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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Oh Margaret, I'm just back from a momentous weekend for the President's inauguration. It was a great time. People were respectful and excited about the launching of the second term in office.

Margaret Flinter: Well with so much divisiveness and contention in Washington over these past few years, it was really wonderful to take a moment to be reminded of what binds us together and seeing that unfold this week I think everybody had a common feeling of great pride and being an American we can agree, we can argue, we can disagree but the constitution provides the framework for moving forward. And as one of the commentators said notice there are no tanks in the street, this is the American way of changing the administration.

Mark Masselli: And speaking on another American icon it was also Dr. Martin Luther King Junior's birthday and I was reminded of my favorite quote from the civil rights reader, "of all the forms of inequality, injustice in healthcare is the most shocking and inhumane." I think the President's taking a big step towards remediating that problem.

Margaret Flinter: Well that's the quote that drives so much of the work that we do and that so many do in this country. And I think it really speaks volumes to the President's commitment not just the healthcare reform but to the eliminating of the economic disparities between people and the guarantee that every child has the chance of same opportunities.

Mark Masselli: You are absolutely right. And the President reminded us several times in his speech that, we, the people cannot let our most vulnerable citizens suffer in their time of need. I think it also draws a little battle line of the newly conveying congress which begins to tackle the issues around the debt ceiling over the next few weeks.

Margaret Flinter: The President has pledged to protect the nations most vulnerable. We know that there are going to be some real pushes and some pressures for compromises in our entitlement programs like medicare and Medicaid. And you know I can't help it wonder around other things like loans for higher education and things that really make a difference.

Mark Masselli: But hopefully they will work out their differences. I do sense a more sober mood in Washington than there was four years ago, but there was some important work that lies ahead, The Affordable Care Act goes into full effect

at the end of this year and that's going to require cooperation and leadership from both sides.

Margaret Flinter: And of course, well I do think aspects of the Affordable Care Act will continue to morph into existence in some ways. We have not yet predicted so we will continue to use Conversations on Healthcare to educate you, our audience, and inform you about all the many new ones the aspects of this big piece of legislation.

Mark Masselli: And speaking of informing and educating our guest today is one of the thought leaders in development of Affordable Care Act and its predecessor, the Massachusetts health reform law.

Margaret Flinter: Dr. John McDonough was on the ground floor of the creation of both pieces of legislation. He's the Director of the Center for Public Health Leadership at the Harvard School of Public Health and he'll share his insights both on the Affordable Care Act and its strengths and maybe on some of the weaknesses or things he would like to see different.

Mark Masselli: And we'll get another update from FactCheck.org's Managing Editor, Lori Robertson, always on the hunt for mysteries spoken in the public domain.

Margaret Flinter: And no matter what the topic, you can hear all of our shows by Googling CHC Radio and as always if you have comments please e-mail us at [www.chcradio.com](http://www.chcradio.com) or find us on Facebook or Twitter because we love hearing from you.

Mark Masselli: Now, we will get to our interviews with John McDonough in just a moment but first here's 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 Headlines News. And perhaps the most liberal speech of his presidency, President Obama's inaugural addressed focused on the need to make healthcare more affordable but and those who rely on social programs for healthcare should not be penalized in the process. Calling for quote, hard choices that have to be made and reduce the cost of health care as well as the size of the deficit. Also saying the commitments we make to each other through medicare, Medicaid and social security, these things do not step or initiative, they strengthen us, that's his quote. Response from the GOP we got to be ready to meet to look at all programs including those socials ones mentioned as a place to look for spending cuts as the deficit reductions conversation resumes.

It's been 4 years since the passage of Roe v. Wade, the 1973 Supreme Court decision legalizing the right to an abortion. In a recent Wall Street Journal NBC poll, 70% of those poll felt the law should be upheld. That's the highest number in support of the measures since polls have been taken on the matter.

Flu season continues its strong hold on the nation with significant outbreaks in at least 48 States. Statistics show the numbers of infections are not slowing down. So what to do when vaccines run short? The traditional method for producing flu vaccine takes up to nine months with unpredictable results. There's a potent new virus factor waiting in the wings and plentiful supply. The Food & Drug Administration just approved a flu vaccine made by cells taken from the Fall Armyworm, an agricultural pest. The cells produce copies of a piece of the flu and it takes about three weeks for the vaccine to be created. I'm Marianne O'Hare with this Headline News.

