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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, there is a lot of buzz in Washington over the looming start of open enrollment for the insurance exchanges. October 1st is the first day, but it's also the start of the new fiscal year for the federal government.

Margaret Flinter: Well, the countdown has begun on both counts and some Republicans in Congress are making good on threats to find a way to defund ObamaCare by holding up approval of the federal budget.

Mark Masselli: And there are targeted efforts underway in a number of states to find ways to block funding of the Health Care Law. But in spite of this lingering opposition, the law is moving forward.

Margaret Flinter: Well that's great news, because they are such uncharted waters for a lot of states, Mark, states that in particular had to update antiquated systems so that departments that oversee Medicaid can communicate with revenue service departments. It's to be expected there will be some growing pains as these systems get off the ground.

Mark Masselli: Speaking of Medicaid, there will be an expanded eligibility for Medicaid coverage under the Affordable Care Act including folks with incomes up to 138% of the federal poverty line. But an interesting study was done on who will be taking advantage of the Medicaid expansion.

Margaret Flinter: Well, that's right, Mark. And the Kaiser Family Foundation which has done such a great job in this area did a study and found that those taking advantage of expanded Medicaid are likely to be younger white males, and that's a group that's generally healthier than the typical Medicaid recipient.

Mark Masselli: Very interesting. And the study also showed that the average age of Medicaid recipients is going to drop by three years from 39 years to 36 years of age.

Margaret Flinter: Well, another interesting aspect of this young adult population is that they are definitely more comfortable consuming products online and shopping online and interacting via mobile devices. So as we see this generation going into the health insurance exchanges, it may feel more natural to them, it may also help propel the advance of mobile health and telemedicine protocols. Our guest today is somebody who is practiced at the art of predicting and gazing into the future. Futurist Dr. Clement Bezold is the Chairman and Co-Founder of the Institute for Alternative Futures, a leading research organization that makes

long-term predictions on what the future, and in this case, the health care of the future is going to look like.

Mark Masselli: He will be talking about his organization's latest report on what health care is going to look like in this country in the year 2025 and beyond. He will also look into the growing impact technology is going to have on health care delivery.

Margaret Flinter: And FactCheck.org's Lori Robertson uncovers the truth behind yet another misstatement from the campaign trail regarding health care.

Mark Masselli: But no matter what the topic, you can hear all of our shows by Googling CHC Radio.

Margaret Flinter: And as always, if you have a comment, email us at www.chcradio.com, or send a message on Facebook at Conversations on Health Care; we love to hear from you.

Mark Masselli: We will get to our guest Dr. Clement Bezold in just a moment but first, here is our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Counting down the days towards the October 1st start date for open enrollment of the online health insurance exchanges and (3:11 inaudible) there is plenty of opposition or downright confusion about how the Affordable Care Act is going to affect the average American. In a recent USA Today pew poll, it revealed folks are still unsure about whether the Health Care Law is a good thing. 53% of those polled are still opposed to the Affordable Care Act while 42% polled think the law is a good idea, and many are just playing confused about what the law requires. 56% of the young adults polled didn't know the law made insurance coverage mandatory for all Americans, and nearly four in 10 of those uninsured folks polled understood that they would be required to gain coverage as well.

Meanwhile the insurance exchanges, those online health insurance marketplaces, do go live October 1st. The Department of Health and Human Services has doled out grants to community health organizations and other groups to help spread the word about how to navigate the online exchanges. These so-called navigators are being certified in how to assist consumers in choosing health plans that are right for their families and their budgets. There are still navigators on the ground in most states and the markets go live October 1st. Observers feel it's going to be far more of a soft launch with most of those expected to purchase coverage between January and March.

