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Mark Masselli: This is Conversations On Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret the GOP Convention is behind us. Now we turn our attention to Charlotte, where the democratic national convention is on their way.

Margaret Flinter: Well it has been a fascinating week and it's interesting to know Mark that the GOP didn't really get much of a convention bumped in terms of polling numbers.

Mark Masselli: They didn't and yet they're still polling and we'll watch that Gallup poll closely and we'll see what happens to President Obama's ranking after this week at the moment the presidential candidates are neck in neck. But the election is still two months off and so we've seen in politics before, Margaret, anything is possible.

Margaret Flinter: It is and I think you could categorized the prevailing theme this week are we better off now than we were four years ago.

Mark Masselli: And if we're talking about health care the answer would have to be a resounding yes, for the millions of young Americans who are able to insured on the parent's plans.

Margaret Flinter: And for the tens of millions of American women who have now have no co-paid for preventive cancer screenings and also all those Americans who won't be denied coverage due to preexisting conditions I would put those all in the category of yes better off today than four years ago.

Mark Masselli: Absolutely. In the past which is the Affordable Care Act is certainly a singular achievement in the whole marked of the Obama Presidency whereof I know he is now starting to refer to his Obamacare, because he does care.

Margaret Flinter: Okay. And our guest toady is somebody who has examined how the Affordable Care Act and specifically technology advances in health care are improving the landscape across the country.

Mark Masselli: Darrell West is the Director of the Center for Technology Innovation at the Brookings Institution, he has done extensive research on the ways mobile technology is improving health care deliver in these country.

Mark Masselli: And factcheck.org Lori Robertson takes a look at claims that were made at the GOP Convention.

Mark Masselli: And as always you can hear all of our shows by Goggling CHC Radio.

Margaret Flinter: And if you have comments remember email us at chcradio.com or reach out to us on Facebook or Twitter because we love to hear from you.

Mark Masselli: We would and we'll get to our interview with Darrell West in just a moment but first here is our producer Marianne O'Hare with this weeks headline news.

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Marianne O'Hare: I'm Marian O'Hare, with this Headline News. Tens of thousands have descended on Charlotte, North Carolina for their Democratic National Convention a week after the GOP held their nominating event in Tampa. And health care was the dominate topic at the start of the event, with the prevailing theme from last weeks event focusing on President Obama's Medicare Funding Plan. Republicans claim it's taking 7 out of \$16 billion from Medicare, a politically charge statement based on only marginal fact, the president's plan would cap growth in Medicare expenses over the next 10 years. Harvard economist Dr. John McDonagh's saying that candidate Romney's Plan who quote restore those Medicare cuts would actually hasten the insolvency of Medicare and that the move would actually require seniors to pay an average of \$350 more per person out of pocket under the Romney Plan.

Meanwhile some of the informal administrators on President Obama's Health Care Law are making recommendations for health reform 2.0 proposing a measures similar to one recently passed in Massachusetts, that seeks to contain health care caused in the future on the team that includes former CMS acting Administrator Don Berwick, they are calling for things like an overhaul of spending systems for Medicare Medicaid putting limits on medical liabilities for doctors who follow best practices paying fix rates for treating certain conditions rather than the current unchecked fee for service system and bidding from Medicaid expenditures.

And it's back to school time, a tough time for a lot of kids but especially tough on kids who are on the Autism Spectrum. A recent report out shows 50% of kids with either Autism or Asperger's are bullied in school that compares to about 11% of kids being bullied in the general student population. A UC Berkeley study published in the archives of pediatrics and adolescent medicine showed those kids on the spectrum who are in general public school populations were most likely to be bullied in that environment.

I'm Marian O'Hare with this Headline News.

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Mark Masselli: We're speaking today with Darrell West, Vice President and Director of Governance Studies and founding director of the Center for Technology Innovation at Brookings Institute, one of the top public policy think tanks in the nation. Mr. West spent 26 years on the faculty of Brown University teaching political science before joining Brookings in 2008. He is the author, co-author of numerous articles in 18 books including digital medicine health care in the internet era. Mr. West welcome to Conversations on Health Care.

Darrell West: Thank you, pleasure to be with you.

Mark Masselli: You know you've spent a considerable amount of time throughout your career analyzing the impact technologies having on our economy, politics, education and in health care. And in Brookings, you're currently conducting the three year mobile economy project that is studying the various ways mobile technology is changing the landscape and politics health care and in business. Let's take a look at the bigger picture for a moment, how are all these areas conversing and what can we learn from your past studies in digital governance that will help us navigate this these new emerging world in digital health?

