using today and how quickly we have adapted to those. I have a high expectation that as this gets traction it's going to pick up momentum and with momentum we are going to see a lot faster transformation in a couple of years than we see right now.

Mark Masselli: Senator Daschle, 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?

Tom Daschle: Well I think it's really exciting. This is probably the most exciting time in health care in my lifetime and maybe arguably in the lifetime of our country. There are so many good things happening. And what we should do is to recognize that best practices and exciting new things as they develop really need to be shared. I really appreciate your program and what you are doing through interviews like this to help share what latest news there is on some of these fronts. We have got to continue to do that. We have to embrace change, we have to celebrate progress and we have to recognize that the sky is the limit on the kinds of things we can do if we just do it right.

Margaret Flinter: Today, we have been speaking with Former Senator and Majority Leader Tom Daschle now the co-chair of the Bipartisan Policy Center in Washington seeking to find bipartisan solutions to some of the toughest problems facing America today. Senator Daschle, thank you so much for joining us on Conversations.

Tom Daschle: My pleasure.

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives.

Illness doesn't discriminate but it's a lot easier to handle if patients can afford the medications and other costs related to their health care. Libby Overly was working as a medical social worker in rural Mississippi and frequently assisted clients in finding programs to help them get the medicines they needed and get to doctor visits. The need in the region was so great she decided to put a database together to streamline the process. She shared the idea with a friend Dr. Sagall with a medical practice in Maine and he said, why not make information like this available on the Internet so patients in need around the country can be similarly helped and the result, www.needymeds.org. Patients and their advocates all over the country can access information on free or low cost medical care in their own communities, free or low cost medications and specific patient assistance programs that are targeted to the drugs they need. To date, NeedyMed participants have saved close to \$15 million in prescription costs and over a million participants have gone on to the site for help. Helping the underserved gain access to basic health care assistance via a non-profit online portal, now that's a bright idea.

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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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