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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, what a wild set of weeks before October. The exchanges are up and running. But who knows what's going to go bump in the night. But folks are starting to shop online for health insurance across the country.

Margaret Flinter: That's right. And October 1 was the date that the exchanges opened and now we are hearing that the expert industry take is that business won't really pick up significantly in these first few weeks, maybe not even until November. But the analysts are still predicting that at least seven million Americans will find insurance coverage on the exchanges during this first open enrollment period, which runs from now until the end of March. So I think some good news also, premiums are coming in generally below expectations around the country.

Mark Masselli: You are absolutely right, Margaret. We know that rates are going to vary from state to state and the federal exchange is going to cover folks in some 36 states either partially or fully. But the last check with the Department of Health and Human Services, the average monthly insurance premium is coming down around \$320 per month for the midlevel silver plan.

Margaret Flinter: And Mark, that's the figure before you factor in the tax subsidies for folks who buy on the exchanges. So there will be more savings to add to those savings when the calculations are done.

Mark Masselli: I think it's really important to remind folks who are entering these online insurance marketplaces to seek assistance from a trusted navigator. Some of these plans may seem reasonable until you factor in things like high deductibles and higher co-pays for services. Make sure you investigate the fine print to make sure it fits your family's budget and needs.

Margaret Flinter: So Mark, looking across the country, still some surprises to note in states like Texas where there has been a pretty vociferous opposition to the health care law. The premium rates on their exchange are coming in lower than the national average, which is interesting. And some of the proactive states like Connecticut well they are showing premium rates that are among the highest in the nation. So politics aside, there are of course local and regional factors that impact rates.

Mark Masselli: But the Congressional Budget Office has determined that of the seven million individuals and small businesses, who will purchase insurance on

the exchanges by next year, over six million will qualify for subsidy under the Affordable Care Act. That's going to amount to significant savings for folks struggling to gain coverage.

Margaret Flinter: And of course, we expect a significant number of people will be covered by Medicaid in the states where Medicaid expansion is taking place. So with all of these newly insured Americans comes the question that many have been asking, who will care for all of these additional patients? And that's a question that our guest today has been mulling over for some time. Dr. Ardis Dee Hoven is the President of the American Medical Association. Since taking that position in June, she has been urging her membership to embrace the Health Care Law and the reforms and the innovations that are coming about as a result of this really huge shift in how we manage our health care system.

Mark Masselli: She will be talking about the policies and practices they are advocating now at the AMA to improve the work environment for medical professionals as well as protecting the rights of patients.

Margaret Flinter: And we will hear from Lori Robertson, the Managing Editor of FactCheck.org. She is always on a mission to correct falsehoods about health policy that are spoken in the public domain.

Mark Masselli: But no matter what the topic, you can hear all of our shows by Googling CHC Radio. Or if you have comments, please email us at www.chcradio.com or find us on Facebook or Twitter because we love to hear from you.

Margaret Flinter: And we will get to our interview with Dr. Hoven in just a moment.

Mark Masselli: 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. Health care and politics, inextricable bedfellows and contentious ones at that with threats of government shutdowns over the Health Care Law and the looming debt ceiling creating another potential for fiscal disaster, the health law marches on. Insurance exchanges went live across the country October 1st and residents in all 50 states are now looking into how they can access health insurance policies in these new online insurance marketplaces and how much of a tax subsidy they will qualify for as well.

There are fits and starts in the various exchanges around the country. The insurance exchange in the District of Columbia was experiencing some

technological difficulties. In fact, it's expected to be one of the main problems nationwide. The Affordable Care Act is supported by a matrix of computer technology in Washington that provides the state exchanges with a flood of information about each insurance applicant including his or her income. This data hub also is supposed to allow states to check with the Department of Homeland Security to ensure that applicants are citizens or legal residents. And because all systems across the country were at varying degrees of readiness October 1st, the federal government has waived the income verification requirement for a year for those applying for health insurance subsidies.

Meanwhile the need to rein in health care costs is impacting how some major corporations view their health care policies. UPS is changing their policies to discontinue spousal coverage if the employee's spouse has access to coverage in their own work plans. They will not, as some pundits have suggested, be eliminating policies for all employee spouses. Walgreens, which employs thousands of Americans, is resorting to a private insurance exchange, not the government run one, although it's less a move to control employee health care cost, more to stimulate competition among those insurers vying for the insurance business Walgreens offer.

