

Mark Masselli: This is conversations in Health Care I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret you can feel the anticipation in the air as we count down towards the Health Summit which is less than 24 hours away. The main event will take place at the White House. The President has posted his proposal. It really attempts to grab ideas from both sides of the aisle, clearly trying to engage republicans to be part of the process but I am not sure he is going to be successful. As the Republican Leadership had said this process needs to start over and they know what they compromise even on a dramatically reduced bill they will have to embrace ideas that ideal logs on their side will be dead set against.

Margaret Flinter: Mark we seem to find ourselves in a real deadlock and it appears that the 2012 elections are in full swing so while that might make political hay now. It just can't see that this is good for the country. The grid lock is affecting everything in Washington and it's the reason that so many politicians are seeking to retire some from very safe seats. We saw this last week when Indiana senator Evan Bayh let it be known that he was not going to seek re-election and he had a stinging review to Congress. Bayh is a moderate and he said for sometime I have had a growing conviction Congress is now operating as it should. There is too much partisanship, not enough progress, too much narrow ideology not enough practical problem solving even at a time of enormous challenge the people's business is not being done.

Mark Masselli: The president is trying to re-calibrate his message to the American people. In his weekly radio broadcast he took the insurance companies to the woodshed for their stunning increases that were proposed by Anthem BlueCross of California. He reminded us if that we do nothing it might be good for the insurance companies but bad for American. Last year they made 12 billion in profits and yet they are asking for increases that would make health insurance unaffordable to many working Americans.

Margaret Flinter: Mark that increased up to 39% was jaw dropping and the president wants to bring the focus of the focus of the broader conversation back to the impact rising Health Care costs are having on the economy. He singled out to play the small businesses are finding themselves in with these premium increases. They are unable to buy insurance and then they are unable to compete and these are the engines

for job growth in our country. That's why President Obama proposed on Monday giving the federal government new power to block excessive rate increases by the health insurance companies.

Mark Masselli: The president wants democrats and republicans. Come tomorrow in a spirit of good faith to seek common ground. He has noted that he supported many Republican ideals on health reform like letting people buying insurance from companies across state line as well as giving small businesses the ability to pull together to help reduce premium cost. He wants to know what democratic proposals they are supportive of but you won't agree to their demand, just grab the entire process and start over and he is pushing them to let the American people know what they believe in not what only they oppose.

Margaret Flinter: And there seems to be some evidence that most Americans do agree we need to move forward. The latest Washington Post ABC poll last week found the majority of Americans do not think the country should give up on negotiating a Health Care bill this year.

Mark Masselli: Past the issues of health reform there is lots of creative thinking and writing in the area of innovations. Dr. Peter Pronovost our guest back in December came out with a new book called Safe Patients Smart Hospitals. How one doctor's checklist can help us change Health Care from the inside out? He talked with us about a simple hospital checklist being adopted worldwide to save more lives and reduce cost. Dr. Pronovost an anesthesiologist and critical care specialist at John Hopkins composed his first checklist to avoid infections when putting in central alliance, their results were shocking. After just one year the ten-day line infection rate went down from 11% to 0. In just one hospital the checklist has prevented 43 infections in 8 deaths and saved \$2 million in cost.

Margaret Flinter: Those are compelling numbers. And for those of you who read Dr. Atul Gawande's, "The Checklist Manisfesto" you know how exactly how much advocates for the simple measure. Dr. Gawande who is a surgeon not only tells the story of how an emergency checklist saved a drowning girl in Australia against all odds but he also talks about how flying airplanes and building skyscrapers also strongly adhere to checklist for safety.

Mark Masselli: Speaking of books our guest today is Thomas Goetz, Executive Editor of Wired Magazine and author of the newly released book "The Decision Tree: Taking Control of Your Health in the New Era of

Personalized Medicine” gets proposes a new strategy for thinking about health and looks at the innovations in predictive medicine.

Margaret Flinter: No matter what the story you can hear all of our shows on our website www.chcradio.com. You can subscribe to iTunes to get our show regularly downloaded or if you would like to hang on to our every word and read a transcript of one of our shows visit us at chcradio.com.

Mark Masselli: And as always if you have feedback we would love to hear from you but first let’s check in with our producer Loren Bonner with headline news.

Loren Bonne: I am Loren Bonner with this weeks headline news. President Obama has unveiled his proposal to be discussed at tomorrow’s Bipartisan Summit on healthcare. The plan includes many of the ideas from the democratic house and senate bills but it’s clearly the President’s stance on what reforms should look like. Republicans are preparing to bring their own ideas to the meeting and the White House said last week they will incorporate some of them into the democratic proposal. Still democrats made it clear they are not going to scratch the bill and start over. A demand Republicans have made in the weeks leading up to the summit. President Obama said he wants Republican and democratic law makers to move forward together when they meet on Thursday in one last effort to reform healthcare.