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Margaret Flinter: We're speaking today with Dr. John McDonough, Director of the Center for Public Health Leadership at the Harvard School of Public Health where he is also professor. He served as a Senior Advisor on the National Health Reform to the United States Senate helping to craft the Affordable Care Act. Before that Dr. McDonough was the executive director of healthcare for all of Massachusetts where he played a key role in the passage and implementation of the 2006, Massachusetts Health Reform Law. He's author of three books, including Inside National Health Reform published in 2011. Dr. McDonough, welcome to Conversations on Healthcare.

Dr. John McDonough: Thank you, nice to be here with you.

Mark Masselli: John, now, you are one of the chief architects of both the healthcare law in Massachusetts as well as the Affordable Care Act. The later you described as having to survive it's third near to death experience with the reelection of President Obama. Its future seems secure yet murky in some respects as opponents continue to mount new challenges and various states are responding differently to certain aspects of the health law. And in the year 2011 book, Inside National Health Reform you see that there would have been a much better way to craft the healthcare law but that it was the best that could have been achieved given the political realities, what would have made it more meaningful and what were some major obstacles?

Dr. John McDonough: Well it's the first comprehensive health reform law that's ever been passed in the history of United States. It includes coverage, reform of the delivery system, so many other key elements that touch and address nearly every part of the system. And at the same time if you talk to the experts and the people who know each of those parts of the system best, everyone of them can point out a dozen ways that the law could have been stronger in the coverage

and access part, the subsidies for people purchasing health insurance could have been more robust and provided greater income protection.

The reform of medical care and the delivery system could have been so much stronger in terms of compelling the system to reform prevention and public health could have been stronger workforce reform, it could have been much more robust so whatever aspect you pick the people who understand those systems are very aware of how it could have been stronger. And at the same time given the political realities in 2009 and 2010, I believe it's quite clear that there wasn't a stronger law that could have gotten through the House of Representatives and the Senate and gotten to the President's desk. It was probably the best that we were able to get and even that was such a brief window of time. There was only about seven months when they were 60 Democratic votes in the Senate which were essential to the final passage of the law.

Margaret Flinter: Well Dr. McDonough, you think we could probably summarize the rest of it and many of us felt as it was working its way through the system, don't let the perfect be the enemy of the good. You've also used the word ironies to describe much of the Affordable Care Act and you've said that it's fraught with ironies. Tell us what you mean by that.

Dr. John McDonough: Well, there are innumerable ironies but I'll -- let me just mention two. So Democrats very much preferred in terms of the new insurance mechanism that are called Health Insurance Exchanges. Democrats mostly wanted to have a single Federal Exchange and some of them were moderate conservative voices and the Senate said no, no, no we have to give the States the right to do this and only have the Federal Government step in when the States refuse to act because every States going to want to come in and do this. And since the law passed what we've seen has been significant resistance to setting up these exchanges by the conservative and moderate, mostly Republican Governors who the law was set up to try to appeal to deliberately.

So ironically Democrats who wanted a Federal Exchange and conceded to have state exchanges will probably end up with a robust Federal Exchange because of the conservative Republican Governors who were saying no we refuse to set up our own state exchange **(9:18 inaudible)**. We're going to see big federal presence in this in spite of what the law had envisioned. A second irony is that in some ways the law is a massive transfer of wealth within the United States. It's a transfer from higher income, higher insurance coverage states like Massachusetts, New York where the rate of uninsurance is low to many Sun Belt, Red States where levels of uninsurance are extraordinarily high. So for example in Texas, about one out of three adults in Texas has no health insurance. The law, the ACA was designed to send massive amounts of insurance coverage subsidies to these Southern Red States and the governors of these states are now saying we don't want that money.

Mark Masselli: John, let's take a look at the strongest aspects of the healthcare law and things that you saw implemented in Massachusetts that are working there and -- working well by most accounts. So let's talk about the pillars of the Affordable Care Act that stand poised to do what the law was intended to do to help the nation achieve the triple aim of access to care and improved quality of care and better outcomes.

Dr. John McDonough: The first pillar is improving coverage if the law is implemented as designed beginning in 2014 we should see a massive reduction in the percent of people in the United States who don't have health insurance and if the law is fully implemented as it was intended we should get that rate of coverage up to between 94 and 95%. The Supreme Court decision made the medicaid expansions in the law an option for states. I am hopeful that at the end of the day most states will in fact embrace and implement those medicaid expansions. The second major piece is reforming the quality efficiency and effectiveness of medical care. The ACA includes many mechanisms which we can already see are having a significant effect in transforming the processes of care and the attention of the medical system to being really focussed on improving the patient experience and improving the efficiency and effectiveness in quality of medical care. The third major piece is prevention and wellness in public health. And at the same time we're seeing some significant steps forward including the first ever in the history of the nation, National Prevention Strategy to really move it the way from a healthcare system that focusses only on taking care of people after they get sick and instead focussing on keeping people healthy and preventing them from getting sick in the first place.