Meanwhile, the Feds have given approval to the request by the State of Arkansas to take a different approach to Medicaid expansion. The state had requested a plan that would allow them to extend Medicaid expansion by giving some 200,000 residents vouchers to purchase insurance on health exchanges. Other states are looking to the Arkansas compromise for a possible option in their own states.

And menopause and insomnia, unfortunately the two go hand-in-hand for a large number of middle aged women. Hormone therapy is the only FDA-approved treatment for reducing symptoms, but a recent study published in the publication Menopause may have found a new solution for some, yoga. A study of menopausal women who took a 12 week yoga course showed their insomnia improved. Yoga had no impact however on hot flashes. Well if you can't beat them, just go do hot yoga and have at it. I am Marianne O'Hare with these Healthcare Headlines.

Mark Masselli: We are speaking today with Dr. Ardis Dee Hoven, the 168th President of the American Medical Association, and the third woman to hold that position in the nation's oldest and largest physician organization. Dr. Hoven serves as the AMA representative on the board of directors of the National Quality Forum, which seeks to improve health care delivery in this country. Dr. Hoven is an internist, and infectious disease specialist, focusing on HIV AIDS in Kentucky, where she also served as President of the Kentucky Medical Association. She is a member of the American College of Physicians and Infectious Disease Society of America. Dr. Hoven, welcome to Conversations on Health Care.

Dr. Ardis Dee Hoven: Thank you.

Mark Masselli: You know, we are in a new phase of the implementation of the patient protection and Affordable Care Act with opening this month of the online insurance exchanges. And your organization, the American Medical Association, has over 200,000 members but not all of them support the health care law. But since taking office in June, you have said that it's time for the medical profession to embrace the Affordable Care Act and start to exploit the law's potential for improving public health and the health care profession, including informing patients about the online exchanges so that they might access health coverage. So can you give our listeners an assessment of where your membership stands with Obamacare?

Dr. Ardis Dee Hoven: Well as you are aware, the AMA's position at the time of activity around the Affordable Care Act actually had to do with our position on the uninsured, making sure that uninsured Americans in this country would have access to high quality health care in a meaningful way. And that has been the driver for much of our work in the Affordable Care Act as well. We knew at the front end that the Affordable Care Act was not a perfect piece of legislation but in fact it had some very important elements that we thought very important to support. Having said that, the physician community has actually been leading in much of the change in some ways out there, if you think about what is happening now and work around models of care, delivery of care, looking at ways to do enhanced care coordination. So the physician community has taken up a significant lead here in helping to enact many of these changes.

Margaret Flinter: Well Dr. Hoven, the mission statement of the American Medical Association, as you know so well, is to promote the art and the science of medicine for the betterment of the public health. And I think we would all probably agree that art and science of medicine are undergoing some significant changes in the way we are delivering it to the public and not just due to the Affordable Care Act of course but so many factors these unbelievable advances in science and technology that we are witnessing and changes in the way consumers and patients expect to get their care, aging population, all sorts of thing. So what do you think the most dramatic changes for the medical profession are going to be and particularly for physicians on the front lines?

Dr. Ardis Dee Hoven: Well what we see is that we know we have to innovate and change the way we deliver care in this country. It's not just about delivering care, it's also about the cost of care, the quality of care and the health of our patients. And so to do that, we see one of the most important pieces of this is looking at how health care is being delivered. And when I talk about delivery change, I am talking about various models of care. For example, we have seen work around something called accountable care organizations, which are people and practices integrating to provide care and control cost. We talk about the

primary medical home model, another way in which particularly folks with chronic diseases are well-managed to their betterment and improving the quality and cutting down on the cost. So there are a lot of different models in play out there, many of them are being tested right now. This is where the big change is going to take place and the physician community is ready to embrace this. So will it happen overnight? No. Will it require resources and education? Yes. Will it require changes in how our patients access care? And the answer is yes. So those changes out there are underway and we will direct our attention to them and be appropriate in our responses to them.