President Obama: So our chance to finally give Americans the peace of mind of knowing that they will be able to have affordable coverage when they needed most.

Loren Bonne: Republicans will be there tomorrow ready to participate but they are not happy about the new bill or how negotiations have been laid out. House minority leader John Boehner said that Mr. Obama has quote crippled the credibility for Thursday by proposing the same massive government takeover of healthcare. The new proposal includes a health insurance read authority that will regulate unreasonable increases by insurance companies. I have seen last week one Anthem BlueCross proposed rate hikes on individual plans of up to 39%. White House Press Secretary Robert Gibbs said it just makes sense to allow the federal government to do what many states already do to control health insurance rates.

Robert Gibbs: I don't think anybody would consider what a state insurance commissioner would do to be regulating the increases largely unjustifiable for health insurance to be an intrusion in their lives but in fact help.

Margaret Flinter: The proposal sticks largely to the president's goal to expand coverage, prevent insurers from discriminating against people with pre-existing conditions and of course to control rising healthcare spending. The new plan would cost \$950 billion over the next ten years that's an additional 75 billion more than the senate bill, a mix of medicare cuts, tax increase and new fees on healthcare industries would help finance the new bill. White House health reform chief Nancy-Ann DeParle said the proposal also contains some key improvements. One removes a special Medicaid deal the senate gave to Nebraska and another help states absorbed the cost of Medicaid expansion when it begins in 2014 and continues through 2017.

Nancy-Ann DeParle: The President's proposal eliminates the Nebraska FMAP provision and provides significant additional federal financing to all states for the expansion of Medicaid.

Margaret Flinter: If no republicans are willing to go along with democrats to approve fixes to the senate bill the democrats will have no choice but to use budget reconciliation to pass the bill. That procedure only requires a simple majority vote in each house.

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Margaret Flinter: This week we are exploring personalized medicine. As we have been discussing on the conversations the healthcare industry is undergoing some major changes and it's not just ideas being debated in Congress. Technological advances in healthcare here and many involve giving patients better access to their health information. The Brooklyn Health Information Exchange has been working to do just that as a consortium of hospitals, nursing homes, home health providers and insurers then not for profit group is seeking to add some functionality to their system so that patients can use all the available technology to manage their own care and get the feedback they need. Executive Director of BHIX Irene Koch said the concept is just beginning to take off.

Irene Koch: They are already able to get access to their own health information and to answer questions that will be leading them through some other sort of a tree of different relevant questions to give them

recommendations on some of the things they might want to follow-up on.

Margaret Flinter: Koch likes the idea of transparency for patients so that they can become more involved in their health.

Irene Koch: I think that patients will be able to get real information about their care through kind of apps. We will be able to deliver through the exchange that will take their data as it becomes increasingly standardized and be able to analyze and do things that really up till now we haven't really been able to imagine in healthcare because the data has been so siloed.

Margaret Flinter: But people seeking to understand their health is nothing new. Patient groups and medical information have been around ever since the Internet became available as a place to exchange ideas. The challenge now for the healthcare industry is to create a safe platform for this dialog. DJ Edgerton's company Zemoga helped develop a service called Pixels & Pills. It's an online space that helps patients know more about the drugs they are taking. Although individuals are using social networks more frequently to discuss and learn about health. Edgerton said there is not a lot of qualified information out there.

DJ Edgerton: Do you use Facebook for example you know a lot of pharmaceutical companies do not activate the wall posting functionality because of the bear of a responsibility it is to moderate the conversation to make sure that they react accordingly to adverse events and we are building applications that allow that to happen in a more efficient way.

Margaret Flinter: We will continue to keep our listeners informed with more developments in personalized medicine for now let's listen to the interview with Thomas Goetz.

Mark Masselli: This is conversations on healthcare. Today we are speaking with Thomas Goetz author of the newly released book The Decision Tree: Taking Control of Your Health in the New Era of Personalized Medicine. Thomas Goetz welcome. You have been a journalist for 15 years from the Village Voice as to your current position as Executive Editor at Wired Magazine, along the way you decided to pursue a degree in public health. You said that it was the discipline of public health. It's deference to data and focusing on big picture of populations that you found most fascinating. How did that combination of interest came in insight that there was a huge disconnect between the

public health world and the technology world. Tell us about that disconnect. Is it less now and if so who or what is making that happen?

Thomas Goetz: Well I think it's changing. My day job at Wired Magazine is kind of all about the power of technology to change people's life and that builds kind of on increasing availability and democratization of technologies but in the public health world you know the scope is so large that there has often been a suspicion of technology as being something that doesn't really scale to large numbers of people and in many ways that's because in medicine technology is kind of paradoxically something that raises cost I mean a lot of the reasons that our healthcare system is so expensive is that we are on this kind of technology race and they are expensive technologies that don't really kind of follow the rules that they do in a consumer technology world. So that was kind of a contradiction that I think is changing now because I think the fact is that that consumer technologies are starting to make inroads in healthcare.

