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Mark Masselli: This is Conversations on Health Care, I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well, Margaret we're seeing a number of veteran members of congress choosing to leave Capitol Hill at the end of their terms. We're losing some real champions of Health Care reform with these announced departures.

Margaret Flinter: 87 year old, Michigan democrat John Dingell is stepping down at the end of this term after close to 60 years in congress. He has been a champion of Health Care for all Americans, he was there when Medicare was created back in the 60s. Of course he was prominent and supporting the Affordable Care Act.

Mark Masselli: He's had a lifetime of service, he was an advocate for Universal Health Insurance from the beginning of his service, as far back as 1955. And has worked tirelessly on behalf of Americans throughout his career.

Margaret Flinter: And he follows a host of other veteran law makers who sight the current climate in congress as unworkable and unfair to the American people has been impetus to move on. But, in this particular case, congressman Dingell says he simply wants to enjoy his remaining years at a more relaxed pace around by his family.

Mark Masselli: And just a few weeks ago another highly respected long term veteran of congress also announce the departure at his end of his term. Henry Waxman of California stepping down after almost 40 years of congress. He too has been a career long advocate for Health Care rights for all Americans, he does a point to the partisan bickering and the gridlock as the primary reason for not seeking to run for reelection.

Margaret Flinter: Well both are leaving congress with the Affordable Care Act intact. It's been a lot based on good intentions and good policy Mark, but still has left many confused. Our guest today is here to talk about an initiative to help shed more light on the Health Care Law and particularly for those in the Health Care professions. Dr. Darshak Sanghavi is Managing Director of Economic Studies at the Engelberg Centre for Health Care at the Brookings Institution.

Mark Masselli: They've launched a campaigning conjunction with the free online learning service Khan Academy to produce a series of videos aimed at educating medical professionals as well as the public on some of the basic aspects of the Health Care Law in America and how the Affordable Care Act might impact them.

Margaret Flinter: And Lori Robertson checks in from FactCheck.org looking at false claims about health policy spoken in the public domain.

Mark Masselli: But no matter what the topic you can hear all of shows by going to CHC Radio and always if you have comments please contact us at 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 Darshak Sanghavi 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'm Marianne O'Hare with these Health Care Headlines. The Health Care Law in health premiums according to a report from the Centers for Medicare and Medicaid Services insurance premiums could rise for 11 million small business employees under the Affordable Care Act. Well lowering premiums for another 6 million Americans. It's based on the provision that premiums can no longer be set based on a person's age or preexisting conditions. So younger folks that are healthier will likely find themselves paying a little bit of higher premiums, while older workers will be paying lower than what they did before.

Meanwhile, health insurers were swimming in some positive territory Wall Street last week after assessing that government cuts to privately run Medicare programs we come in lower than original projections for 2015. Analysts have been expecting cuts of 7% or more to Medicare advantage plans, but it looks like it's closer to 3.5%. Working out the glitches on the state based health exchanges, California's exchange covered California was down for five days due to software problems causing frustrations and delays for navigators and insurance pros across the state. They've been averaging 7000 signups per day in California. And the state with an entirely different sort of exchange experience is taking it show on the road, Connecticut exchange launched with few of those major problems plaguing the other health insurance exchanges.

AccessHealthCT President Kevin Counihan has put together a program to take the states considering setting up their own exchanges in the next few years. Counihan saying they will license the state's technology and essentially sell it as exchange in a box. Connecticut is already talking to several states who've expressed interest. I'm Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We're speaking today with Dr. Darshak Sanghavi, Managing Director of the Engelberg Center for Health Care Reform at the Brookings Institution where he's also the Merkin Fellow for Finance Reform in Clinical Leadership. Dr. Sanghavi is an Associate Professor of Pediatrics and the former Chief of Pediatric Cardiology at the University of Massachusetts Medical School. Dr. Sanghavi is award-winning medical educator and has been a frequent contributor to NBC and NPRs all things considered. He writes on Health Care Reform for the New York Times and Washington Post. Dr. Sanghavi, welcome to Conversations on Health Care.

Dr. Darshak Sanghavi: Hi, it's great to be with you.

Mark Masselli: You know, we hear all the time from people about how complicated and confusing the reforms are within the Health Care Law and the Brookings

Institution initiated a program to help people better understand exactly what these health reforms really mean and how they can participate in the process of approving health care in. You recently assembled a number of clinicians at the form at the Brookings to discuss reform and its many complexities, it sounds like there's still a great deal of confusing in the medical community about the rules governing payment reform. So can you give our listeners an idea on how systemic that confusion is?

