Mark Masselli: This is conversations on healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret the rollercoaster ride continues, we've gone from the up in the air presidential campaign to the further falling off a physical cliff. It's quite amazing in such a short time.

Margaret Flinter: It is since President Obama was reelected the rhetoric has shifted to the physical cliff and what might happen on January 1st, that's when existing tax breaks expire and the funding for a number of programs including Medicaid and Medicare begin to fall off.

Mark Masselli: And listeners may disagree on what might happen but they all agree, this is a stern warning to congress to start compromising.

Margaret Flinter: Somehow I have the feeling people have learned from the experience of past years, we're in this situation because congress couldn't agree on a solution in the last legislative session so they kicked this rather large and complicated can down the road now it's come to roost.

Mark Masselli: The good news it seems to both sides of the aisle are attentively testing the waters of compromising, coming to the table to discuss ways to avert falling off this physical cliff.

Margaret Flinter: Which is a term that we may want to forget about at some point soon but although we're far from agreement Mark, that house minority leader Nancy Pelosi said she is confident that a disaster can be averted though many of the Tea Party Republicans are still vowing to block all efforts to raise taxes on the wealthiest Americans.

Mark Masselli: And they're still demanding cuts to the so-called entitlement programs like Medicaid and Medicare. I anticipate a lot more noise pontification before the matter is settled probably on both sides.

Margaret Flinter: Well, it may be noisy but at least they're talking and that's a step in the right direction. It's also something our guest today is something of an expert about David Whitlinger is the Executive Director of the New York eHealth Collaborative.

Mark Masselli: It's a consortium of health policy experts, health care stakeholders, medical professionals and IT experts, all coming together for the goal of making New York State's many electronic health systems, communicate easily with each other.

Margaret Flinter: And Mr. Whitlinger has a lengthy career in creating those interoperable systems, a real challenge in health care right now. So we're looking forward to that conversation and there's a lot of states around the country that could learn by the example of the **(2:05 inaudible)** in New York over these past years.

Mark Masselli: And we've Lori Robertson, Managing Editor of FactCheck.org who will give us another analysis of perhaps misrepresented claims about the health care law.

Margaret Flinter: Well, we hope she took a bit of a vacation after all those presidential debates and no matter what the topic you can hear all of our shows by googling CHC Radio.

Mark Masselli: As always if you have comments email us at chcradio.com or find us on Facebook or Twitter, we'd love to hear from you.

Margaret Flinter: And we'll get to our interview with David Whitlinger in just a moment.

Mark Masselli: But first, here's our Producer, Marianne O'Hare with this week's headline news.

(2:38-2:41 Music)

Marianne O'Hare: I'm Marianne O'Hare with this headline news. The Obama administration and the Department of Health and Human Services released the latest set of rules governing insurance coverage and the Health Care Law. At a briefing this week, HHS Secretary Kathleen Sebelius released the latest rules concerning insurance company practices. The rules bar insurance companies from charging higher rates to women, canceling insurance policies for customers who are sicker and denying coverage to people with pre-existing conditions. The rules also outlined what the so-called essential benefits should be, they include ambulatory patient services, emergency services, hospitalization, maternity and newborn care as well as mental health and substance abuse services, rehab and lab, currently close to 50 million Americans are without insurance, they will be required to carry insurance by 2014 under the Affordable Care Act. As for the State's Insurance Exchanges, online marketplaces where customers will be able to purchase that insurance, 18 states are now saying they won't set up their own exchanges and they're going to let the federal government provide insurance exchanges, 18 states have set them up or are in the process of doing so while the rest of the states are taking advantage of the extra month a lot of them by the Obama administration to state their intentions. And if you have the privilege of utilizing indoor sanitation this week, you may not realize just how lucky you are. This week marks World Toilet Day, a day to reflect on just how many in the world go without in fact they have to go outside everyday. 2.5 billion people live in the

world without access to sanitation or plumbing and it's a leading cause of death and disease in communities dwelling in poverty. World Toilet Day aims to raise awareness and support to bring sanitation solutions to the third of the world's population that goes without.

I'm Marianne O'Hare with this headline news.

(4:26-4:32 Music)

Mark Masselli: We're speaking today with David Whitlinger, Executive Director of the New York eHealth Collaborative, a non-profit organization founded by a consortium of health care leaders working to improve health care for all New York residents through health information technology. Mr. Whitlinger is the former Director of Healthcare Device Standards in Interoperability for Intel Corporation. He holds leadership roles in many standards organizations throughout the world including Health Level Seven and Bluetooth. Mr. Whitlinger welcome to Conversations on Healthcare.