Margaret Flinter: Well John, I'm going to give you an opportunity because I don't think it's been talked about enough to talk about that national preventive strategy.

Dr. John McDonough: So part of the Affordable Care Act is the direction to the United States Surgeon General to form a National Prevention Council and their first major task was to develop a national prevention strategy for the nation and they did that. And what's interesting is not just the product itself but how it was created because sitting around the table with the Surgeon General to create the strategy was not just the department of health and human services but also the federal cabinet departments of education, housing and urban development, transportation, homeland security, defense, 16 federal agencies in agency and developed a blueprint not just for the Obama Administration but also for Congress also for States. So a really robust path to focus on how to keep the American public healthy, it's an embracing of a strategy that sometime is referred to as Health in All Policies where we figure out smart and creative cost effective ways to building health prevention strategies, so a green and healthy homes approach says when we weatherise a home, let's also get rid of the things inside the home environment that make people sick and then have a significant amount of avoidable medical expenses down the line. I encourage people to take a look at the national prevention strategy.

Mark Masselli: We're speaking today with Dr. McDonough, Director of the Center for Public Health Leadership at the Harvard School of Public Health. Dr. McDonough's served as a Senior Advisor on National Health Reform. He's author of three books including Inside National Health Reform published in 2011. John your book has been allotted be numerous reviews as the definitive analysis, not just of the Affordable Care Act itself but of the **merit** political and cultural actions that brought us to this point in history. You know we had David Gergen on the show recently and he was lamenting that fact that we weren't able to pass this act with any Republican support. Tell me where do you see the opportunity now that it starts to move out to the states where we might see some of these Red States if you will, stand up and start to embrace this so that this can be a bill of national consensus.

Dr. John McDonough: The Affordable Care Act was designed on the assumption that the only way that it could pass would be on a bipartisan basis. And for a long period of time starting in 2007, 2008, there were a number of Republicans who were very clearly working very hard to get to a place where it would be bipartisan. And in the intense political environment of 2009 with the immergence of the Tea Party, it became politically dangerous. The person who exemplifies this contradiction as much as anyone was Senator Chuck Grassley who was the Minority Leader on the Senate Finance Committee and Senator Grassley was quoted in June of '09 and saying, "Listen, we've all got to be grown ups and understand there's no way to get help reform done, unless we have some kind of an individual mandate as a part of it." That was in June of '09. In September of '09 he was on Fox News again and he said the reason he opposed health reform was because of the individual mandate. And what happened in between June and September was the famous Tea Party, Town Meeting then really I think put a major scare into many of the Republicans who were looking to be supportive and I have a lot of respect for Senator Grassley. But I think you know his response really reflects the intensely partisan and difficult political environment that existed in 2009 over this law that ultimately made it impossible for it to be bipartisan.

Margaret Flinter: One of the issues that certainly has moved mode of front and center as some of the politics have been resolved is the issue of cost containment in the delivery system. Tell us about where you see the most meaningful cost containment results in Massachusetts and how they might provide some in putting a framework for containing cost nationally as we go forward.

Dr. John McDonough: After the Health Reform Law otherwise known as RomneyCare passed in 2006. There was an immediate shift to conversing about what can we do to provide greater efficiency, effectiveness on lowered cost and there have been a series of initiatives and lies that have been approved by the legislature and the law that was passed this past July signed by Governor Patrick in August is probably the most ambitious.

Mark Masselli: John, let's talk a little bit about the recent talk that you gave at Harvard School of Public Health that might be coming through the use of technology. So help our listeners understand why these aspects of the health reform law are going to be the fundamental change agents in redesigning the healthcare system.

Dr. John McDonough: Having effective and useful data and analysis of that data on the performance of medical care and the medical care system is essential in terms of moving forward in the directions that we want or if we don't have the numbers to measure and understand what's most important, then we're just going to be stuck in neutral and we're not going to move forward. So creating a robust health information technology system, focusing on comparative effectiveness research through the Patient-Centered Outcomes Research Institute so that we have the mechanism to provide physicians, hospitals, and other folks in the healthcare delivery system with reliable and useful information about what works and what doesn't work. There were other things as well that are particularly important.