Dr. Darshak Sanghavi: Sure, so I mean I think that as one of the panel has said at our event, clinicians are confused because health care reform is confusing. So it's a complex topic to be honest, so a lot of clinicians just are as much in the dark as ordinary Americans are. And in fact, you know, several survey have shown that – that this confusion really starts even early in their careers, many medical students have residence or never really taught the basics of how, you know, insurance works or what Medicare really is and how it works and how Medicaid works. And so, I think this is a complicated problem that's been present for quite a while. And I think that, you know, if you told somebody about the Affordable Care Act and told them that only about 20% of it really deals with health insurance reform, 80% of it really deals with health care delivery reforming, changing how we pay for care and sort of reorganizing how we deliver to make it better, most people would be really surprised to hear that. And that's sort of what we're trying to bring to light, and trying to in a way that's little bit more innovative kind of talks to clinicians in a way they can understand, which is to be honest the same way you talk to anybody who's trying to understand this stuff.

Margaret Flinter: Well – we're going to come to back to that in a few minutes, but I know that one of the reasons that you assembled that recent panel at the Brookings Institution was to examine ways to empower the clinician community to become both more aware of just what the reform changes are. But you also looked at some emerging tools that you've identified as potentially empowering to health care professionals in their engagement and reform processing, using social media and maybe using (inaudible 7:23) massive open online courses that have so wildly gained a popularity around the globe. Tell us about the initiatives that you've launched at Brookings to expand access to these and other tools for clinicians who are really working to understand these very real changes under health care reform.

Dr. Darshak Sanghavi: Well I thought it was, well you know, this – this is to a some extents not really a rocket science. But how can we harness this type of education to teach people about health care reform. And one of the things we realize is that clinicians today, they want to learn on their own time, they want to learn flexibly, they want to learn in small bites, and they want to learn through cases and through stuff that's actually practical to them delivered in a way they can understand. And when we survey the landscape if you look at how we typically describe health reform they're in this kind of slum somewhat upscale journals and they'd say written in a way that's very alienating it presumes that you already understand all the stuff about the ten titles of the Affordable Care Act and you know what a medical home is and so forth. And so we decided to sort of scale that down to a more basic level and then create a stepwise progression. And so what we were most excited about first of all was a partnership that we launched with the Khan Academy, which is really a terrific organization based in California, started by a young man who works in a finance industry and trying to figure out how to teach math to his nieces. And he

created this online tutorials that are very simple, you know, start with addition, subtraction, you know, they're five minutes course but then stepwise work up to doing multi variable calculus. And we thought that's a really good model for who we should teach health care, you know, we want to explain well what is Medicare and what's Medicaid and then stepwise work our way up to how exactly do you calculate a bundle for a payment and look at how you transform a larger system practice. And so we partnered with the Khan Academy to create these stepwise tutorials clinicians can learn on their own time in the small little bytes and work their way up. And just last week our first set of tutorials just went live.

Mark Masselli: Well let me just say as a parent of an 11 year old who's home schooling Salman Khan's work is really just extra ordinary. You know starting back in 2006 when he created this with the ambition to provide world class education to anyone, everywhere. So I want you to pull a little thread on that because, you know, it's so amazing to us still even in the health profession they get Medicare and Medicaid confused all the time. I am shocked by it, but it is a reality and if we don't address it upfront this is going to be a real problem. So tell us a little more about that work with the Khan Academy, taken it's also something that's available for just people, laypeople who are interested in the process of understanding this better as well as the health professions.

Dr. Darshak Sanghavi: That's right so to be clear anybody can log on, you can go right now to the khanacademy.org website click on learn, and then partner content go to Brookings Institution. And anybody can see these tutorials and we've just really started off on a pretty straightforward way of just kind of explain the basics of the health care system. So we currently – what we did, we developed it around ten videos each one lasting about 15 minutes or so. And that starts with saying well what is the health care system, how does it work, what is Medicare, what is Medicaid, what's up with private health insurance and so on. And so once our learners potentially whether they're clinicians or general public, they get that material. Then there's also sort of self guided exercise, you can sort of answer these quiz questions and it gives you a hint to figure this stuff on. And then the next pack of tutorials were going to deliver are, what is health care delivery reform and again it's one of our favorite panelist that joked at our event last week. When most people think about delivery reform they wonder about the – what the postal services are doing on Saturdays. But the next type of insurance we're going to explain well what is a bundle payment, what is this thing we call a medical home. So that's sort of the idea behind these tutorials.

Margaret Flinter: You know, again as you said the coverage is just a small piece and you talked more about some of the payment reform. But there's a few other titles that we have found are health care providers to be particularly interested into certainly the – the thought of the deals with public health and prevention and also the title dealing with workforce and I wonder if you've found this as well in your conversations, so people are really interested not just in what happens within our domain of the delivery of care to individuals, but what happens in the world of prevention public health and how are we going to use health reform to train the next generation. I wonder if you have any comments on that.