Mark Masselli: Dr. Hoven, let's take a look at the work the AMA does in advocating for growth in the medical profession. And as we move forward with the implementation of the health care law, one of the byproducts I think in Massachusetts was the large demand for primary care providers. And we are going to see millions of more Americans entering the health care arena where there is predicted to be shortages in the tens of thousands, and there have been mixed reviews in the past over policies governing the number of medical school positions there are available in this country. But the tide seems to be turning and I know the AMA's Liaison Committee on Medical Education has advocated strongly for an increase in medical schools and there are a number of new medical schools opening up across the country and they are very much focused in on training primary care clinicians. What vision does the AMA have for responding to the growing health care needs and making the ground more fertile for enticing medical students to choose the path of primary care?

Dr. Ardis Dee Hoven: Well we have got to address that as a nation but specifically, the AMA's work has been directed in many ways around one of our new strategic directions, as you alluded to, which is medical education reform. And we know that in this country we have more medical students, we have more medical schools, we have more patients to be seen and yet, we have an obstruction if you will in the whole concept of graduate medical education, which is that training piece which occurs between graduating from medical school and then going out into practice. And so the AMA has been very specific in looking at GME funding, how that's going to take place, but it's also now looking as part of its strategic focus on ways of changing educational innovation. So it's something that's going to take multiple levels of activity. It's going to take work at the graduate medical education level, it's going to take work at our medical school level, and it's going to involve funding as well. So it's a complex issue. Team-based care is going to be taught in medical schools; it's being taught now, team-based care being physician-led care but at the same time allowing all health care professionals to function at their highest level of training and expertise. And it's that team care that's going to afford us the ability to manage the care that we want to provide in this country in a more efficient and timely manner.

Margaret Flinter: Well Dr. Hoven, you talked about team care. Are there other changes in terms of distribution or investment of resources or strategies to get things right in this country that you expect to see or to at least be considered?

Dr. Ardis Dee Hoven: I think it's probably all of the above. What we are looking at now as we look at these various innovation models, and there have been 11 schools that we have awarded grant money to look at this, so that we have competency-based training as opposed to just calendar training, that we are looking at pathways that are more efficient in the use of educational time and exposure to the types of education that young men and women need, and most importantly, being able to develop amongst these young men and women their excitement and enthusiasm about doing primary care for example.

Mark Masselli: We are speaking today with Dr. Ardis Dee Hoven, the 168th President of the American Medical Association. Dr. Hoven is an internist specializing in infectious disease. Dr. Hoven, the AMA has been very active in promoting a better system for Medicare reimbursement and the so-called SGR formula, which stands for Sustained Growth Rate. Can you tell us the efforts that are underway and what do you think would be the ideal solution for fixing the broken Medicare reimbursement system?

Dr. Ardis Dee Hoven: Over the last 10 years, we have had 15 patches to the SGR. Now what we mean by that is threatened cuts based on a formula that doesn't work anymore. It's based on the GDP not on providing care and it's threatened many practices. And it's very disconcerting for our seniors out there every year to see Congress debate this and then at the last minute, at the 11th hour, patch it, kick the can down the road and wait until one more year appears. This year, things are different. This year, the AMA along with our physician colleagues in the state and specialty societies throughout the United States collaborated together and came up with a plan, and it's not only to repeal the SGR which is the first step but it is then the second part of this which is to provide five years of stable reimbursement of physician practices throughout the country so that they could then begin to work on the infrastructure to moving towards innovative models of health care delivery as we were talking about earlier. It's these models of delivery of care which are going to be best for patients, improve health outcomes in this country, and at the end of the day, going to save on the cost of health care. We have been very pleased with the positive uptake, bipartisan, both sides of the aisle looking at this and saying yes this is something we should do, we must do and I am much more optimistic than I have ever been in years past about our ability to see this change.

Margaret Flinter: Well Dr. Hoven, it sounds to me like change is something that you get up and embrace everyday in your role as the president of the organization. But there is a law of change for people to embrace. I am sure with 200,000 members and in states all across the country, these things have to be met with equal parts of enthusiasm and resistance. And I wonder from where

you sit, how you work with the different regions and the states and the stakeholders, what's your structure to try and build a consensus. And I guess the second part of that would be do you see a generational shift kicking in; are we at another point where a new generation is sort of rising up within medicine that sees things differently in how the world of health care works?

