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Mark Masselli: This is Conversations on Healthcare. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret interesting report out of Kaiser Health news last week, in spite of the dire predictions to the contrary in the run up to the healthcare loss addition of millions of Americans gaining insurance coverage, the primary care system in America has not been crushed under the weight of these new enrollees.

Margaret Flinter: Oh Mark you remember a policy (inaudible 00:27) been predicting that new patient populations would inundate the healthcare system causing delays and backlogs in the primary care space, but the Kaiser report that shows the system is doing a pretty job of absorbing the new healthcare consumers with a largest expansion of healthcare in 50 years. A quick survey of health systems around the country show that for the most part systems have been able to handle the influx of the some 13 million newly insured individuals either through the private insurances or the Medicaid expansion, so a prediction that did not come to pass.

Mark Masselli: It should be noted Margaret there are some parts of the country where there have been higher utilization from those new patients, Washington state, California, Kentucky, all who had successful enrollment efforts. There have been some delays in getting Medicaid's cards out to people but there is a sense that folks are feeling empowered to utilize the healthcare system in our learning to navigate it as well.

Margaret Flinter: Well I think everybody would agree that the country is still in a bit of a learning curve but you know I think compared to years going by our healthcare system, may be is a little more adaptable and a population that has much better access to getting information about what to do and how to use it in all that boats well I think.

Mark Masselli: Our guest today is someone who has had his eye on transformation of the healthcare system moving forward. Dr. Harry Greenspun is a senior advisor to the Deloitte center for healthcare transformation and technology at the Deloitte center for health solutions. He is also working at the intersection of health information in healthcare delivery and has examined how healthcare systems are being transformed?

Margaret Flinter: Lori Robertson will be checking in from FactCheck.org's. She is always on the hunt for misstatements about health policies spoken in the public domain.

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

Margaret Flinter: We will get to our interview with Dr. Harry Greenspun 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. The VA coming out of more scrutiny in the wake of several dozen deaths due to delayed treatment at a VA hospital in Phoenix, Arizona. While the director of that VA hospital has been replaced, the secretary of Veteran's Affairs Administration has come under a mirage of criticism. Defense secretary Chuck Hagel has said he supports secretary Eric Shinseki, but adds the care of veterans are receiving is simply not good enough recently report service that as many as 40 veterans may have died while waiting for medical care from the VA hospital in Phoenix. Veterans have also waited years in some cases to collect benefits from the administration. The American region and some in congress have called for Shinseki's ouster. Hagel admitted many of these issues were longstanding and plagued of the department since long before Shinseki took to helm. The matter continues to be investigated and while we grab over the concept of access to care for all in this country one-third rural country is seeing dramatic results in one year from a concerted health policy shift. Thailand has seen the 13% drop in one year with its 30-Bart program which essentially makes about \$35 per capita available for folks to access healthcare in that country especially in more impoverished provinces. A Harvard MIT study showed the biggest increase in patient usage was young women of child bearing age and infants and children. The survey revealed then the sharp decrease in infant death was a result of parents feeling they had a right to hospital intervention and most of the diseases were highly treatable, pneumonia, infection, MLI. I am Marianne O'Hare with these Headlines News.

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Mark Masselli: We are speaking today with Dr. Harry Greenspun senior advisor of healthcare transformation and technology at the Deloitte center for health solutions which is addressing key health information technology in clinical transformation prior to that Dr. Greenspun was chief medical officer for Dell Inc. He writes extensively on healthcare co-author of reengineering healthcare or manifesto for radically re-thinking healthcare deliveries serves on the world economic form global agenda counsel and digital health and was named one of

the 50 most influential physician executives in healthcare by modern healthcare, Dr. Greenspun welcome to Conversations on Healthcare.

Dr. Harry Greenspun: I am great to be here.

Mark Masselli: We are in this incredible transformational shift in the healthcare system and while we had a few bumps on the road of rolling out the Affordable Care Act things seem to be moving forward the number of enrollees finally exceeded the administrations initial hopes but your book 2012 co-written by Jim Champy reengineering healthcare suggests that something else needs to be done to really radically transform healthcare for the better can you talk to us about this radical redesign and how there is any interplay between the efforts of the Affordable Care Act and the direction you see the country moving.

