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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 the president had some pretty strong words for the Department of Veterans Affairs, and the treatment delays at the Phoenix VA hospital which led to 40 preventable deaths, and the president saying last week that he will not stand for any misconduct to the nations VA Hospitals.

Margaret Flinter: Well he called the allegations of patient delays for care and cover up of these mishandled cases akin to dishonorable conduct and said that any VA employees who manipulated medical records will be held accountable. Now there is a comprehensive review under way some 26 VA hospitals across the country where similar issues have arisen. Now the President is continuing to support VA secretary Erin Shinseki and he knows that many of these issues are systemic and long standing and it can't be pinned entirely on the most recent VA secretary.

Mark Masselli: You know Margaret while so many new initiatives have been launched at the VA like the blue button initiative to make medical records easily accessible for patients and providers like. It's still large diverse patient population with a heavy burden of complex medical behavioral health and social issues and with the influx of additional veterans over the past decade were the strain on the system has only increased.

Margaret Flinter: Well I think you are right Mark. But you know the White House has been doing much to improve the lot of veterans with the joining forces campaign to strength the military families with increased support systems and including in behavioral health and education and employment opportunities. I think a real commitment to the cause of veterans and their families and I suspect that this targeted review of the underperforming VA hospitals in the long run will strengthen the VA.

Mark Masselli: I think you are right. Our guest today has been in the trenches of care delivery in clinics around the country especially where populations are underserved in social conditions are negatively impacting health outcomes.

Margaret Flinter: Sonia Sarkar is the Chief of Staff of Health Leads, an organization that partners with healthcare organizations and seeks to assist their patients in eliminating the social determinants that leads to poor health, lack of access to decent nutrition, poor housing, unemployment. Their organization is yielding some very

interesting results around the country in terms of improved outcomes for patients by helping patients meet some of their basic needs.

Mark Masselli: We look forward to hearing from Sonia as well as Lori Robertson Managing Editor of factcheck.org who stops by to correct another misstatement about health policy in the public domain.

Margaret Flinter: And no matter what the topic you can hear all of our shows by going to chcradio.com.

Mark Masselli: If you have comments please email us at CHC radio or find us on Facebook or Twitter because we would love hearing from you.

Margaret Flinter: We will get to our interview with Sonia Sarkar 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. A one-year reprieve for hospitals and practices trying to get up to speed with meaningful use of electronic health records the centers for Medicare and Medicaid announced that practices in hospitals struggling to graduate from Stage I to Stage II of meaningful use. We would get another year many practices complaining they were experiencing delays with implementation of the 2014 standards. The one year delay will give these practices more flexibility according to CMS officials. 7 healthcare workers who were exposed to the second American represent with symptoms from the Middle Eastern MERS virus had been cleared to go back to work. The clinicians including one physician had the exposure to the patient. They were clear to go back to work after test determined they weren't carrying the virus, but they will continue to be tested. Speaking of viruses should testing patients for HPV replace the typical Pap Smear. The thinking is testing a woman for presence of HPV virus, the primary cause of cervical cancer will provide an earlier window into those at risk. Opponents of the HPV testing were in many women who carry the HPV virus never present with cervical cancer so with a necessarily worry many women. There is an effort under way to develop interim guidelines for how to use the HPV test for cervical cancer screening. Those guidelines group say could come as early as this summer and another reason to tuck your toddler in for a decent night of shut eye, a recent study shows the direct correlation between insufficient sleep in toddlerhood and belly fat later on and a study released in a general pediatrics Boston

researchers looked at a thousand children between the ages of 6 months and two years. They measured the body mass index or BMI of all these children at the age of 7 and found those who would receive less than optimal sleep had higher BMI's and more important precursor to poor health later on to more belly fat. According to the National Sleep Foundation the optimal amount of sleep for toddlers is 12 to 14 hours a day including the nap time. The study shows that a 7 year old who got less than 12 hours of sleep between the ages of 6 months and 2 years had 36% higher odds being obese than the child who got more sleep as a small child. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Sonia Sarkar Chief of Staff of Health Leads at National Organization dedicated to building a different kind of healthcare which addresses all patient's basic resources needs as a standard part of quality care. Ms. Sarkar co-founded health leads of Baltimore side serving as a program coordinator as well as on the national board of directors. She has worked for the Baltimore City Health Department as a Mayoral Fellow and is also recipient at the rotary cultural ambassadorial scholarship. Ms. Sarkar is found in board members for the Boston Young Healthcare professionals and health works foundations young professionals. Ms. Sarkar has a numerous distinctions and including being named a young global shaper by the world economic forum. She earned her BA and Masters Degree in public health at John Hopkins University. Sonia welcome to conversations on healthcare.