From the Medical realms, antibiotic-resistant infections continue to be a deadly force to be reckoned with. The CDC reports at least 2 million people fall ill each year with antibiotic-resistant infections and 23,000 people die from those infections. The number of actual deaths from infections is lower than earlier estimates largely because this study took into account other factors that might have played a role in patient deaths. In 2007, the CDC estimated the number of deaths was closer to 100,000 per year. This more rigorous study should set a more reliable baseline. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Clement Bezold, Co-Founder, Chairman, and Senior Futurist at the Institute for Alternative Futures, which was formed in 1977, to encourage anticipatory democracy and to analyze global trends, particularly in the future of health care and other social issues. Dr. Bezold is the author of more than 10 books as well as the author of numerous forecasts and research papers and is the consulting editor of the Journal of Futures Studies. Dr. Bezold, welcome to Conversations on Health Care.

Dr. Clement Bezold: Thank you, my pleasure.

Mark Masselli: Dr. Bezold, you founded the Institute for Alternative Futures along with the noted author of Future Shock, Alvin Toffler. That groundbreaking book, published in 1970, analyzed how society is undergoing an enormous structural change and this accelerated rate of technological and social change is really quite overwhelming to the society. Technology is revolutionizing so many aspects of our lives, especially in the delivery and use of health care. Help us understand the key ideas of Future Shock and the changes in technology as it relates to health care.

Dr. Clement Bezold: Yeah. Alvin Toffler published it in 1970. He had been writing it during the course of the '60s. And what he anticipated, what he saw was the speed of change is we are moving from an industrial society to an information society, and that there was a stress of this degree in pace of change that is Future Shock, and he identified his prescription for it was anticipatory democracy. But in health, what he anticipated was an identified new stress, which was good stress and health-affecting negative stress and that was part of the biggest aspect that he identified. Since he developed that in 1970, the big issue for health was starting to be aware of sort of what is the level of stress, how does change around us affect us in more recent years. There are a whole host of issues about genomics, about genetic engineering, about brain mind interactive tools, about artificial intelligence, that are increasing the pace of change and so that the threat of future shock remains out there.

Margaret Flinter: So Dr. Bezold, we are now living the future, and as a futurist, you have looked into the future from here and done some long-term projections

on everything from the impact that we will realize of the diabetes crisis to the future of community health centers and also have predicted what primary care is likely to look like in 2025 and beyond. And you of course use some pretty sophisticated predictive techniques to do that. So what's your unique approach to forecasting these trends; how do you arrive at the conclusions that you do? And maybe share some of those predictions with us.

Dr. Clement Bezold: There are number of approaches to developing forecasting scenarios in the futurist field; it's a small industry. And basically there is agreement that you look at the experts, you understand what the current trends are, you identify key drivers have changed, you forecast those and you do that both with experts looking at the literature. But what we add then is you ask both what is likely to happen given current trends, but also what challenges are out there, what could go wrong and then finally, ask what visionary or surprisingly successful outcomes would look like. And so you then use the forecasting scenarios to paint a path to what's expected, what is most likely, what's challenging and what's visionary or successful and you put all those three together. That leads in health care to fairly different forecast for health care itself.

Mark Masselli: Now, the Institute for Alternative Futures recently produced a report with support from the Kresge Foundation entitled Primary Care 2025: A Scenario Exploration. Now that explores several different views of what primary care could look like in 2025 and beyond, from a low zone of growing desperation to a zone of high aspiration. But tell us a little more about the partners who participated with you in crafting this document and how did this come about.

Dr. Clement Bezold: The Kresge Foundation does a lot in primary care and in supporting health care and they agreed to fund these scenarios. We partnered with the National Association of Community Health Centers, NACHC, and David Stevens was one of our major partners. But for the Primary Care 2025 report, we actually started interviewing experts, and 56 experts later we had gotten very rich sets of input. We then went to 10 primary care provider groups, Kaiser Permanente, Group Health, the Surgeon General, the Air Force Surgeon General, the Army, small clinics, and put in front of them various forecasts and said how will your primary care be in 2025, what will it be in 2025, what would it look like given these forces, and used those focus groups to help us develop those scenarios as well.