Dr. Harry Greenspun: Well sure when you think about a lot of what healthcare has done to improve itself has been make sort of like small incremental changes you know how can you get a physician to see you know a couple of more patients per hour how do you move people more efficiently for the hospital and if you really want to transform the system you have to really do things differently you have to have different models of care have different types of people, providing those kinds of care and you also have to change the focus on what you are caring for are you focusing on doing sick care or acute care treatment or you are going to focus more on prevention and wellness. Now what's interesting when we look at the Affordable Care Act we are moving from a reimbursement model of paying physicians and hospitals for the volume of what they do to the value of work that they do, sort of the outcomes they achieve and that creates a lot of different types of behavior and a lots of new opportunities to provide innovation where if physicians or hospitals are responsible for not just doing a good job when you in front of them but also making sure you stay healthy and you help make good choices and when care gets transferred from person to person or facility to facility, that they gets ineffectively.

Margaret Flinter: with for this show we spend a lot of time speaking with innovators in the healthcare space who have really tempted to do what your describing reinventing the wheel by rebuilding systems from the ground up and always with those three pillars that you talk about in your work technology process and people what does that reengineering process look like and who in the country do you think is really got your right so far.

Dr. Harry Greenspun: You know you see a lot of people coming in from other industries trying to fix healthcare, and you have a lot of technology companies are specifically trying to do this. But the problem that exalt is the technology problem which is usually not the hard problem to solve so you know they come up with the better way of presenting information or some full app for your phone but they really haven't done much, and you think there has been a lot of technology around for quite sometime Telehealth being an example of that and

where it really wasn't for a lack of good technology that didn't catch on. It was a reimbursement problem that they were distance centers of physicians to use that. So you know unless these technological improvements can you know some of these other issues, I really like to help much, the lots of places around the county where you see some really interesting innovations and it occurs in some smaller pockets, you we are seeing you emergency rooms, create you know smaller in care centers on the side we are seeing lot of work with that integrated delivery system like Kaiser and Atlantic care another where they are able to provide different types of outreach and different types of communication with their patient and to give them information when they needed.

Mark Masselli: You know technology is important and on the clinical side but proved to be one of the difficulties in the roll out of trying to get technology related to enrolment to work successfully and now we are from Connecticut and then we had Kevin Counihan who was the CEO of the Connecticut exchange on which had a really remarkable success story to tell, they also had an intersection with Deloitte was part of that, success but talk to us a little bit about that technology platform around enrollment because we are going to see a big shift over the next half a dozen years where the employer based insurance policy might change really to these large exchanges are they equipped to manage them what you see out that's good, news around technology platforms.

Dr. Harry Greenspun: Well you know I think the lesson we have learned is that large IT projects are hard. And you know in this first round what we saw many exchanges were just helping people to sign up and the key issue that were going to be looking forward to in the future is helping people actually make better decisions of what kind of coverage they need it's very often that the choices people make and how they get covered don't necessarily align with their particular need so and you know it's really about getting appropriate coverage for the right conditions that you have and that's complicated and we see individuals as consumers and consumers only needs stuff when they need stuff. Right so and same thing with consumers and healthcare is that you often think about catastrophic coverage or different medication coverage until those needs actually arise for you.

Mark Masselli: Well Dr. Greenspun the Deloitte 2013 survey of healthcare consumers showed a really kind of decided lack of trust in the healthcare system and is value to the healthcare consumer with over half of those questions and this really surprise me rating the healthcare system with the D or an F and half reporting that they pay more out of pocket cost for their healthcare than in previous years what are your thoughts on how do we educate people how to engage people and get them to plan in advance. What are you saying around the country what are the strategies is it a social Media campaign education campaign we would love to hear your thoughts on that.

Dr. Harry Greenspun: the number one is that as you mentioned most consumers give our healthcare system at pretty low rating. But what's also interesting about that is in that extent you have a view quality when you ask individuals about the quality of care that they get, the response back usually get our things related to with the people nice that they listen to you, but you are getting appointment when you wanted to and you know all this people who have stayed with a doctor despite of that outcome and it's not until they have a problem with the office staff or you know doctor upsets them or something like that, that they actually consider shifting. We have to help them understand how they interpret quality and outcome information.

And I think what we are going to see as we push more of a cost of care and to consumers that's going to have to start thinking more about the value who has got the outcomes that are looking for, but also the service experience are looking for and safety considerations and other things that are important to them.