Dr. Darshak Sanghavi: The first is well how do we explain what this law is to the broader public. And I do think that the law tries to so many different things in so many different ways that, you know, as a policy enthusiast one can't help but marvel it how much was packed into it. But at the same time as somebody who's trying to garner political support, you know, create consensus and get people interested in it, it's really double lives worth because it's so complicated that you can't really explain what it does to be honest very easily that obviously works against the line, where I think we can see this tension being played out nationally. We will try to make this narrative, we think that people learn to the stories and we would try to think of ways either through our Khans Academy platform or see some of our other work. I'm trying to make this work very personal. So with population health for example, there's clearly a lot of stuff in the Affordable Care Act about improve nutrition, you know, there's calorie labeling of menus to really deal with obesity, and then sort of building a frame around that to see well how can the Affordable Care Act be used to look at population health. You know that might the simple way and then you build it out because through the founding of the innovation center they do have a population health entire area that's building around that, maybe we'd get there as well and even community based ACO. So there is a way to get there but I think that we're starting at such a low bar in terms of public knowledge that I think that we should focus maybe on the stuff that's a little easier and then build out from that.

Mark Masselli: We're speaking today with Dr. Darshak Sanghavi Managing Director of the Engelberg Center for Health Care Reform at the Brookings Institution where he's also the Merkin Fellow for Finance Reform in Clinical Leadership. You know, you mentioned just a moment ago that we learn from stories and it seems also true that we share through social media which is playing a big role in the empowerment of medical professionals as well as the patient community. But it's an area, it's also froth with proprietary concerns when looking to protect the interest of patient privacy, where do you see social media playing the biggest role in empowering frontline clinicians in their patient populations?

Dr. Darshak Sanghavi: It's important to explain that when people talk about patient privacy that sort of proxy for the confusion around (inaudible 14:21) the health insurance portability and privacy law, you know, the default way that people understands is that we as clinicians can't talk about patients because we're going to get sued and getting in trouble. I feel that, that actually is not as much of a concern because many of these conversations around health care where they're initiated by patients they themselves are willing to share their stories. One of the panelist last week at our event was Elizabeth Rosenthal of the New York Times, who is been writing really extraordinary articles on the cost of medical care. When they just posted a request on one of their blogs to say, can you please share your stories about paying for medical care, that post is only up for two hours and yet they were in in-dated with hundreds of emails with detailed stories people who are willing to share their experience and in fact that served as a basis for the series of articles it later became her series. And that's been tremendously influential in getting people to think in a very concrete way about the cost of medical care. So I think in that way social media really does allow people to tell their stories in a way and sort of get their message out and these are people that may not have been able to be reached any other way. And it also to some extent lets clinicians communicate with each other, if you're interested in health policy and you're a physician to be honest it will be a little

bit unusual. You know, most clinicians are not really as interested but through social media the ideas that you can find other people who are likeminded and one of the organizations who did that was doctors for America, you know, these are physicians that all found each other through social media. They now play a role and important advocacy around health care reform, for a physicians and patients as well. So we feel that there is certainly a great deal of work that can be done without necessarily getting to the issues of patient privacy.

Margaret Flinter: Well Dr. Sanghavi you've noted that many clinicians still kind of left out of the discussions around payment reform and the Affordable Care Act certainly puts forward new models around the accountable care organizations and bundle payments. But for practicing providers where pediatricians as you were, pediatric surgeons as you were or primary care providers in private practice community health centers. The kind of transformation they might be looking for things that really help them get a handle on the enormous work that needs to be done, that people need to be taking care of without that fee for service driven reimbursement system remains somewhat illusive. Maybe you could share with us your view as Merkin Fellow for Financial Reform in Clinical Leadership at Brookings, what kind of leadership is going to be need to help really drive meaningful health payment reform and what do you see evolve and go for the next decade or so?