Darrell West: A few months ago I was in Barcelona for the World Mobile Congress and there I found out the research is indicating that 80% of the broadband access within four years is going to be through mobile devices. So that's one of the reasons we're doing this mobile economy project just to figure out how the use of smartphones, tablets and cell phones is going to alter every area including health care. Certainly there have been a number of very important in health applications, we're starting to see remote monitoring and devices and which people can record their own blood pressures and other types of vital signs machines will electronically submit to your physicians office and so it can save time and money because a physicians can get basic health information without you personally having to go to that person's office.

Margaret Flinter: Well I know you have been paying a lot of attentions, we have to the fact that the Supreme Court upheld the Affordable Care Act and Health IT as a big component of those changes that we see coming, you've noted I think in a recent Brookings report, there's been a lot of progress in establishing the organizational framework for health information exchanges and, I think you called that part of a mega change underway in health care. But still there is just so much work left to be done across the country. What are the key components yet to be completed and the most challenging obstacles to the adoption of these health information exchanges in the various states?

Darrell West: When technology is enabling new approaches to health care which offer the potential to really bring various networks together bring them the hospitals, the physicians and other health care providers into one type of network. And then, you know once you created those networks you can then share data and then start to analyze those data for purposes of compared of effectiveness. And the thing that continues to amaze me about American Health Care is how so much of it still is done on a trial in our basis. You know you go to the doctor with your particular symptom -- try one drug if that's work fine and if it doesn't then you'll try something else. We don't really have very detailed information on what works and what doesn't works. So I think the different data sharing networks sort of being created now really have great potential to get a handle on caused which is so important right now without necessarily sacrificing the quality of the cure that people valued so much.

Mark Masselli: It also seems to be very fragment at the health care system in terms of its adoption of technology. It seems to be very focused it on billing and accounting. Give us the bigger picture if you will of how this personal health records, electronic health records, health exchanges are going to fit together in the emerging realm of mobile health and also in the back drop of very slow adoption by the health care industry relative to other industries?

Darrell West: I mean I think you're exactly right that the big challenge that we face in United States is just the very fragmented nature of our health care system. Here our system is broken down to individual physicians, individual hospitals and until recently those different types of providers would not very well integrated. So what technology is trying to do is to bring the health care at the same sense of efficiency that we have found in other areas you know there have been many sectors that have created data showing networks and then that allows those providers to become more efficient and more productive. So what we're trying to do in the health care area is to use electronics health records so that all of someone's personal records are located in one place. So we're trying to figure out ways to integrate the electronic part of health care so that we can improve our record keeping then we can get rid of duplicative test, that's one thing that really drives up the caused as oppose to having one set of test that go into your electronic record and then all the relevant providers have access to that. You know in our current system we just keep running a test after test, physicians in hospitals make a lot of money off of that but obviously creates very bad incentives and helps to drive the cost up, you know a high cost system without necessarily producing the quality of cure that we all desire.

Margaret Flintner: You know Mr. West I think that most consumers if we said to them that the area of personalize medicine is one of the positive changes that lie ahead that would probably sound pretty good to people. You've talked about this as something that really is based on three revolutions that are going on in which technology and personalize medicine will play a bigger and bigger part in health care, the first in medical delivery revolution, the second the digital revolution, and

the third revolution in Genomics. So let's take those three separately and first let's look at the medical delivery revolution. Tell us your observation in this new reality of personalize medicine and cure delivery.

Darrell West: Well the good news is the people are getting more involved in their own health care. They're doing these in terms of preventive medicine and you know paying more attention to diet and exercise which produces tremendous savings and quality health down the road. But they're also getting more engaged with their primary care providers.

Mark Masselli: We're speaking to -- with Darrell West, Vice President and Director of Governance Studies and founding director of the Center for Technology Innovation in Brookings Institute. Mr. West is conducting a three year study on the impact technologies having it on Health Care delivery. Let's look at that second revolution you see coming in health care, the digital revolution. And patients are now accessing a merit of health information from sources like WebMD or mayoclinic.com. What sorts of impact will this better informed and digitally engaged patients have on the transformation of health care?