Dr. Ardis Dee Hoven: Well the AMA actually represents about 185 states and specialty organizations, so all 50 states and then the balance being the rest of the specialty and sub-specialty societies in the United States are represented by delegates to the House of Delegates at the AMA which is the policy setting body of the organization. The AMA then takes that policy and advocates on behalf of physicians and patients in this country. So we have very good representation and very good working relationships throughout the country. Young men and women coming into this arena now actually come with great passion and enthusiasm and I am very optimistic they will continue to be our leaders. They bring a view of health care which reflects change and supportive of change and they are going to be those taking care of us in the future, not only politically but in policy setting and at the bedside. And I am very optimistic about their enthusiasm and their knowledge and I will tell you they are the brightest and the best we have ever seen.

Mark Masselli: You know, I wanted to get back to reimbursements and you talked on Medicare and the need to probably stabilize those rates. We know the private physician community also does a tremendous job in this area. And as part of the Affordable Care Act, the rates were increased; they are often times the lowest that a practitioner will receive. But all across the country, states were allowed to sort of nationalize their Medicaid rates by going up to the Medicare levels, which is an exciting prospect given where the rates were before. This is a two year experiment. Any sense of how the adoption has gone and whether or not physicians across the country are adding more Medicaid patients to their roles or has there been discussion about trying to do, as you are doing with Medicare, a five year stabilization also to try to stabilize those rates so we can encourage the great work that happens in so many private offices across the country?

Dr. Ardis Dee Hoven: I don't have good numbers at my fingertips. I will tell you this, the sense in the country right now amongst physicians is they are very concerned about Medicaid expansion only because they are worried about obviously the reimbursement part of it but are they going to be able to handle the volume. And I say that only because that's what I keep hearing, what are we going to do with these people, these folks, these patients. And my response to this frequently is these are patients that are already in the health care delivery system, they are getting their care at the wrong place at the wrong time by the wrong person and we need to flip that formula and make it work better. Having said that, I find amongst my physician colleagues a willingness to see Medicaid patients, a willingness to work with the system and a willingness to work with

their states to help make Medicaid delivery in their states the best it can possibly be. It isn't easy sometimes. It's a fiscally troubling issue for many states as you know. But our physician colleagues out there work at the state level with Medicaid programs and are trying to be very creative and helpful in getting access improved for these patients.

Margaret Flinter: Well Dr. Hoven, we appreciate that and I want to appreciate the fact that you, in your practice career, chose to specialize in HIV AIDS care and became and are just a tremendous advocate for the underserved and very well aware of the health disparities in our country. You know we just had Dr. Jack Geiger on our show recently. I am sure you know his work, launching the Community Health Center Movement back in the 1960s. And really, as he always reminds us, a movement that was created out of an understanding that health is much more about what happens outside of health care and much more about what we think of as those social determinants of health, and if we want to improve health in our communities and our patient populations that we have got to be very focused on addressing those social determinants and tackling still the huge and persistent health disparities in our country. I know that's something that the AMA is concerned with as well. Perhaps you can share with us a little bit about the AMA's initiatives to address health disparities and how do you see that work reflected in training and practice and research across the country.

Dr. Ardis Dee Hoven: Great question. And obviously the social determinants for us in this country are significant, and I recently had the opportunity of listening to Sir Michael Marmot, who actually is the gentleman from the United Kingdom, who really brought to the forefront this conversation. But the AMA actually has done several things and continues to do it over the last decade. One of the most important has probably been the AMA's Minority Affairs Section, which serves as a grassroots forum if you will for increasing the voice of minority physicians in the AMA itself. This is important because it's an important link to the minority patient population.

So what it does is it brings to the AMA a very important perspective to our discussions around all the critical issues in health care delivery, in population issues around disparity and professional concerns. So it provides us real life, real time information that enables us as an organization to be much more appropriately reactive to the issues. The Commission to End Health Disparities, another entity, is co-chaired by the AMA and the National Medical Association, again recognizing that health care disparities exist due to multiple factors including race and ethnicity. And this group works together to increase awareness amongst physicians.