Sonia Sarkar: Thanks so much for having me.

Mark Masselli: Yeah you know everyone is talking about social determinants of health but actually Health Leads is doing something about it and in a difficult environment because the healthcare industry is really not designed or equipped to address the many causes of poor health leads in the population like diet and housing and transportation. Tell us about Health Leads. Share with our listeners more about your organization.

Sonia Sarkar: Well one of the challenges of our current healthcare system is that it isn't designed to deliver health. Every day we have physicians and other members of the clinical team across the country who are prescribing antibiotics for example only to discover that the real issues isn't in the food at home or that the family is living in a car and then the situation of course the patients return back to the healthcare system with yet more serious illnesses that are even more expensive to the healthcare system so hopefully really it is born of conversations that are found there back only had with physicians that what was done Boston City Hospital in the mid 90s when she was a

Sophomore in college and in this conversations and in (inaudible 06:58) we heard clinicians tell us again and again your everyday patients that come to the clinic waiting room and they present with the health issues but I know that the underlying factors the reality of their patient flies and hopefully it is really based on the idea that you can do something about that. In the clinics where we operate the physicians and the other members of the clinical team can prescribe basic resources that patient see to the health facing like food, heat, childcare and the patients can then take that prescription into the clinic waiting room where our well-trained core of college student advocates who work side by side with them to connect them out to the existing landscape with community resources.

Margaret Flinter: Well Sonia isn't certainly the very popular TED Talk that your founder Rebecca only did but in it she talked about building a team of elite volunteers as elite as anyone in college sports too I love that analogy and said that these college students could be mobilized all across the country with partner healthcare organizations, you begin your career with health leads as one such volunteer in Baltimore while a student at Hopkins tell us about these elite volunteers.

Sonia Sarkar: There what we are really looking for as someone with passion about not just serving patients but really looking at the larger picture of help serving that patient could create a larger change within the healthcare system and specifically the question that we often get is why college students you know why have you chosen this cohered of folks who are pretty professional and who haven't yet embarked on their careers. We are looking for folks who are sort of cohesive in their retrieval of information on behalf of patients. This is a generation that is growing up on Google and know how to track down any phone number of any food pantry and any community. the reason that e are really looking at this cohered is because you are capturing folks sort of time and their developments where everything really makes a last thing impression and these advocates go on to become alumni who have a very distinct impression of how healthcare should be delivered. When they end up at a clinic or hospital 5 or 10 years down the line, they look around and they say I want to be able to provide care for my patients so they are actually responsive to the social factors in their life and that's really what we are looking for in those advocates that we choose. They are people who become those future champions.

Mark Masselli: Pull the throttle a little more on that, the process that goes on. Again it's the provider who is prescribing the food and the health and the childcare and then the patients out with the health leads advocate and how does that all work for the patient?

Sonia Sarkar: Well one of the things we have been really intentional about doing is looking at the core elements of the patient experience, the connect workflow I am thinking about how to appropriate that for the cause of health. One of the things that we want to be careful not to do is add a lot of extra things on to with already going on within a busy clinic and so we looked at things like the prescriptions had, a screening tool that you might get when you first walk into the clinic. Integrating data about patients social needs into the electronic medical record and we said okay how do we re-appropriate those for the purpose of connecting patients out to resources and so when I was an advocate at the Harriet Lane Clinic which is a pediatric clinic at the John Hopkins Hospital in Baltimore. I remember one of the cases that I encountered was mom who would come in because of the pediatrics clinic and you are talking to your pediatrician about how her son had just been to the emergency room for the third time that month due to lead poisoning I mean the fact that she was unable her kids to really escape from that environment and what was key about that encounter is that physician had in front of her a screening tool that the patient had filled out saying yes I need help finding safe housing and then the physician was able to make a seamless referral to health leads where I was able to sit down with the patient, hear her story and talk to her about what she was experiencing and from that we were able to jump right in and get the family access to about her for lead abatement as well as address the whole host of other factors like access to healthy food that was really impacting the family at that point in time.

Margaret Flinter: Well Sonia I understand you have been getting quite a bit of attention for your client connect program which is a digital platform that facilitates the search for resources, what's different about what you are doing with client connecting, how is it helping patients in any sense of metrics or outcomes from that program?