Darrell West: I think it's having a very positive impact on health care just because people are more involved, they know more and so they can be smarter consumers about their own health care. And I think this is particularly relevant in the case of weird diseases, those are often the most challenging for our health care system. So there are social media websites probably the one is called patientslikeme.com. That basically deals with people who are suffering from a weird diseases and they're able to share knowledge, they actually put detailed information online about what their symptoms are, what their treatment is, and then what the resultants of that treatment and so as oppose to relying on one doctor in your home town who may not know a lot about that particular illness, you're suddenly kind of plugged into these broader network of people who are going through these problem and sharing information and thereby learning from one another and so I think that's a great example of how the Digital Revolution is improving access to information and improving the quality of the cure to gets delivered as well.

Margaret Flinter: Mr. West, if we can just look at third area you agree I think the integrating genomic information is poised to have a really significant impact on health care moving forward but maybe you could help us understand the potential impact of genomics on medicine and health care and also your thoughts on any necessary policy development that's going to be needed to govern its use?

Darrell West: I mean I think this is how we can really personalize medicine because what we're finding in research is that someone's genetic makeup actually has a huge consequence both in terms of their susceptibility to particular

diseases, but also the advocacy of particular treatments so for example there are many common drugs where we already know that the drugs are only effective in a third of the patients or half of the patients or may be 60% of the patients based on particular genes that a person has and so when you think about the cost implications of that you know now we're basically trying out different drugs not knowing what someone's genetic structure is and if the drug is only successful half of the time, we're wasting half of the money right there. So if we can start to developed a better understanding of someone's genetic structure and then learn what are the genes that associated with particular diseases as well as with particular treatment, we can then personalize that health care to that individual and the cost of the gene testing kits are really starting to come down. But in the next few years we're anticipating those costs are going to drop dramatically and it's really going to open up a consumer market for gene testing.

Mark Masselli: That's very exciting and certainly at the intersection of all of those revolutions in health technology is the corner stone and its -- we're looking at thousands of apps and devices floating in the market place, all with varying degrees of efficiency and now the FDA I think these last summer has gotten into approving mobile health devices. Tell us about your concerns about the FDAs involvement what kinds of policies are needed to facilitates the FDAs role in digital health?

Darrell West: Well we need policies and regulatory procedures that are in keeping with the different revolutions that we have been talking about because what the FDA has done in the past is basically when a treatment is proposed, we have this very expensive and very time consuming clinical trials and so the problem is it's often years after research suggest that a drug maybe effective with particular diseases until we actually figure out what it's possible impact is. And so what we need to do is to really speed up that process obviously without compromising patient's safety but try and take advantage of these new data sharing networks that we're building so that we can basically use those networks as an early warning system as opposed to waiting 3, 4 or 5 years to get that feedback we can start to move almost towards a real time system where we can try various treatments, see what the side effects are, see what's working and do that much more a rapid way. And so the FDA really needs to speed up the process so that we can get information to consumers much more quickly than what we see today.

Margaret Flinter: So, Mr. West, perhaps on the softer side of progress there's you know bit of a nagging concern about trust and people, still more persistent lack of trust in technology and the protection of the privacy of their health information. What's your sense of how we're going to galvanize trust in digital health systems as we go forward to get maximum advantage from these?

Darrell West: Virtually, every public opinion survey in this area really identifies privacy as the chief concern that people have about health information and

technology. So, what people obviously are concerned about is, you know, there is very personal and very confidential information in people's health record. They are concerned about that information following into the wrong hands. We do have to be very careful to maintain privacy, that's certainly a very high priority for consumers and the patients, but we also have to be careful not to be so privacy oriented that we don't get the innovation that we need from these data sharing networks. One problem so far has been researchers often have not been able to get access to the de-identified data, the health care records where someone's personal information, their name, their address, their phone number, their social security number is taken out of the data sets and then researchers can kind of do analysis of what works and what does not works. So, we need to kind of understand its important on the one hand to protect privacy but we also need innovation that will actually give the patients the advantages of these data sharing network that are being created right now.

Mark Masselli: And Mr. West, we're in the midst of the Presidential Race Healthcare Reform and affordable care act are hot-button issues in the campaigns. How do you see these diametrically opposed views on health care playing out during the selection season?

Darrell West: Now we're saying health care and then certainly the competing plans between the two parties about the future of Medicare really attracting a lot of attention and the selection of Congressmen ran as the running **maid** for Mitt Romney certainly its going to focus a lot of attention on Medicare as well as the affordable care act is because Republicans are opposed to Obama's healthcare legislation, they have already promised to repeal it. So, I think its really present a very star choice for voters. What I always advice people if they are uncertain pay attention to rebates. Its important election and certainly healthcare is going to be essential in the outcome that we see there.