Dr. Darshak Sanghavi: When one talks about changing the ways in which we deliver health care, people instinctively worry about that. They think that health care reform is anonymous with making things cheaper and making things cheaper means taking things away from people. And I think that because that's a dominate way putting the general population confuse of health care reform they look to clinicians and physicians as their protectors. And so I think that's sort of the – and it's hard the reason that I believe clinicians have a very important part to play in health care reform. Not only because they understand how to transform health care because they work in it, but they also to some extent are some of the most trusted folks by patients and even politicians. So I think probably the one everybody should know about and the one that I feel the most optimistic about is there will be a permanent repeal of the sustainable growth rate formula for Medicare. As many people may be aware the ways in which we've stopped Medicare from growing don't make a lot of sense, we do it sort of willy-nilly there's a 25% cut in Medicare fees to physicians that's been on the books for several years, and this year for the first time there's political movement that, that might stop. But at the cost, physicians will have to move away from fee for service reimbursements and start to now offer measures of quality and participate in other payment models. So no matter what happen if that sort of ship is leaving the harbor now and my hope is that physicians once they realize that can then take the lead to then reorganize how they organize their practices. If you don't need to worry about seeing somebody in person to get paid, you're going to be creative, you're going to say well hey maybe I'll answer those emails or make those calls or better yet I'll sort of think about how I can use my nurses to really meet the needs of a patients in a way we did do before. Once they're freed of the perverse economic incentives, their natural impulse to do what's right for patients will shine through. Now the second part I would say there's a much more radical approach, if you're freed of the conventional fee for service maybe a small number of physicians will say, you know, we should completely change, you know, go to a direct pay model where we essentially act like medical home without

steroids, you know, we assume all the kinds of care of patients we're really going to completely radically redesign care. There will be a small number of people that maybe free to do that as well and I think that, that innovation will be good over time.

Mark Masselli: We've been speaking today with Dr. Darshak Sanghavi Managing Director of the Engelberg Center for Health Care Reform at the Brookings Institution. Where he's also the Merkin Fellow for Finance Reform in Clinical Leadership, you could learn more about his work by following him on Twitter at [darshakshanghavi.org](https://twitter.com/darshakshanghavi) or to Brookings study DU. Doctor thank you so much for joining us today in Conversations on Health Care.

Dr. Darshak Sanghavi: It's been a pleasure speaking with you both.

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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: We're starting to see democrats and Senath races repeat old and misleading claims about representative Paul Ryan's Medicare plan. Ryan's proposed budget in recent years included changing Medicare to a premium support system in which private insurers and traditional Medicare would be offered on a Medicare exchange. Democrats have been attacking the plan for years, and now in the Arkansas Senath race and from democratic Senator Mark Pryor criticize his republican challenger Tom Cotton for supporting Ryan's plan. Two prior adds claim that seniors would pay thousands more each year under the plan Cotton supported, but the nonpartisan congressional budget office said the plan could lead to higher cost of beneficiaries without offering any specific estimate. One prior adds says the higher cost would affect every senior in Arkansas, but Ryan's plan wouldn't pertain to those 55 and over, and another plan that Cotton backed wouldn't pertain to those 60 and older. And second add says that plan would allow insurers to cut benefits, but the plan requires policies sold to seniors to include a minimum level of benefits. Under the Ryan plan seniors in the future would chose a plan from the Medicare exchange but the subsidy being sent to the policy of choice, these subsidies would be tight to the full cost of the second cheapest private plan or traditional Medicare whichever is less, the growth of that second cheapest plan would be kept at GDP plus 0.5%. Critics argue health care cost would go faster and eventually beneficiaries would have to pay more out of pocket, but that's speculation. (inaudible 21:53) any guide we'll see more of these claims in 2014 races, 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 the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us www.chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversation 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 and to everyday lives. Dieting is a numbers game but as anyone with midriff bulge nose, it's hard to win a game of losing. But researchers at Miriam Hospital at Rhode Island have found a fun interactive tool that could help improve the odds of dieters seeking to shed pounds. Dr. Trisha Leahey is the lead researcher at Miriam Hospital's weight control and diabetes research center. They wanted to see if the introduction of social media gaming and placing a bet on one's own weight loss would have an impact on dieter success. So they looked at the weight loss social media site diet bet, participants engaged in a four week weight loss challenge.

Dr. Trisha Leahey: Everybody has four weeks to lose 4% of their initial body weight. And in the very beginning of the program before the game begins, you can bet how every much money you want. And all of their bets get polled and then those folks who lose at least 4% of their initial body weight in four weeks then gets a split pot of money that was bet at game start. And during the game they interact with one another via social media platform.

Mark Masselli: Dr. Leahey says they were also encouraged by the success of participants in the diet bet study.

Dr. Trisha Leahey: So on average using this conservative approach folks loss about 2.5% of their initial body weight. I mean that's in just for a weeks and that's actually, you know, quite good and those folks who actually loss the 4% and won the game and were allowed to split the pot of money loss about 4.5, 5% of their initial body weight.

Mark Masselli: She says they were so encouraged by the success of the participants in the diet bet study. They are expanding their research to include more participants, with longer term experiments. The company has a follow-up to diet bet, diet better which engages participants in a six month diet goal on the social media site. Diet Bet an online social media site that encourages dieters to bet on their own diet success winning both cash prizes and a healthier body mass index, 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 Wesleyan University at WESU, streaming live at www.wesufm.org and brought to you by the Community Health Center.