David Whitlinger: Oh, thank you very much for having me this afternoon.

Mark Masselli: David, your organization the eHealth alliance recently brought together close to a thousand health IT professionals for the Digital Health Conference in New York City where many thought leaders and technical innovators in the health were in attendance. And we are always, it seems to me, at a cross roads in American Healthcare System but certainly we are the cross roads on technology, can you give us a sense of the big picture of where we stand today with the use of electronic health records?

David Whitlinger: Sure. I will tie it back to one of the key note speakers that we had at our conference Dr. David Brailer who is the father of this current movement. He was appointed as the first National Coordinator for Healthcare IT back when George Bush was in office and laid down the challenge of that have every provider have an electronic health record system and every patient has the records stored as such by 2014. And he brought to light a lot of the differences between the marketplace as well as the regulatory and policy frame that was **(6:08 inaudible)** in that era as oppose to today and this explosion of electronic health record innovation come from two things. One, the federal government in the Obama administration put together a stimulus package of $50 billion in order to help the provider community get on electronic health records. And then the other is health care reform itself whether or not you're democrat or republican it seems that all parties and all policies agree that our payment system has to change for **health care** or it will go from 16%, 18%, 20% of GDP and keep climbing. We have to stop paying for additional service, paying for more and more service in a fee for service healthcare setting we have to now start pay for managed care, where clinicians and physicians collaborate together on a given patient for better outcomes, higher quality and greater efficiency. And that one of

driving that collaboration naturally lengths itself the usage of common internet tools that every industry over has figured that how to use in order to become more efficient.

Margaret Flinter: David, one of the states, it's really been I would say among the most proactive in setting up systems to facilitate not only the adoption of electronic health records but also the integration of records within regions, the Regional Health Information Organizations or the RHIOS that have been set up. Help us to understand what is this relationship between individual practices and their electronic health records and then the RHIOS and then the State Health Information Network, how do they support one another and with all the innovation that's happening? Is that the right infrastructure at the state level to really advance this?

David Whitlinger: Oh, yeah. Just to **(7:50 inaudible)** the acronym its State Health Information Network of New York or we affectionately refer to it as the SHINY and just to build it as the layers as you described obviously a lot of clinicians now are getting electronic health record systems thanks to the federal stimulus and that's just over the last two or three years. All the non-hospital practices are really getting engaged, hospitals to a large degree is embraced electronic health records five or seven years back. So those institutions are now getting their electronic health record systems in place and figuring out how to improve their workflow and then where we build from there is each of the communities in the state of New York have put together a RHIO or Health Information Exchange and each of those RHIOS are in the space of getting everyone of this electronic health record systems, each of those provider communities to connected to the network and there's two things that we're looking forward to that set of connections to provide. One is the ability for the patient records available across the whole community and eventually the whole state of providers and so that's the network, that's the network effect and so having at the fingertips of every clinician in the state the records that their fellow clinicians have created to a given patient at any given time has an immense amount of power and being able to improve the quality of care and the efficiency of that delivery. The other major capability that we look towards in that network is the ability to just use the network as a transactional network following the national **(9:27 direct)** model and that is being able to send the records from one clinician to another in a very secured email like fashion and providing those through the statewide network those are the two big capabilities that we are looking for at SHINY to give all clinicians and eventually all patients.

Mark Masselli: So you've laid out very nicely for our listeners there's enormous opportunity and yet challenge that the federal government has undertaken. You talked about the stimulus bill which put $50 billion in to trying to encourage private providers to engage in and participate in electronic health records and then you noted in the Affordable Care Act to the sort of pushed towards the Health Information Exchanges in that states and regions are putting this together

so you have the provider gathering the information and now so they can share it with the hospital or share with another provider and you're at the heart of this trying to pull them all together right? So tell us a little bit about the consortium that you've been working on to try to pull these health information exchanges together sort of the new interstate highway system that you're building here in trying to help design. So tell our listeners a little more about how that design is going.

