

Mark Masselli: This is conversations on health care I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret insurance companies are weighing in on the President's response to the millions of cancelled health plans that didn't meet requirements under the Affordable Care Act. The President offered a public solution let those folks keep their plans for one more year.

Margaret Flinter: Well that decision is now not sitting so well with some insurers who say it really push them in a bind, they have to figure out how to make those plans fit the requirements under the Affordable Care Act which must include the so called tenant essential benefits which is the primary reason that they were cancelled in the first place.

Mark Masselli: We'll see how they respond to their President's solution on a state by state basis.

Margaret Flinter: Well Mark I still think that it's a pretty safe bet to say that once most of these once most of these folks see what they can find in terms of Affordable Health Insurance in the online insurance marketplaces they won't be so eager to hang on to the old plans many of which had very high deductibles and only minimal coverage but people are often pretty resistant to change.

Mark Masselli: But there are many changes on the health care horizon that often get up secured by the retaract most especially of the impact technology is having.

Margaret Flinter: And that is something that our guest today is quite knowledgeable about Steve Lieber is the President and CEO of HIMMS Worldwide that's the Health Care Information Management System Society. Their mission is simple but pretty vast in scope improving health care through information technology and he'll be talking about some of the many breakthroughs underway that are poised to transform traditional health care as we know it.

Mark Masselli: Lori Robertson Managing Editor of Factcheck.org will be stopping by.

Margaret Flinter: And to no matter what the topic you can hear all of our shows by googling CHC Radio.

Mark Masselli: And as always if you have comments please contact us at [chcradio.com](http://chcradio.com) or find us on Facebook or Twitter we'd love to hear from you.

Margaret Flinter: We'll get to our interview with Steve Lieber in just a moment.

Mark Masselli: But first here's our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I'm Marianne O'Hare with these Health Care Headlines. The White House is still sticking to its promise of functioning online insurance marketplace by November 30<sup>th</sup> but they're scaling back the numbers. In the recent press briefing White House's spokesman Jay Carney said one in five Americans who tries to log on to this site won't ultimately end up buying insurance on healthcare.gov in spite of the fixes to the website there are some people who just aren't comfortable purchasing insurance online and for the others their tax situations are too complex to calculate the subsidies online without assistance. The White House is considering other options to deal with that issue including adding more trained navigators who can assist customers over the phone or in person. Meanwhile as predicted the passive enrolment has picked up significantly since the launch of healthcare.gov doubling the amount from the week before and folks on the frontlines of treating cardiovascular disease had been given a new tool for assessing risk for heart attack and stroke but turns out this new online calculator meant help them to determine a patient's need for cholesterol treatment is flawed, it's based on 20-year-old data and heart attack and stroke rates are much lower now. The new calculator released by the American Heart Association exaggerated the true risk of heart attack or stroke by an average 100% but the American Heart Association and the American College of Cardiology don't plan to change or eliminate the calculator in part because there's no good alternative.

I'm Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We're speaking today with H. Steven Lieber President and CEO of Health Care Information and Management Systems Society Worldwide also known as HIMSS Worldwide, it's a global cause based not for profit health care association focused on achieving better health with information technology. Mr. Lieber sir is on the Board of Directors of HIMSS Worldwide and its related organization. He is also one of the founders of the Certification Commission for HIT and the Health Information Technology Standards Panel to promote Health IT Interoperability. Steve, welcome to Conversations on Health Care.

Steve Lieber: Great thank you very much.

Mark Masselli: Well we're not going to talk about the problems with Affordable Care Act website.

Steve Lieber: It does involve technology, doesn't it?

Mark Masselli: But we really want to talk about the great work you and your organization have been doing on the frontlines or promoting a culture that supports the use of information technology to improve health care delivery and so for our listeners who don't know about HIMSS, could you describe your organization for us and what is

your mission exactly and how do you see it leading to the triple aim of improved excess better quality of care in reduced cost?