Sonia Sarkar: For us client connect to really represents taking advice that as a physician or a nurse or social worker give us in the clinic and making it actionable so technology of course is something that can accelerate the encounter between our advocates and the patients so last year we served 11,400 families utilizing the client connect database. This year we will serve just a little bit over 14,000 and one of the things that has been really incredible to see is the huge improvements in efficiency that we have been able to gain through deploying this technology platform so just a quick example of average intake time for a client has been cut in half from 20 minutes to 10 minutes which then allows our advocates to serve more patients in less time. We did an hour long side by side comparison of our student advocate using client connect versus our prior resource system and found out they are able to update five times more resources than their peers so plus the technology platform serves multiple purpose of everything from making that encounter really easy and efficient but also has a lot to do

with creating the data and generating the analytics that we are going to need in order to really make the case for this work going forward.

Mark Masselli: We are speaking today with Sonia Sarkar, Chief of Staff of Health Leads a national organization dedicated to building the different kind of healthcare in this country which addresses all patients basic resource needs as a standard part of quality care. Sonia you are one of our country's young leaders and you have gained attention from lots of organizations about your work in the sort of global health space. You are rotary ambassador scholarship recipient brought you to Costa Rica. You have worked with the world economic forum groups of young as they call them global shapers. Tell us how you have connected those back to the work that you are doing at Health Leads or how it's helped build your thinking process.

Sonia Sarkar: One of the things that we think about a lot at Health Leads is how do we examine what best practices (inaudible 13:19) either into the massive healthcare very specifically and the global healthcare that we can then bring back and operationalize with our population as well, and there is a great patient power that partners in health often uses that really resonates with our work which is that giving drugs without food is like washing your hands and drying them in the dirt and I think this concept is one that has been a poor part of a lot of global health programs for decades. The idea that you really have to grapple with, the social contacts that patients are living in before you can really make traction on health outcomes so we have done a heath phases apply the same concept to many of our neighborhood here in the United States. When you look at global health programs that have been very successful often what they are doing is expanding the definition of healthcare provider, healthcare products, healthcare place or in some cases healthcare payment and hopefully it has also latch on to looking at the expansion of each of those definitions and the United State Healthcare's have done whether it's looking at a lay workforce, to work with patients, whether it's expanding the products of healthcare to give on the medical care to addressing social needs as well or whether it's looking at the place where healthcare is administered taking it out of the exam room into the community and in the clinic waiting room so there have been a lot of great innovations and a let them learn from the global healthcare that we have really been able to apply to our work as well.

Margaret Flinter: Well Sonia as I listen and become soak sided by the work that you are doing think about the size of the college student population and the need for the service all across the country the two words that really are first in front of my mind are scalability and sustainability and my guess is that it's really philanthropic or social investment or social investment bond kind of model of sustainability and I am curious what your

thoughts are about future sustainability to really reach much deeper into that market and also penetrate more deeply across the country.

Sonia Sarkar: Yeah. Health Leads ultimate vision is that the healthcare system addresses patients basic resource needs as a standard part of quality care and so what we are either focused on is thinking about the different levers that we have to plough it in the healthcare system to make that vision a reality, and so we are not just interested in serving patient after patient although that this course is a core part of our work but we are also thinking quite a bit about what we would take that a healthcare system to come and accept this as a standard part of care and an underlying piece of that is of course demonstrating the value to the healthcare system and to healthcare institutions specifically moving the needle on patient social needs so currently Health Leads is funded to accommodation of philanthropic dollars as well as earn revenues from our partner healthcare institutions and three quarters of health leads partner institutions pay some or all of the cost of the program and what we have been working very closely with our partners on is trying to show that health leads can have an effect on metrics that really matter to healthcare institutions especially given the larger trends that play within the healthcare system so one example of this is we recently launched an evaluation at an academic medical center here in Boston and that's looking at the impacts that health leads could have on patient satisfaction. Now that more and more patients especially we are looking patients are getting covered under the Affordable Care Act. They are starting to gain an agency see around where they could receive their care and as a result healthcare institutions are really trying to understand how do we build the loyalty and retention amongst that specific patient population so that they come back and one of the elements of building that loyalty is ensuring that patients are actually satisfied with the services that they are getting and that it meets their needs so I have just one example of how we think about long term sustainability within the system it's building this case and providing prove plans to our partners and to other stakeholders within the healthcare system that this is something that can really become a core part of care delivery.

Mark Masselli: So pulling this little there so value added proposition that will hopefully influence from private payers to Medicaid in the like. We will walk back a little and talk about the educational system and what you are doing on there because you really have to establish it as a model of care and all of us have been thinking long and hard about how you refrained the work of primary care. How are you thinking about integrating it right in to the medical schools and trying to embed this into the next generation?