Margaret Flinter: Dr. Bezold, I would like you to spend on some time maybe sharing with us these scenarios. Maybe we could just look at the first two of them for a moment, and you titled them Many Needs, Many Models, and the second, Lost Decade, Lost Health. First sounds more optimistic than the second. Maybe you could share a little bit about those scenarios with our listeners.

Dr. Clement Bezold: Yeah. The first Many Needs, Many Models is sort of the extrapolation of where we are going now. Ultimately, we get some additional

movement into integrated systems. We still have a lot of fee-for-service as primary care moves to the Patient-Centered Medical Home. But we also get a large influx by 2025 of digital health coaches, and what that is, is the capacity to have each individual often through their provider but sometimes buying on their own and in effect an expert physician, the way that IBM's computer Watson beat humans in Jeopardy, we are going to have Doc Watson and other things like that that take all knowledge and personalize it to you and will personalize our vital signs. That will be integrated into health care and it will have very rich primary care teams including greater emphasis on nurse practitioners.

Scenario #2 is Lost Decade, Lost Health. This scenario assumes that we don't get our act together, we don't get health care reform, we muddle along, many health care providers actually go out of business including many community health centers. We do get advances in this second scenario including cures for Alzheimer's. The challenge is they tend to be very expensive, so the \$60,000 a year cure for Alzheimer's is great for rich people but most people don't get it. And that mini clinics become more important than emergency rooms, stay important, particularly for those people who don't have access to community health center.

Mark Masselli: We are speaking today with Dr. Clement Bezold, Chairman and Senior Futurist at the Institute for Alternative Futures, a leading organization that provides industry forecast for policymakers and stakeholders in health care and other social disciplines. Let's pull the thread a little more on those primary care models that you were just talking about. And there are two other scenarios that you predict which seem to incorporate some ideas central to the themes of the Affordable Care Act, and the third scenario is Primary Care That Works for All. And the fourth scenario, I Am My Own Medical Home, which you call a surprisingly successful integrated care model. Can you tell us a little more about those two scenarios?

Dr. Clement Bezold: Yeah. Scenario 3, Primary Care That Works For All does adopt the triple aim that says we want to lower per capita cost while we increase the excellence of health care experience and we increase population health. That leads to a movement of primary care from the patient-centered medical home to this community-centered health homes. And health care providers become, along with other community partners, community health advocates for shaping the social determinants of health. In this scenario, the primary care team expands and we get community health workers going into people's homes, supported by the digital health coach and advanced practice management. We also do community mapping in ways that say we are the hotspots for ill health, how do we pursue those, many of which involve the social determinants of health beyond clinical care.

Scenario 4 is I Am My Own Medical Home, and what says is we don't get quite the assurance that we did in scenario 3, that consumer-directed health plans

where you pay lower premiums but you pay out of pocket for the first several thousand dollars become the norm for about 40% of the population. The good news in this context, and why we called it I Am My Own Medical Home, is that those 40% have very powerful tools for doing their own self-management, self-care. We will get in all the scenarios the ability to identify cancer, diabetes, heart disease very early, in many cases then will be able to focus on prevention or on changing things around. They also have transparency so that if they want to go and buy something out of pocket, they know the success rate of the doctors and the primary care teams in their community, they know there is now a group called PatientsLikeMe, in this scenario, it evolves to (13:42 inaudible) like me, basically segments of your gene that define certain health conditions. Those are grouped together in a way so that you are getting advice from people who have conditions very much like you who have gone shopping for doctors. So, all of that transparency and knowledge will come together.

Margaret Flinter: So we have been talking mostly about primary care broadly defined but let's talk for a few minutes about community health centers. Tell us why you have concluded that community health centers figure so significantly in the future of health care and the future of primary care.