Margaret Flinter: Well it's always good to find an area of common ground in one area if we can reduce cost and deliver better care that would be the holy grail of the scenario. And you at your recent digital health gathering you were on a panel that looked at this intersection between AM Finance and AM Health, as the real breakthrough opportunity and containing mounting health care cost but how does AM Finance and AM Health come together towards the holy grail of reduced cost and better outcomes.

Darrell West: I mean right now we have tremendous inefficiency in our health care system and that's one of the reasons cost have sprawled out completely out of control. So, the key thing that I focus on and I think how digital health really helps is we need to get the incentives right in our current system. Right now the big problem in terms of finance is there are just too many people who have the wrong incentives like physicians and hospitals make more money by running more tests. So, obviously they have incentives just to run a bunch of test. And so we need to focus more on health outcomes as opposed to just paying a

provider support the number of tests that they run. You know, in other sectors of the economy, we've seen technology enable tremendous cost savings without compromising the quality of the service delivery. Health care is in the early stages of that but I think technology really has to be part of that solution because we need to figure out ways to use technology to reduce costs while still delivering quality care to people.

Mark Masselli: Mr. West, we'd like to ask all of our guests this final question, when you look around the country in the world what do you see in terms of innovations that are listeners at Conversations should be keeping an eye on.

Darrell West: The key innovation that I'm watching is called Big Data and data analytics that basically, you know once we've created the data sharing networks that we talked about here, we can start to use that information to analyze results in real time and basically reduce the length of that feedback, so that we give much more timely information about what works and what doesn't work and at what cost. Data analytics is a way to grow really use information in real time to monitor what is going on, figuring out what works and then also figuring out what is effective cost wise so that we can get the biggest bang for the buck. So I think in the future that's the innovation I think offers the greatest hope in terms of really transforming our system while still preserving the high quality that everybody wants.

Margaret Flinter: We've been speaking today with Darrell West, Vice President of Governance Studies and Director of the Center for Technology Innovation at the Brookings Institution. Mr. West, thank you so much for much joining us on Conversations on Health Care today.

Darrell West: Thank you.

Mark Masselli: 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. non-partisan, non-profit 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: Mark and Margaret at the Republican National Convention last week a few speakers repeated an old false claim about the affordable care act saying that it would interfere with the doctor-patient relationship. New Jersey governor Chris Christie was one of them, he made the claim in his keynote saying that the law bureaucrats between an American citizen and her doctor, and the false claim was also made by John Archer, a congressional candidate from Iowa who said that the government could come between patients and their doctors. Mitt Romney has also made this claim but repeating it doesn't make it accurate. The healthcare law doesn't regulate what doctors can and can't do or

which doctors patients can see and the law doesn't come anywhere close to creating a government run system or the government is the insurer like that of many other countries instead it builds on the current employer based insurance system and while it expands Medicaid it also greatly expands business for private insurance companies. Republicans often point to what's called the Independent Payment Advisory Board as a source of rationing but that board which is created by the law is passed with finding ways to slow the growth of Medicare spending. And according to the law it can't ration care. And that's my FactCheck for this week. I am 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 would like checked, email us at chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. For anyone who spends time on social media you know that cute kitten pictures are all the rage. Just looking at the images conserved to be coming on a stressful day, Seattle Children's Hospital artist-in-residence John Blalock met with 16-year-old Maga Barzallo in isolation after a bone marrow transplant. He marveled at how she didn't complain about her plight at all. But one thing she wanted more than anything was a visit from her beloved cat. Since an actual visit was out of the question Blalock hatched a plan, the Cat Immersion Project. What if they collected images of her cat and pictures of other cats belonging to the staff and projected them on a screen for Maga. The plan quickly expanded to a call on Facebook to have other people post images of their felines for the project. Blalock interspersed pictures of the young patient's cat with 1000s of other kitten photos projecting them on a tent made of sterile bed sheets over her bed. He also made a continuous loop soundtrack of real cat spurring. The affect on the patient was mesmerizing. Lethargic and sick from treatment she literally came alive under her tent of large projected image of kittens. As her mood improved she became animated and engaged. And the sound of spurring kittens had a calming affect as well. 16-year-old Maga said the photos made her feel like she was part of the world again. She is beginning to write thank you notes to the 1000s of people who sent in cat images giving this young cancer fighter another purpose during her time in isolation. A personalized art driven project using simple technology and social media to erase isolation felt by a young patient fighting a deadly disease. 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.

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