Margaret Flinter: Thomas you used 3 simple but power words in your book, predict, prevent and detect. Now I think most Americans have at least a passing familiarity with the concepts of prevention and early detection whether we practice prevention, exercise and diet and vaccines is another story, but generally people know what they should do and the same with early detection which is why Pap Smears and Mammograms have been so well accepted but predict that's still relatively new. You have focused on the power of personal genetics and the power of using data to predict the likelihood and risk of certain health problems. Tell us about the state of the science and the art of one's predicting their health future and maybe who is driving it consumers, business or the healthcare community?

Thomas Goetz: So a lot of what we think about in terms of our health risks you go to the doctor, they are concerned about your cholesterol count, that's a risk for heart disease that is basically a statistic so prediction is already kind of what is built into our system but the fact is that people are now starting to use it much more prominently as a lever and using stuff like genetics as a way to even get earlier in the process so you don't have to wait for your cholesterol count to start getting high you can see if you are predisposed genetically to perhaps having a higher risk for heart disease. So it's a great opportunity for insight. It doesn't answer the whole picture I mean your know our genetics kind of spit us out into the world but then everything we start to do from day 1 is really a huge driver and will always be a huge driver in kind of what happens to us. So I think the fact that you know these tools these genetic tools are

getting cheaper and more available for more people is an opportunity for us to get more insight into who we are and how we can be mindful of our health. I don't think it's the answer certainly not, everything that we need to know about our health.

Mark Masselli: So speaking about reaching back you reached back into antiquity to recall that Aristotle struggled with the same question we do everyday the disconnect between our intentions and our actions what Aristotle called akrasia a lack of self control or we know what we should and should not do but we fail to do the right thing for health much of the time. Scientists have not figured out that mystery of why over the past 2300 years but you suggest there might be new hope for motivating us to get over that disconnect, what's the state of the research in this area and would Aristotle find some hope in it.

Thomas Goetz: So this idea that you know we know what we are supposed to do but we don't do it, has always been and has plagued mankind for as you say for thousands of years. The opportunity now is really to take that observation that we are irrational one step further and to say that okay we do kind of make decisions for other reasons but we still have this rational component so how do we deliver information, how do we deliver health information in a way that resonates with us emotionally or personally so that we can kind of process through our irrational self and get us to do things that are rational so, no we should do. And that I think is the opportunity that I try to explore in the book, the opportunity to give people information that really resonates with them and isn't some abstract notion that they are able to easily dismiss, but something that really makes them confront their own role in their health and not only make them realize that but make them feel empowered by that.

Margaret Flinter: And Thomas you mentioned in the book that technology companies like Microsoft and healthcare systems like Kaiser Permanente have made major investments into this personalized technology based healthcare, certainly both of these companies are known for their innovations and for getting results one focused on selling products the other on prevention and treatment, what's the synergy here and can you give our listeners some examples of how a system like Kaiser uses the technology of a company like Microsoft?

Thomas Goetz: The opportunity here really comes down to one of data. We are entering this age of what we called wired big data. It's unfathomable amounts of information and when you look at something

like Kaiser they have got 9 million members in that healthcare system and they were one of the first health maintenance organizations to go into electronic record systems. They have years of information all collected electronically so that's all data and they can crunch that and process that to understand how should people be making better decisions so they have a system that they have developed in this clinic in Hawaii that they are going to be rolling out nationally. It pops when somebody has some indicators in their medical record that they are at a high risk for something say they need a colonoscopy or something but they are not necessarily being scheduled for that procedure and being scheduled for that task and they are able to flag that, use the data to flag that need and send an alert out to the patient and to the physicians to get them into the clinic before something goes wrong. And Microsoft is doing similar things you know they are not working with Kaiser directly necessarily but they understand their own data.

Mark Masselli: We are speaking today with Thomas Goetz, Executive Editor at Wired Magazine and Author of *The Decision Tree: Taking Control of Your Health in the New Era of Personalized Medicine*. Thomas, what kinds of online health tracking systems are out there for ordinary people, might there be an app out there for listeners to help them out?

Thomas Goetz: So that's one of the really neat things. When I started writing the book 2 years ago or so there were a couple little things here or there, but right now there is almost a tool for every need, it's happened very quickly. So if you go to something like the iPhone app store for your iPhone there are literally thousands of tracking tools that help people lose weight, that help diabetics track their blood glucose level, that help people exercise more. There is also a great kind of model health community online called PatientsLikeMe which has thousands of people that have joined together around various diseases, joined the community, adding their data, getting collaborative insights, not just stories but sharing real information.