You know the other thing we have been very active in is our Doctors Back to School Program. And I am not sure whether you are aware of it, but physicians and medical students across the country, visit schools and community organizations to help young minority children realize that they can pursue a

career in medicine. And it's an exciting thing; the feedback is wonderful. This is not only African-Americans but Hispanics, American Indians. And so we are trying to look and get the percentage of the physician population to represent the people they serve, and so this is something we talk about and work about.

Mark Masselli: We have been speaking today with Dr. Ardis Dee Hoven, President of the American Medical Association, and the third woman to hold the position in the nation's oldest and largest physician organization where she has been a member of the AMA Board of Trustees since 2005. You can learn more about her work and the work of the AMA by going to www.ama-assn.org. Dr. Hoven, thank you so much for joining us today on Conversations on Health Care.

Dr. Ardis Dee Hoven: Thank you. I have enjoyed it.

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: Well, Senator Ted Cruz spent about 21 hours on the senate floor railing against Obamacare. We here at FactCheck are still going through the pages and pages of the transcript but we found several false and misleading claims so far. For instance, Cruz, the freshman senator from Texas, wrongly said that the spouses of 15,000 UPS employees will be "left without health insurance and forced into an exchange with no employer subsidy". That's not true. UPS announced that it was dropping coverage for spouses only if they could get insurance with their own employer. A company memo said that since the Affordable Care Act required businesses to provide insurance, "we believe your spouse should be covered by their own employer". UPS estimated that of the 33,000 spouses it currently covers, 15,000 can get insurance through their own workplace.

Cruz also said that the IRS Employees Union has been asked to be exempted from Obamacare. That's not the case either. The union, the National Treasury Employees Union, which represents agency and department employees including workers at the IRS, opposes a Republican bill that would move federal employees out of their current health insurance program and into the exchanges setup by the Affordable Care Act. The union isn't opposed to Obamacare, instead it says this bill goes against the very intent of the law. The union says the law's goal was "not to take average away from employees who already receive it through their employers". 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 Chef Karl Guggenmos grew up as a kid in post-war Germany, he lived on a diet of organic and locally grown foods. Now he is the Dean of the Culinary Arts Programs at Johnson & Wales University in Rhode Island and he realized that he has responsibility to teach the next generation of chefs how vital natural and simple ingredients are, not just to creating good food but to the health of the population as well. He watched the obesity epidemic take hold in this country and decided to use his platform to create a new approach to chef training. He teamed up with a professor of medicine at Tulane University Medical School in New Orleans, and together, they created what they believe is the first course in culinary medicine in the United States, teaching chefs and fourth year medical students how to understand the synergy between healthy eating, good food and good health.

Karl Guggenmos: Our graduates from Johnson & Wales, or any cooking school, really have to take responsibility for the health and wellness of the people that they serve food to. So we created this program where our students are actually going to Tulane Medical School for an internship and they work side-by-side with medical students and physicians, working in the community, doing research, using an evidence-based approach to this whole idea of culinary medicine rather than anecdotal.

Margaret Flinter: So, in addition to learning knife skills, sauté and poaching techniques, fourth year medical students are given a lesson in food pairings, learning which foods are most poised to foster good health, and to combat obesity in their future patients' lives.

Karl Guggenmos: The medical students at the Center for Culinary Medicine, they have their own coursework that we help them develop and they identify ingredients as to their relationship to health. They then start basic introduction to cooking from knife skills to basically how to sauté, how to poach, how to other roast and then they do recipe conversions and then they have to do research. And our students, they are helping and they are engaged working, writing articles, being part of this whole program, working side-by-side with the medical students and learning and exchanging information and techniques from each other. The results and the responses are incredible. We are hoping to continue that. Dr. (28:59 inaudible) and I have been out speaking about this as a joint collaboration between the chef and the physician. It's really unique and it's one

of its kind and I think it's the first around the world and we are getting more and more traction about this.

Margaret Flinter: He strongly believes in the idea that chefs will be the pharmacists of the future. A dean of a reputable culinary program, teaming up with a medical school, to train future doctors, armed with the skills and information to assist their patients in healthier eating, fostering the development of health conscious chefs who are trained to feed the next generation well, with foods that can prevent obesity, 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.