So you know if I need a knee arthroscopy and I find out this is going to cost me you know x amount of dollars to go to a particular position that they have done, but I don't simply skip care that I am able to understand how can I find a physician who fits the budget I can afford with outcomes that are high end type of service that I want to get.

Mark Masselli: We are speaking today with Dr. Harry Greenspun senior advisor of the Deloitte Center for health solutions, Harry let's look at that proliferation of HIT technology and renew you talk about what's really needed is this big secure system in the cloud where all health records can be safely accessed but you say that really remains a distant dream so what's needed to help achieve that kind of seamless flow of information.

Dr. Harry Greenspun: consumers are very concerned about how their information get shared, where they get shared, you know unlike other areas of your life like Financial Services most healthcare consumers and 50% are concerned about losing individual pieces of their medical information and if you think about long medical history, there is tough that you just don't want other people to know about and you want some pretty tight control over that. One of the other things so you know talk about the seamless aspect is that one of the big problems we have is you know starting with you know sort of traditional health information technology and electronic health records, real permanent inoperability and that only getting more complicated and we are addressing it to a degree but to think about the number of things out there whether it's you know infusion pumps in a hospital or the (inaudible 13:04) managing wear, we have all these new devices out there, you know that are in us or around us that are putting out data and we have to find ways of making the data inoperable so induced because frankly that helps the IT industry has not done a great job of pushing inoperability and that cannot happen.

Margaret Flinter: Well Dr. Greenspun when CMS released a data from closed to 900,000 physician and counters they are now in sort in the word of Todd parks the data has been liberated and lots of researchers and data analyst are minding it we think we will start to see some insights inter casting outcomes what are we going to do with all that information to really drive changes in our understanding of outcomes and price?

Dr. Harry Greenspun: This first data I mean it's a fascinating one, because it contains a tremendous amount of data in that, and now we are showing some explanations around well you know in some places a single provider code we use for multiple providers or drugs or devices are rolled up to so it's getting complicated so you know using any single database is very, very challenging to get meaningful information about but it's important first that for us to understand what's going in cost and quality because as you see and study after study then what people charge and the outcomes they achieve are often unrelated. And so we want to be able to help people make you know better decisions and when I say people I am not only patients that's employers and that's payers and for government. You know to understand are they actually achieving the sorts of outcomes they are supposed to achieving for the price that people are paying for it.

So you know it's important that we get this data out, I mean again I reference the cardiac surgery in cardiology outcomes database in New York, can you marry up the outcomes information it's available with some of the cost information that's coming out, you know to help folks make better decisions. And you know unfortunately you know isolated pockets of data are not going to get us all the way there but it's certainly an important first step. You also mentioned the pioneer ACOs and I think we seen some interesting things that you know the early experience of the ACOs has been time and I think it shows that you know and some sense places that were early adaptors of the ACO model many of them actually were well prepared to be adaptors of the ACO model their integrated delivery systems or they had already invested heavily an IT so they are capable doing that so they may have not have achieved this sort of remarkable new results that we expect them to achieve the other thing we see is you know changes are as I mentioned before and it's going to be while before we figure out what's the right model what's best way to make these what can be effective.

Mark Masselli: Talk a little bit about the youth population it seems that there is a digital divide if you well by age and this younger generation millennial and the some of the generalized certainly been raised in this digital age and you would call them digital armed force and owners of many different types of devices and sort of thinking back to your comment about trust this is a group of consumers who post what we would say our HIPAA violations on their face book all the time very comfortable about sharing information how are they going to drive sort of the

redesign of how the healthcare industry thinks about sharing information and using technology.

Dr. Harry Greenspun: Well I think it will be very interesting time since that when you -- years ago we talked about when the barriers of Health IT adoption was you know getting physicians to (inaudible 16:58) doctors, to adopt these computer things and you can draft that with you know most younger physicians and those coming out of school, you know they grew up these as you mentioned and some working without them, is really unthinkable and you are seeing a lot of practices where you providers really can't recruit new physicians unless they have pretty extensive electronic health records and other type systems. One the consumer side you know it's not as the people's need have changed but their expectations have changed pretty dramatically and you think about banking several years ago where the half the people would use from the bank on your phone when may be help you find an ATM. Now people can deposits checks with their phones they can do all their banking and their phone, and so when they look at healthcare they compare the kind of service they get in healthcare compared to how they make restaurant reservations or you know how they travel as you have been gapped and as I mentioned earlier now when consumers give the service experience of as the quality they are going to start looking at this gap in service as a gap in quality.