Margaret Flinter: And that has turned out I think to be a very powerful tool that we all recognize, but you know there is a term out there that we have also heard cyberchondria. Basically people being overly concerned with symptoms based on what they have read online and certainly today anybody can and patients more often than not now do get health information online often researching their symptoms before they see the doctor and going home and researching the diagnosis afterwards and this is only 9 years after the AMA warned people that using the internet to self-diagnose, maybe putting their lives at risk. It seems like the best

path would be for providers and patients to work together to use the power of the internet for education and support and guidance. Do you see this happening? Are there models of that that you have seen in the course of our research?

Thomas Goetz: The internet is a wonderful tool and it's kind of unprecedented in history the amount of information that's available. The trick is what filters should we use and can we use to process that information and right now it's all very raw and people go out there you know researching a headache and they end up looking at brain tumors, you know odds are dollars to donuts if you have a headache you probably don't have a brain tumor. So the trick is how do we get the information to people that is specific to them, that is relevant to them, that is meaningful to them and that is being worked on, there is this great project out of Harvard called the website called www.lifemath.net and it's some very basic calculators and tools where you can enter a few simple matrix here, your age, your blood pressure and things like that and it gives you specific information, specific recommendations for what you might want to look out for. And those kind of tools you know we need more of them.

Mark Masselli: You postulated in your Huffington Post piece that you needed to have a healthcare crisis before there could be an effective behavior change, do we actually need to be afraid before we start caring about our health and how are those who are facing serious health problems using personalized technology after such an event.

Thomas Goetz: What I was trying to get at in that piece and it seems that I have drawn much larger in the book, is this idea that when people do have a health crisis. When they have something go wrong, it's a wakeup call. And so what exactly is being catalyzed, what is that moment where we have this scare and it kind of puts those us into new action. What I was trying to get at was how do we actually take advantage of that impulse without the negative side, right and so that's what I was hoping that you know these new tools can provide a wakeup call but without the scare to go along with it.

Margaret Flinter: Thomas when you look around the country and the world and we know you have a very broad perspective what do you see now that excites you in terms of innovation and who should our listeners at Conversations be keeping an eye on.

Thomas Goetz: What I am most excited about is the fact that individuals are excited about this stuff, you know there is a movement that started kind of patients participation movement where people want their records, people want to get their information and they want to be participants in the decision making for their medical care. They don't want to be making all the decisions but they want to be involved. And I think that's an incredibly hopeful gesture because some of the research that I turned up showed that when people do get involved in their healthcare, when they take up role, when they participate in general they tend to have better outcomes, it's good for us to start making decisions, it's good for us to feel like we have a role. So I think you know taking advantage of the places where we can do that you know whether it's getting our iPhone and loading it up with apps for that kind of a person we really want to kind of geek out on the matrix that's one way to do it, whether it's making sure that our doctor explains things to us 2 and 3 times over until we really understand what he is saying and that's something I have to do myself you know they talk so fast and they tell you so many things all at once that asking him to slowdown is a really important step. So I think it's those measures and it's the fact that that is catching on as something that people know that they have a right to do and a responsibility to do to me that makes me very hopeful.

Mark Masselli: Today we have been speaking with Thomas Goetz, author of the newly realized book, *The Decision Tree: Taking Control of Your Health in the New Era of Personalized Medicine*. Thank you for joining us today.

Thomas Goetz: My pleasure thank you guys.

Margaret Flinter: Thank you Thomas.

Music

Mark Masselli: Each week, *Conversations* highlights a bright idea about how to make wellness a part of our communities into everyday lives. This week's bright idea takes a look abroad at the SmartCard that has made France's Healthcare System one of the most effective in the world. Nearly all the France's 61 million citizens carry what is known as the La Carte Vitale, a small green card that holds their medical records, insurance information and prescriptions. La Carte Vitale streamlines the ordinary complicated process of piecing together patients' medical histories by compiling all of their files in one place. Most European and Asian countries with nationalized healthcare systems have been using similar

SmartCards since the late 1990s and have seen their efficiencies rise while cost fall. France began using La Carte Vitale in 1998 and now has 60% fewer administrative staff. If the United States were to use a SmartCard system the benefits would be twofold. First, it would aide hospitals in their efforts to reduce expenses and improve quality by consolidating patient records and increasing portability. No longer would patients waste time in paper filling out the same forms every time they go to a new doctor or hospital. And secondly SmartCards would ease many Americans' fears about other people illegally using their insurance information to obtain care. Currently about half a million Americans have suffered medical identify theft but the SmartCards pin requirements would help eliminate such problems. Overall SmartCards simplify the administrative complexity of identifying and tracking patients in delivering consistent care over time. Now the only missing link is uniting these systems so that patient cards work everywhere around the country. These SmartCards might be small but they certainly carry a lot of weight. Now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare I am Margaret Flinter.

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

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