I'll just mention just one example, beginning this fall hospitals that participate in the medicare program which is just about every hospital in United States are now facing today significant in growing financial penalties if they have rates of medicare patient readmissions within 30 days that are excessively high and if they have excessively high rates of hospital acquired infections. So we are actually seeing embedded in the ACA the beginnings of the movement away from a trend over the past decade called Paying for Performance. And we are instead moving to a new platform that some people refer to as Paying for Outcomes, and there's significant work going on all around the country right now in a very, very positive way to get control of those measures so that hospitals don't face these new penalties.

Margaret Flinter: We've been speaking today with Dr. John McDonough, Director of the Center for Public Health Leadership at the Harvard School of Public Health and co-architect of the health reform law in Massachusetts as well as the Affordable Care Act. You can learn more about his work in health reform by Googling Inside National Health Reform or by going to [hsph.edu](http://hsph.edu). John, thank you so much for joining us today on Conversations on Healthcare.

Dr. John McDonough: Thank you.

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Mark Masselli: At Conversation on Healthcare, 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](http://FactCheck.org),

a nonpartisan, nonprofit 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, we've received emails from readers asking if the Affordable Care Act requires doctors to ask patients whether they own a gun and recently a Representative John Fleming, he's a family doctor as well claimed that President Obama was pushing doctors to ask if patients had guns in their homes but neither of those claims was true. The Affordable Care Act doesn't require doctors to ask about guns instead it includes language designed to protect the rights of gun owners. The law says that wellness programs can't require that information about gun ownership or possession be disclosed or collected, and it says that the Department of Health and Human Services can't collect data on gun use and insurance companies can't raise premiums if somebody owns a fire arm.

So the law doesn't requires physicians to ask about guns about it doesn't prohibit it either and some health professionals were concerned that doctors might avoid the topic altogether. Obama recently announced 23 executive actions he would take related to guns and one was to quote "clarify that the Affordable Care Act does not prohibit doctors asking their patients about guns in their homes". It's a safety concern that's helped professionals report threats of violence to authorities. 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 [www.chcradio.com](http://www.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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Margaret Flinter: Each week, Conversations highlight a bright idea about how to make wellness a part of our communities and everyday lives. In one of the most popular TED Talks of all time, game developer Dr. Jane McGonigal made a pretty bold prediction.

Jane McGonigal: If we want to solve problems like hunger, poverty, climate change, global conflict obesity, I believe that we need to aspire to play games online for at least 21 billion hours a week by the end of the next decade.

Margaret Flinter: McGonigal is a thought leader in the growing trend of the gamification of improving health and social well-being through interactive video games. But she didn't realize that her prediction would come home to roost on her own doorstep after suffering a severe concussion in 2009. She has come to



the classic symptoms of traumatic brain injury, chronic headaches, fog, depression, even suicidal ideation.

Jane McGonigal: Suicidal ideation is quite common with traumatic brain injuries. It happens to one and three and it happened to me. My brain started telling me, "Jane, you want to die?" It said you are never going to get better and these voices became so persistent and so persuasive that I started to legitimately fear for my life.

Margaret Flinter: So she created the game SuperBetter. McGonigal's research shows that when people engage in gaming they are more likely to reach out for help to empower themselves through their game Avatar and to use the Avatar to slay the symptoms they are battling. So McGonigal's Avatar became Jane the Concussion Slayer.

Jane McGonigal: Now the game was that simple. Adapt a secret identity, recruit your allies, battle the bad guys, activate the power ups. But even with the game so simple within just a couple days of staring to play that fog of depression and anxiety went away, it's just vanished. It felt like a miracle.

Margaret Flinter: Within a year the other symptoms, the headache and the fog dissipated and went away. She decided to put the game online for anyone to access and the feedback totally unexpected.

Jane McGonigal: Not everybody has a concussion obviously, so I rename the game SuperBetter and soon I started hearing from people all over the world who were adapting their own secret identity, recruiting their own allies and they were getting super better that facing challenges like cancer and chronic pain, depression and Crohn's disease.

Mark Masselli: Now McGonigal is working with US military to assist the hundreds of thousands of GI's dealing with traumatic brain injury and PTSD. She says that the game revealed a phenomena that scientist called posttraumatic growth, the game just seems to get people to that place more quickly. SuperBetter, a simple online game that allows players grappling with all kinds of conditions to battle their symptoms in order to better manage and hopefully defeat their condition, now that's a bright idea.

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

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

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