Dr. Clement Bezold: We have a major health equity project at the Institute for Alternative Futures, and in looking for innovations about eight years ago, identified the collaborative within the community health centers as one of the most significant quality improvement, disparity-reducing advances in US health care, and that has led us to pay attention to this, to health centers and their unique role in providing both increasing quality team-based care while serving poor and marginalized populations in their program expectations. Say that the job of a community health center is to increase access not only to health care but to services and resources for the people they serve. And the people who first founded community health centers, particular Dr. Geiger, had had the experience of community-oriented primary care working as an intern in Africa where there was not a separation between what the primary care providers did and how they worked to improve community conditions to the way we put it is that working on the social determinants of health is in the DNA of community health centers.

Mark Masselli: You note in your Primary Care 2025 that there is an oncoming shortage of primary care physician and at the same time we are seeing an uptake of those who are seeking nurse practitioner and physician assistant diplomas and you predict the growth of increase of community health workers and digital health coaches. Talk to us a little bit about how do you see the impact on public policy in training the next generation of health care providers.

Dr. Clement Bezold: Yeah, that's a great question, and in effect, the forecast for the shortage of primary care physicians really varies from scenario to scenario, but the public policy questions of you know in effect we do massive support to train physicians and in particular give them residencies in hospitals, when they

should be getting residencies in primary care in particular, those settings where they are actually going to practice.

Mark Masselli: We agree.

Dr. Clement Bezold: The issue for us in these scenarios tend to support the notion that primary care physicians will become in effect the care giver for the complex primary care patient and that increasingly people on the team, nurse practitioners, physician assistants will become important as prime providers. And the community health worker is someone who comes from the community, shares community's values, understands what's going on, and in most cases, they are not a college graduate but they do provide a number of important functions. When we put that together with the enhanced aids that the practice management software, electronic medical records and digital coaching will have, the community health worker can be significant. Right now, federal policy is geared to generate more physicians in more specialties. That needs to be adjusted to focus on nurse practitioners, physician assistants in this new category or this growing category of what's the role of a community health worker.

Margaret Flinter: And in all of these projected new health care models there certainly seems to be one recurring theme and that's of the empowered patient. You recently, on PBS, I think had a hypothetical patient of the future that you talked about, Mary, an uninsured 50-year-old patient with diabetes, who strongly engages in her own health care management and does it really pretty effectively. Describe Mary's situation for us and how technology is going to make it easier for her to be an empowered effectively self-managed patient as we go through this big transitional period that's ahead of us.

Dr. Clement Bezold: So Mary's situation varies across the four scenarios. So in the first, she has got the digital health coach. She has got diabetes but it's under control. Her primary team member in scenario 1 is a nurse practitioner but she does have health insurance. The scenario 2, she does not have health insurance and she doesn't have a regular physician, so she uses the mini clinic and the emergency room. She has access to digital coaches but she can't afford to buy one, so she gets the ones that are for free. There will be free digital health coaches and they may not be as reliable. So, in scenario 2, she is more at risk, her diabetes is little more likely to go out of control but she doesn't have significant resources. Scenario 3, she has got the digital coach but she's got the community health worker who comes to her home and helps support her in terms of activity and nutrition that enables Mary to keep the diabetes and glucose levels appropriate. And then in Scenario 4, she is her own medical home and then she has a digital coach. She has access to care when she needs it but she doesn't need it as much, and since she is paying out of pocket, she uses the digital health coach and the PatientsLikeMe, (18:34 inaudible) Like Me diabetic network to self-manage.

Mark Masselli: Dr. Bezold, you talk about one of the tools that's going to greatly reduce health disparities is biomonitoring and you also talk about the future of health care where food will be as much part of a treatment regime as medicines are and that evidence-based nutrition information will increasingly become part of the future patient care protocol and then of course genomics. So talk to us about these game changers and how they fit into the next larger context of health care of the future.