Steve Lieber: Sure. HIMSS is a more than 50-year-old not for profit cause based organization, functions globally. We have offices in the US, Europe and Asia and we also do programs in the Middle East. The vision of the organization is better health with information technology. Those systems and applications that carry information, the various applications and computer systems that take information from a variety of places in other words it's the elimination of the old clip board when checked in for an electronic system that's able to follow you around wherever you are receiving treatment for so long information and health care was tied up in paper records but paper records don't move very well. And so what happens is care is not well coordinated and so this really gets to the issue of triple aim in terms of improving quality reducing cost, increasing access, who we work is over ideal stakeholders starting with government, government is a huge influencer not only in the United States but around the world in health care policy, even in a private system like the United State we follow the lead of the Federal Government as it establishes the national health policy, the companies that make these products. We work very closely with them in terms of insuring that there is a degree of standardization so one, commercial product will be able to communicate data to another. We work with clinicians, administrators, patient organizations, and trying to move the health care system from really a fairly or **(6:38 inaudible)** 121 which is 21<sup>st</sup> Century able to realize the promise of health care by eliminating errors, making sure better information at the point of care.

Margaret Flinter: Well, Steve, we recently have one of the great champions of health IT Farzad Motashari the recent National Coordinator of Health IT for HHS on our show. He put some of these in perspective by talking about the incredible milestones that we have achieved in health IT so far really in relatively few short years since two major pieces of legislation where past one of course the Affordable Care Act but the other the High Tech Act maybe you can speak to how these two pieces of signature legislation have brought us closer to the improved health care delivery system through a better use of information technology.

Steve Lieber: Sure, Margaret. The 2009 American Recovery and Reinvestment Act, The Stimulus Laws we remember it that the country was in terrible economic situation and so early days the Obama Administration they passed this legislation which was full of all kinds of things related to recovery but it also had that other R word and it's titled Reinvestment and the administration picked three major policy areas education, energy and health care to put significant investments in that piece of legislation to move America to different place.

And we can do a little bit of comparing and contrast with our neighbors to the north on Canada where similar focus on the improvement of Information Systems but without an Investment Act and so what've seen is that in Canada according to an eight stage model that we've developed that tracks, the adoption of information technology in hospitals seem very little change in terms of movement up that scale while in the United

States there has been a dramatic change from the Stage 2, Stage 3 to Stage 4 and Stage 5 which are much higher levels of IT adoption and all of this has occurred since 2009. So there's clearly no doubt about it that the High Tech Act very much created the stimulus necessary for hospitals to be able to invest. Then you got the 2010 Affordable Care Act which creates really much more around the reimbursement issues, the access issues far less to do with technology other than it create situations where you won't get paid for example if you treat a patient in a hospital and they're readmitted within 30 days under certain conditions you don't get paid because the assumption is and the research shows you didn't do what you were supposed to. Well having technology in place will allow you to better identify those patients more likely to be readmitted in a short period of time and do the right things to prevent that from happening. So there's an indirect affect that the ACA Act also has in terms of driving greater adoption of information technology.

Mark Masselli: Steve, you're a member of the Original Health Information Technology Standards Panel and it's a public-private partnership to develop and promote Interoperability Standards for health IT and area and we're still seeing quite a few challenges and I was surprise to read that you still think we're at the sort of gold rush phase of innovation here in Health Tech Development that there are tens of thousands of new IT systems and apps being develop but they are not communicating with each other. I was kind of surprised the little I know I thought HL7 and others were really design to make people talk to each other but it still sounds like it's a tower or babble so what's involved in setting these standards and how should they be functioning in the health care marketplace?