David Whitlinger: You know early on we looked at the usage of Health Information Exchange in New York and the usage of Health and Information Exchange was really being impeded because of the lack of integration with the electronic health record systems themselves. And so it was a broken workflow if you will. So a clinician might have to use their electronic health record system in the user interface for that in certain situations and predominantly for most of their workflow. There have been another cases when they wanted to see records from across the community to had a jump over to a different system and it was really clumsy. So what we thought is you know the best of both worlds here is for these electronic health record systems to embrace and integrate their Health Information Exchange over an extension of itself and that's what we tested out with the clinicians in our state and we found that that was quite the case that they would find that it would be much more useful than a separate user interface for their HIE or RHIOS that was something that we tested with other states that we're also running into the same adoption barriers and broken workflow. And when we talked to electronic health record software vendors and the HIE vendors, they also agreed that a deep integration between their product lines would ultimately end up in a better experience where the provider trying to use their system as well as ultimately the patient.

So we sat down formed the workgroup with the states, 15 states as you mentioned, 37 vendors and a couple of dozen of the health information exchanges and said lets solve this problem with the technology, lets put some engineers to work on it hammer out the technical standards so that we can have plug and play interoperability between the EHR product in the health information networks. So what we announced two weeks ago is our partnership with CCHIT one of the major testing bodies in the electronic health records marketplace. And that testing body is now opening up in stores to certify against our specifications that become certified will be plug in play with the others that are also certified.

Margaret Flinter: Well that is incredibly exciting and I think consumers who are listening recognize that as the holy grail may be from a consumer perspective. I'd like to stay with the consumer perspective for a minute around the meaningful use of electronic health records, I thought that phrase meaningfully used was so well named, you recently wrote a black post about the arrival of meaningful use 2.0 so tell us what does that mean to consumers and maybe some good examples of that for our listeners.

David Whitlinger: Sure, so the meaningful use program is how the federal government is determined how its going to allocate the resources, the financial resources and reimburse the physician community for the purchase and usage of electronic health record systems. And it comes in three stages and those stages they don't just give the clinical community money or purchasing an electronic health record system. The clinical community has "use it meaningfully" or meaningful use and there are some dozens of measures that prove that the clinician is using the system to improve quality, to improve the efficiency and overall health care experience. What's notable and meaningful use stage two that's the federal government thankfully included a lot of measures that have to do with patient engagements and being able to provide the patient with their record in an electronic form, and being able to start to interact in a much more useful way with the patient and their health information. Largely promoting transparency you're starting to promote more transparency in the health care system in a whole. You can may be roll back what's been a dozen years to when the digital photography era was just starting to do be on the cusp of a consumer engagement and the publishing of different file format standards, and different standards for exchanging digital photographs really made that explode with low price cameras and the ability to share photos on collaborative website with all based on standards that exist in the consumer experience that was enabled because of it. We are looking at the edge of that right now.

Mark Masselli: We're speaking today with David Whitlinger, executive director of the New York eHealth Collaborative, a non profit organization founded by a consortium of health care leaders working to improve health care for all New York residents through health information technology. He holds leadership roles in many standards organization throughout the world including Bluetooth. David let's pull the thread a little on standards and you've worked a lot in that field tell us why they're so important from the consumer point of view. How do consumers translate the standards that you all are setting up?

David Whitlinger: You know the work that we're doing right now is deeper into the industry and it's really based on trying to get the software systems to be interoperable to enable the clinical community to exchange records. Now we're really seeing some deep engagement both in the vendor community and in the provider community that are driving the necessity for interoperability and therefore the ability for these different software, hardware systems to really work well with each other in a plug and play. So that's great. You know we're seeing that market drivers are now aligning for us to drive on interoperability and fortunately this isn't rocket science so to speak, these kinds of data interoperability problems have been solved countless industries over health care has some other twists and nuances but its not completely **(16:08 inaudible)** to be able to do this kind of interoperability. And where we see this heading though is very rapidly being able to arrive on a set of data standards as well as protocols where interoperability that's ultimately will bleed over to consumer products, consumer services and enabling patient engagement at a much, much greater

level. We're looking forward to all of these smartphones having apps, all of the social networking sites, that have platforms and app communities being able to really engage, they have already in the consumer side now with the health care side and solving some really complex health care issues that haven't really been able to tackled in the past.

Margaret Flinter: Well David we've had this sort of real time opportunity very recently here on the Eastern seaboard of hurricane Sandy and I was struck during some of the news footage of the images of neonatal intensive care unit nurses carrying primary newborns down the dark stairs to ambulances and relocating them to other hospitals and I would imagine as the leader of your non-profit organization devoted to improving health care through technology that doing your own analysis of where the state of electronic health technology is working and where its falling short as we look at our ability to manage during disasters like this is and I wonder if you'd like to comment on what you're thinking is as you analyze this most recent natural disaster and the impact its had on people's health records.