Sonia Sarkar: Absolutely well one of the great assets that we have at health leads is our core of 4000 alumni who graduate from the program and go out into the system with

a very distinct point of view on how social determinants should be talked about and our alumni are just one example I think of many of the stakeholders in the healthcare system. They are starting to be in a conversation about how primary care and other elements of care should be redesigned so what we have done at health leads is which really taken a look at the different movements that are being made on care delivery models and said how can we integrate into these efforts that are already taking place so a great example of this is the movement towards patient centered medical homes for example which is not something that is necessarily new, but certainly something that has gained increasing resonant over the past couple of months and we said okay for patients centered medical home for an institution to qualify at the level III version of being PCMH institution which then allows them to get the maximum amount of reimbursement for patients. They have to show that they actually track their patients social needs and have some sort of inventory of community resources that they can refer those patients out to and often when we talk to institutions that are thinking about this that can seem like a really complex process how do you go about doing that needs assessments and building those resource database so Health Leads has worked with 6 of our current healthcare institutions partners to enable them to apply for that PCMH status and we are saying that enabling them to meet that one criteria really goes a long way in how they think about the program being integrated into the rest of their clinic workflow.

Margaret Flinter: We had been speaking today with Sonia Sarkar, Chief of Staff of Health Leads a national organization dedicated to building a different kind of healthcare one which addresses all of patient's basic resource needs as a standard part of quality care. You can follow her on twitter by going to @sarsonia and learn more about their work by going to healthleadsusa.org. Sonia thank you so much for joining us on conversations on healthcare today.

Sonia Sarkar: Thanks so much.

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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 www.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 there is a new viral email going around that claims under the Affordable Care Act Medicare will not pay anything for seniors receiving observation

cares in hospitals. Not true. Medicare will pay a significant portion of observation care after co-pays and deductibles. Nothing has changed because of the healthcare law. This is email is written in the form of a letter from a senior gentleman from Mesa Arizona who gives his name as only Roger. Roger says that two doctors confirmed his claim about Medicare and observation services but his claim is false. Doctors can place patients under observation to determine if they should be admitted or discharged, a decision that's normally made in 48 hours. Admitted in patients cost or covered under Medicare Part A after deductible is met for the year but observation care is treated as help patient care covered under Medicare Part B. Cost of observation care are covered too after a co-pay and deductible are met. But seniors receiving observation care as outpatients could end up paying more than those admitted as in patients. Also follow-up care at a skilled nursing facility is only covered under Medicare if the senior was with a hospital in patient for at least three nights. These are legitimate issues for seniors. The use of observation care in hospitals says increase in recent years leading to higher than expected cost for some. The Non-Participating Center for Medicare Advocacy has been tracking the observation care issue since at least the year 2000 but it has nothing to do with the Affordable Care Act 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, e-mail us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Margaret Flinter: Each week conversations highlight's a bright idea about how to make wellness a part of our communities and our everyday life's. Smoking continues to be the number one preventable cause of premature death in this country leading to over 440,000 deaths per year, and while quitting remains a challenge to most smokers the tobacco industry continues to spend billions of dollars on promotion and lobbying. A new study released by the International Tobacco Control Policy Evaluation Project shows that putting graphic warning labels on the outside of cigarette packs leads to significant reduction in the number of smokers.

Dr. Geoffrey Fong: There are some images of a dissected brain that has a bloody spot that apparently is something from stroke. There is one that has a heart on it that reminds people about the relationship between cigarettes and heart attack.

Margaret Flinter: Dr. Geoffrey Fong of the University of Waterloo in Canada conducted the study analyzing Canada's Smoking Cessation on the year 2000 when Canada began ordering that a third of the cigarette pack be reserved for graphic images of diseased hearts and blackened lungs through 2009.

Dr. Geoffrey Fong: And what we found was that there was a sharp decline in the smoking rates after the warning labels compared to before and we compared it to that same period of time in the United States where there was no change in warning labels and it showed that the decline in smoking rates after the warning labels in Canada were much greater than for that same period of time in the United States.

Margaret Flinter: Based on the Canadian numbers Fong and his colleagues estimate that a similar program in the US would lead to a dramatic reduction in the number of smokers here as has been shown in Canada and other countries around the world who have initiated a similar practice. Placing graphic images of body parts that have been damaged and diseased by smoking, providing a visual deterrent to regular smokers under graphic visual warrantee young people considering smoking something that could potentially lead to millions of Americans quitting and very likely prolonging their lives 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 www.wesufm.org and brought to you by the Community Health Center.