Steve Lieber: Mark, I've been at the HIMSS for nearly 14 years now and when I first came in the word Interoperability didn't even exist. The concept of systems being able to integrate was the word used at the time was there and a tremendous amount of effort was put into the writing of interfaces that basically translated one system into another the problem is that we don't have a system that really and I'm not talking about information system but a process which really drives absolute adoption of common standards. We're just now getting to the point where there is an acceptance that the data needs to given back to the patients so that they can share it with other practitioners things that if we sort of compare it to other activities that we do in the financial systems, the easiest one is that the demand for integrated systems became absolute very early on for those of us -- in my age group we remember the time when you couldn't go to every ATM and get money out you had to go to ones in --

Mark Masselli: Mm-hmm

Steve Lieber: -- your network well the public didn't put up with that for very long because we're much more mobile now, we've got to be able to access and money is very important t us. Patients and citizens still have not gotten to that point where we take accountability for our health care and insists that we have control of it. So that same sort of driving force for Universal Adoptions Standards doesn't exist. There are health care organizations who now put into their request for proposals, certain

requirements to ensure better interoperability but the other thing to remember is that the health care record is far more complex than a financial records. It's not uncommon to hear a CIO in a hospital talk about the hundreds of information systems that they manage within the environment.

All of those or many of them are developed by different companies, there are HL7 Standards, there are other standards organizations and different kinds of data have different standards, big problem is we still don't have the absolutely compelling case for everybody to adopt them exactly the same way so that brings in one final piece on this issue of standardization is that a physician group looks at a patient record and said I want things this way or that way as customization, well once you start moving things around having it displayed differently, having it captured differently and actually suddenly makes that system not compatible with someone else's and you have to map them to one another. So what we've tried to do is that a very thin level of data sitting on top of a patient record is established in a universally adopted format so that the critical information that a physician or nurse must have about a patient does flow from one to another, that's first step we've been able to achieve and across all of your major electronic health records and it is part of the meaningful use for requirements that the governments imposed for eligibility to receive these incentive payments you've got to have that.

Margaret Flinter: Well, Steve, in our experience as we coming on the closing out close to a decade since first adopting electronic health records is that we absolutely are seeing the meaningful use payoff, we're seeing our ability to make substantive improvements in the quality care through health data management, maybe give us a sense of how does this look in other parts of the world where HIMSS is conducting surveillance and research on health IT who are the real standard barrier author that you think of substantially skilled the heights of meaningful use of electronic health records in technology?

Steve Lieber: In the United States let's set the baseline here pretty high adoption 80% of US hospitals have at least begun the process of adopting full-fledged electronic medical records, physician practices you're moving on 50% now when you go over to Europe, the European system by virtue of how they pay for care which is much more centralized at the regional or national level they focused on the continuum of care far longer than we have which starts with primary care, not starts with hospitalization.

So in the Scandinavian countries for example you find virtually a 100% of the primary care practices are linked by an electronic medical record nationwide, so huge, huge progress there, and not recent I mean this will go back six to 10 or more years ago. And again it's that focus on the continuum of care not so much the acute phases. Now when I look it up micro level they are certainly no better examples of IT adoption anywhere in the world than you'll find in the United States, so you know what we've done by virtue of our private health system is those who have the resources recognize the benefits and the reduction of medical errors, the improvement of quality outcomes, the improvement of profitability through adoption of technology and they've invested.

We don't have a system that takes care of those intercity rural very small hospitals who don't have those kinds of resources or primary care practices to make sure that they can achieve the same level.

Mark Masselli: We're speaking today with H. Steven Lieber, President and CEO of Health Care Information and Management Systems Society Worldwide also known as HIMSS Worldwide it's a health care association focus on achieving better health with information technology. Steve, there's another issue that has to be examined that's broadband and in recent speech you shared a pretty astounding fact that by 2016 we'll be showing 1.2 million video minutes over the internet every second and there's going to be required an impressive amount of broadband capability that you say we just don't have which is surprising so tell us what's the big picture, who's keeping track of the national broadband capabilities by the way and how do we stack up against the rest of the world?

Steve Lieber: Broadband is the movable type printing press of this period. The United States in 2012 we had about the same level of broadband connections as Japan but two countries for example France and South Korea had about half again as many connections you go back 10, 15 years ago you know just coming out of the dial-up modem phase into now WiFi we think it's being fairly ubiquitous but it's really not, you know for those of us that live in cities we don't find it difficult at all. When you start getting out from major metropolitan areas it drops off and on the health care side there's just no question about it. The ability to transmit information, images over distances is critical, the concentration of medical expertise is -- has a relationship to metropolitan areas and so the ability to connect those areas with high quality, high resolution, high speed connections is absolutely critical for us to be able to achieve the objectives of high quality health care wherever you might be.