And I think that's what going to drive a lot of demand and it's not only going to be for their own healthcare it's going to be as you know children taking care of their elderly parents or as they are taking care of their kids is going to become more important for them to have these sort of support and it's going to drive a lot of it. I think the other things talking about the social Media aspect of it, I just put out a paper or four dimensions of them help and one of the key things we talked about is as much as healthcare can lend itself to social media and vice versa you know that you see great work being done in cancer and diabetes and other areas of real engaging people with each other. You know that a lot of other conditions don't really lend themselves to that either because they are not fun or more importantly there is a real privacy concerns for people concerned about having the information shared.

I think we will start to see this as people start using these variable devices which they have been you know competing against each other in the fitness and wellness kind of area. As they start moving into healthcare that people may be more and more reluctant suddenly, to share some of this information as it proceeds in towards the healthcare round.

Margaret Flinter: We have been speaking today with Dr. Harry Greenspun senior advisor for healthcare transformation and technology at the Deloitte Center for health solutions. You can learn more about his work by going to deloitte.com/US Harry Greenspun or follow him on twitter by going to @Harrygreenspun. Dr.

Greenspun thank you so much for joining us on conversations on healthcare today.

Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about Healthcare 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 U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, during this 2014 election cycle we have seen several ads that makes the claim that the Affordable Care Act is hurting families. It's a very general claim and its misleading some who brought their own insurance on the individual market could end up paying more. It would depend on what kind of coverage they had before health conditions and whether they qualify for subsidies. But no ends of uninsured families will gain coverage under the law, many of them through free or low cost Medicaid or children's health insurance program coverage and millions of insured families will get those federal subsidies to help pay for coverage. The non-partisan congressional budget office projects there will be 25 million fewer uninsured due to the law as soon as 2016, and 12 million are expected to gain free or low cost Medicaid with children's health insurance program - Insurance. We have seen the hurting families claim and adds in Louisiana, Mississippi, and Nebraska which were among the 19 states that have decided not to expand Medicaid, but even those states the non partisan Kaiser family foundation estimates that a 135,000 residents total would newly join Medicaid because of the law. User folks you would have been eligible previously but are expected to sign up now prompted by news about the Affordable Care Act or the individual mandate. Statements about struggling or hurting families, attempt to paint a law in black and white when reality isn't so clear cut. And that's my FactCheck 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 Chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

Dr. Harry Greenspun: All my pleasure thanks for having me.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. Asthma is one of the leading causes of trips to the emergency room for children, and there are often a correlation between high density low income neighborhoods and more trips to the hospital for treatment and intervention. When officials at Boston Children's Hospital noticed a spike in Asthma outbreaks and certain

neighborhood clusters, they decided to do something about it. They launched the community asthma initiative. Triggers for Asthma are well known dust, mold, pest, mice, and even overuse of certain cleaning products can cause trouble. They realized that if you could treat the environments in the patient's home that might reduce the need to treat the patient in the emergency room.

Dr. Elizabeth Wood: The home visiting efforts work with children and families that have been identified through their hospitalizations and emergency room visits as an identification of having poorly controlled asthma and also it's a teachable moment when families are open to making changes in terms of care and environment within the home.

Mark Masselli: Dr. Elizabeth Wood heads the program and says the first step is to identify the frequent fliers. Those kids who make repeated trips to the emergency room. Then they match with the community health worker who visit their home several times and assess the home for asthma triggers.

Dr. Elizabeth Wood: And they work on three areas understanding asthma itself, understanding the medications, and the need for control medications and then working on the environmental issues within the home.

Mark Masselli: Families were given everything from HEPA filter vacuum cleaners to air purifiers. They are told not to clean with certain toxic products and the homes are monitored for the presence of pest or rodents. The result says Dr. Wood has been pretty dramatic.

Dr. Elizabeth Wood: What's remarkable is that there was a 56% reduction in patients with NA emergency department visits and 80% reduction in patients with NA hospitalization.

Mark Masselli: And while this program expensive about \$2400 per family there is a return on investment in reduced hospital costs and healthier children. The program has been so successful, it's being deployed in other hospital communities around the country. The community asthma initiative a simple reshifting of resources aimed at removing the cost of disease outbreaks in the community leading to healthier patient populations - now that's a bright idea.

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

Mark Masselli: And I am Mark Masselli. Peace and health.

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