Dr. Clement Bezold: The genomics piece is we will increasingly understand the genome, it will be low cost to map it, we will be able to have it in our medical records. At the same time, we will come to understand whether you have a gene and whether it expresses is the function of other factors beyond your genome itself, and we will understand that mix and that will get integrated. The food question becomes really important both because we all uptake our food very differently but food is essentially the quantity of calories, the nature of calories, all of those become very important. With the biomonitoring, we will take a number of forms. We will have bed pads that we just sleep on and get a lot of what a sleep lab tells us about our sleep quality. We will have wrist watches or earrings or eyeglasses that we basically understand heartbeat variability, we will come to map that with biomonitoring but we will also understand our food intake, what difference it makes for us, we will understand our genomics and epigenetics. Our systems will also say do you have access to healthy food, is your neighborhood safe, are you socially isolated. So individually, we will focus on understanding those things and acting on them. I think the food and nutrient question will be relevant. The future of Doc Watson is one example of what will become digital health coach. Those would be among the innovations I would say.

Mark Masselli: We are speaking today with Dr. Clement Bezold, Chairman and Senior Futurist at the Institute for Alternative Futures, whose recent report on the future of primary care, diabetes and community health centers stands poised to have a significant impact on the look of American health care in the future. Dr. Bezold, thank you so much for joining us today on Conversations.

Dr. Clement Bezold: Thank you.

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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 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: Does the Affordable Care Act require forced home inspections? That's the latest viral claim we have been asked about by readers, and it's certainly one of the government conspiracy type claims we have seen regarding the health care law. But rest assured there are no forced home inspections called for by the law. Instead, this twisted claim refers to a provision that provides grants to states that have home visiting programs for expectant and new parents. These are voluntary programs in which nurses and social workers would conduct in-home consultations to help new parents on health and development issues, particularly for at-risk children. Families can request the services or be referred; they can opt out at will. As many as 46 states had such programs in fiscal year 2010. The law says states should prioritize providing services to those who need the most, such as low income families, pregnant women under age 21 and families with the history of child abuse or neglect or substance abuse. But bloggers and even a state politician in South Carolina have distorted the law, wrongly claiming that Americans will be forced to undergo home inspections. The law says nothing of the sort. And that's my fact check 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. 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 highlights a bright idea about how to make wellness a part of our communities and everyday lives. When Barry Katz's wife was diagnosed with ovarian cancer, it began a four year odyssey of treatments, of illness, ultimately her passing. With two daughters to raise and a business to run, Barry found the role of caregiver all the more challenging as his wife became sicker. He was preparing for a daughter's bat mitzvah, and a business launch, when he learned that his wife's battle was nearing the end. In desperation, he reached out to family for help and it arrived instantly. He decided he would use his family's experience to launch a new business venture, one that would help other families going through what he had get the help they needed. His idea www.lotsahelpinghands.com, an online platform that brings communities together to help caregivers dealing with loved ones in a crisis. What Barry found was you can be overwhelmed with offers for help or not have enough people reaching out to help when you really need it or not having people who knew what to do. Whether it's a family caring for a special needs child, a parent with Alzheimer's, or a wounded veteran, Lotsa Helping Hands allows caregivers to setup an online community of volunteers who can do everything from helping provide family meals, to taking a patient to treatment, to making sure a child gets picked up at school. Since founding Lotsa Helping Hands five years ago, 750,000 volunteers have helped 25,000 people around the world get the

caregiver support they need. Families setup online communities with calendars and volunteers pledge online for a specific task. Barry's design of the site was intended to ensure several things that it would always be free to those who use it, that it would be an intuitive site to navigate easy for all to use, that it was private and secure and that it provided a robust platform for feedback. The tens of thousands of testimonials speak volumes about its success with most saying essentially that in the most troubling time of need, Lotsa Helping Hands help to make the unbearable bearable. An online portal that brings volunteers who want to help, together with caregivers who desperately need their help, 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.