Margaret Flinter: Steve, you have multiple offices around the country and the world where you conduct ongoing research and outreach but you just opened up a new kind of enterprise in Cleveland, it's called the HIMSS Innovation Center described as a year round destination for audiences from health care providers to developers who want to better understand how the sharing of patient health information works, as well as vendors who want to introduce a new product to rigorous testing so tell us what was the impetuous to place this Innovation Center in Cleveland and what do you anticipate is going to emerge from this new innovation hub?

Steve Lieber: In conjunction with the redevelopment of the convention center decision was made to build adjacent to that Convention Center, a global center of health innovation and this building is attracting organizations who are focused on looking at the issues of cost quality and access in saying what can we do to help drive thinking an actions to a different place. So it was a natural for us because it was going to be a gathering place for these types of companies and physicians and other clinicians who are focused on finding the right keys to success and improving health care. And so what we're doing is using this facility as a place where we will want test products primarily available on the market. We're offering the ability to test those products

against one another to ensure their interoperability and the impedious really is that the center was there there're others who going to be engaged in similar activities they're audiences they're going to come to Cleveland to see sort of thing so it was a great opportunity for us to leverage the focus that's going to come to that global center for our purposes of helping drive the marketplace towards a new place.

Mark Masselli: We've been speaking today with H. Steve Lieber, President and CEO of HIMMS Worldwide you can learn more about his organization's work by going to HIMSS.org. Steve, thanks so much for joining us on Conversations on Health Care today.

Steve Lieber: Margaret, Mark, it was my pleasure.

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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 non partisan, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what've you got for us this week?

Lori Robertson Well in late October Health and Human Services Secretary Kathleen Sebelius testified on Capitol Hill about the troubles with the Health Insurance Exchange Websites. She said it was illegal for her to obtained and churns herself on exchanges which lead Colorado Representative Cory Gardner to accused her of lying. It turns out Sebelius is right. She didn't explain this to Gardner when he was questioning her but the exchange plans can be sold to Medicare and relief and Sebelius in addition to having insurance to the Federal Employees Health Benefits Program is a Medicare enrollee. Gardner ask Sebelius why she wasn't in exchange and she initially said she has affordable coverage through work so she is not eligible, that's not correct. Those getting employer sponsored insurance could buy exchange plans but it wouldn't make financial sense in most cases as employers often make sizeable contribution towards workers premiums. Gardner urge the Sebelius to find a way to join the exchange and she blurred it out its illegal with no explanation. Gardner later accused her of lying but as HHS explained she also has Medicare Part A making it illegal for an exchange plan to be sold to her. Meanwhile Gardner and other members of Congress and their staffers are required by the Affordable Care Act to give insurance on the exchanges in 2014. And that's my fact check for this week, I'm 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 Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like to check email us at [chcradio.com](mailto:chcradio.com). We'll have factcheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. Outgoing New York City Mayor Michael Bloomberg is leaving his post with another public health feather in his cap launched in May of 2013 the City Bike Sharing Program has in a few short months reached to milestone. In the first five months since the program launched City Bike users have logged over 10 million miles in over five million rides far outstripping similar programs in other cities throughout the United States. How popular is the Bike Sharing Program very, they are reaching an average daily ridership of 35,000. The estimated number of calories burns since the program began in May 403 million the equivalent of 732,000 big max the Bike Sharing Program has been so successful, the city has plans to scale the program up to all five Burroughs Chicago and Washington D.C have similar programs and have plans to scale up their efforts as well and affordable Bike Sharing Program that has encourage hundreds of thousands of city dwellers and visitors to exercise their way to their destination, enhancing their health in the process now that's a bright idea.

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Margaret Flinter: This is conversations on health care I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at wesufm.org and brought to you by the Community Health Center.