David Whitlinger: You know I did have opportunity a couple of years ago to be also involved in the Katrina crisis and just in context for the most part new Orleans wasn't different than any other U.S city in that most of the health records were on paper. And they were physical located in the physician practices or hospitals. And but unfortunately millions and millions of records were destroyed just by the natural disaster itself. And on the other side of that patients who many had many complex conditions diabetics with congestive heart diseases and on top of that dozens of medications. Physicians in the clinical community had to start from scratch with those patient, it was very hard on the patient community of course. Now here we are several years later we have the ability to look at 78% of the hospitals in New York are connected to the state-wide network and therefore naturally through that connection have an amount of redundancy in the patients' data that they, they're stored.

Mark Masselli: David we would 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 innovation in health care technology that our listeners at Conversation should be keeping an eye on?

David Whitlinger: You know I really think that at this stage we're seeing that the health care industry itself is going to braze health care IT for a number of reasons and we're going to see it go through the traditional adoption curve as an industry and that's all going to as remarkable efficiencies in quality of care improvement. But where I think the innovation is going to really start to occur in patient engagement is that as we now have the ability to engage with patients through smart phones and social media and other actions. Those kinds of things are now going to merge and marry to the health care community and the clinical community. And I am very, very hopeful that between personal consumer

devices and that health care community we're really going to start to get on top of which is sort of the next major crisis, the chronic disease way. The chronic disease at its heart is about behavioral change and people taking better care of themselves being able to make the behavioral adjustments in your lifestyle that, support a healthier life, and I am really starting to see signs of that engagements through smartphones and social media and health care community responding.

Margaret Flinter: We'd been speaking today with David Whitlinger, Executive Director of the New York eHealth Collaborative, a non profit organization of health care leader seeking to improve health care through health information technology. You can learn more about the organization and Mr. Whitlinger's work by going to www.nyehealth.org. David, thank you so much for joining us on Conversations on Health Care today.

David Whitlinger: Thank you very much for your time

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a 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: Well Mark and Margaret, as you know the supreme court said that the mandate penalty in the Affordable Care Act with a tax and that has sparked a few misleading claims about the law. We noticed a new republican talking point from several GOP law makers who claim that the congressional budget office said 75% of the law's taxes would be paid by families earning less than a $120,000 a year. But that's not what the CBO said at all, instead it said that 76% of those who would pay the penalty or tax for not having health insurance would earn under that amount. They wouldn't be paying 75% of all the taxes in the law in fact they're not even going to pay 75% of the mandate penalties. That's because the penalty increases with higher incomes. The CBO estimated in the 2010 report that 3 million taxpayers who earn less than 500% of the poverty level and that's a $120,000 for a family of four would pay an average of $667 a year as a penalty for not having insurance. 900,000 taxpayers who earn more than now would pay the penalty but they would pay an average of $2,556. So don't believe it if you hear this talking point about lower income earners paying 75% of the large taxes. 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 www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. America is aging and along with that fact managing more and more chronic diseases. Well many of these illnesses are manageable outside the clinical setting. Some put patients at higher risk for medical emergencies while conducting the business of their lives, inventor sees our Camacho thought why not make a bracelet that can be comfortably worn with a portable software program and USB plug that can be used to input all the essential medical data into any computer. He developed the care of medical history bracelet on which a patient's medical data is stored, things like blood type chronic illness descriptions medications, emergency contacts even copies of x-ray images or CAT scans.

David Whitlinger: So you have a general information about yourself like insurance policies your telephone numbers and addresses for all your doctors emergency contacts all your surgeries your immunizations any medical devices that you may use.

Mark Masselli: The care medical history bracelet can also store other vital information if the patient is having a medical crisis or can't speak for themselves.

David Whitlinger: You know its important to have the right information at the right time and you know nowadays as you know we've got the best doctors in the world the best physicians but they are only as good as the information that you provide them.

Mark Masselli: And there is added benefit for those with disabling diseases like essential tremors where it can be difficult for a patient to write on medical forms or speak about their conditions to a medical professional. The care medical bracelet also has been programmed to process data from brail text and currently comes in bi-lingual versions both in English and Spanish, a simple variable USB device that can offer critical medical information for patients who are unable to speak for themselves assisting medical professionals coming to their aid in a crisis. 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.

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.