(Music)

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margret Flinter.

Mark Masselli: Well Margaret, the fallout continues from the investigation into the problems at the Veterans Administration heath facilities around the country. Secretary Eric Shinseki offered his resignation and the President accepted his resignation. It's become very clear that there were far more systemic issues underway, not only at the Phoenix facility that first garnered the negative attention, but perhaps at dozens of other VA facilities as well.

Margaret Flinter: Well the story on the Phoenix VA hospital is that the average wait time was 115 days to get an appointment, and they report that perhaps 40 veterans may have died while waiting for treatment, so a full scale national review now underway at all VA facilities.

Mark Masselli: According to reports, there are some 40 facilities that may have similar issues to report. It speaks to some larger issues at play here Margaret where in something of a perfect storm an aging veterans' population, more complex health problems and older conflicts like Vietnam and Korea, we have hundreds of thousands of new veterans seeking treatment from more recent conflicts and really a shortage as we all know of primary care physicians.

Margaret Flinter: Regardless of his departure, I think that this effort will continue. The work of getting trust restored to the veterans administration, which has done so much good in so many areas and created so many innovations, just has to go on; this has to get fixed.

Mark Masselli: And it's also been confirmed that there were systemic cover-ups of these wait time records at various hospitals. Those responsible are going to be held accountable as the President has promised.

Margaret Flinter: You know Mark, it's ironic because the VA has been out in front on so many issues when it comes to utilizing electronic health records, making health information available to veterans through their very successful Blue Button Initiative. So, in some ways, they have enjoyed some modern conveniences or innovations that really have made their care more seamless and better for veterans.

Mark Masselli: And that's something our guest today is quite passionate about. Dr. Karen DeSalvo is new National Coordinator at the Office of National Coordinator for Health IT.

Margaret Flinter: She has unique insights into the complexities of meaningful use and we are really looking forward to hearing from her.

Mark Masselli: That we are. And we will also hear from Lori Robertson, Managing Editor of FactCheck.org.

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

Mark Masselli: And as always, if you have comments, please email us at www.chcradio.com or find us on Facebook or Twitter because we love to hear from you.

Margaret Flinter: We will get to our interview with Dr. Karen DeSalvo 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 Health Care Headlines. The investigation into the Veterans Health Administration hospital issues continues in the wake of the resignation of Secretary Eric Shinseki after whistleblower allegations that dozens of patients may have died at the Phoenix facility while waiting for months for an appointment that didn't come in time. Evidence is mounting, issues made public out of the Phoenix facility are systemic throughout the VA, the White House vowing to get at the bottom of all the problems denying merit bonuses to anyone higher up the VA food chain, and punishing those engaged in falsifying VA hospital records to appear to be compliant with required patient wait times.

More than four years after enactment of the Health Care Law, 6 in 10 Americans say neither they nor their families have been affected by the sweeping measure. Among those who say the law has impacted them, Republicans, much more likely to say their families have been hurt by the law, while Democrats are more likely to say their families have been helped than hurt. Measles, mumps, rubella, the standard first line of immunization defense for babies being born in America but the recent uptick in parents refusing immunization for their babies has produced a downside; measles rates are at their highest rate in 20 years. While the numbers aren't particularly high, the trend is untenable, according to the Centers for Disease Control.

Getting that bronze glow artificially is going to be tougher for kids under 18 if the FDA has its way. New regulations banning tanning bed used for teens under 18, studies show 57% to 75% increased risks for melanoma for those folks engaged

in regular tanning bed use. And young skin is much more vulnerable to long term exposure. I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We are speaking today with Dr. Karen DeSalvo, National Coordinator at the Office of the National Coordinator for Health IT at the Department of Health and Human Services. Before joining HHS Dr. DeSalvo was the Health Commissioner of the City of New Orleans, where she oversaw the transformation of the city's public health system. An internist with the focus on public health, Dr. DeSalvo taught at Tulane University School of Medicine. She also served as President of the Louisiana Health Care Quality Forum and the National Association of Chiefs of General Internal Medicine. She earned her Medical Degree and Master's in Public Health from Tulane University, and her Master's in Clinical Epidemiology from the Harvard School of Public Health. Dr. DeSalvo, welcome to Conversations.

Dr. DeSalvo: Well Mark, thanks for having me.

Mark Masselli: You know, we have had the great opportunity of having a number of national coordinators on, but you have shifted the focus of ONC beyond the adoption of electronic health records to meaningful use and interoperability. So first, could you share with us what the five main goals are in ONC's mission for Health IT and why is it a pivotal time to target our sights beyond implementation to the next significant phase of meaningful use and interoperability?

Dr. Karen DeSalvo: We have reached a tipping point. That gives us this opportunity to start to think beyond the important role of adoption of certified electronic health records technology in the clinical environment to looking forward at a way to free that data and see that it moves across the care continuum with patients to save lives, to improve care, lower cost. We can begin to think beyond health care as a key driver in improving health, which of course is important but many know that almost 80% or more of people's health outcome is related to where they live, learn, work and play. So if we continue this progress in standard data capture, collecting the health information to improve clinical care, we also then have to build a good platform that allows information from patients, from their social environment to enter the health care and help information to not only improve care but in public health, better patient engagement and empowerment. And then that data can actually inform major public health initiatives, do surveillance work to improve the entire population's health.

The agenda that we have is really dominated by the need to have an interoperable set of electronic health records but more importantly, a platform of interoperability that allows data to slow once captured in standardized fashion. It also means that we need to continue paying attention to creating the right floor and see that there is not a digital divide but we are bringing the whole country

along and creating a solid, strong, safe, secure platform that can support innovation on top of it but also make sure that for everybody then to create a system that is increasingly safe, that informs delivery, not only in the way of payment reform but informs delivery in the way of creating new models that can actually be much more patients-centered.

Margaret Flinter: Well I think from a public perspective, entities like CMS, the Office of the National Coordinator, CDC, Department Of Health and Human Services might seem like very separate institutions, everybody seems to be singing from the same song book at this time about the need to focus on data and the need to focus on the social determinants of health along with the health care that we deliver, and I think that's going to serve us to great end. The third would be from a public point of view, meaningful use of course, why would you have anything other than meaningful use, but I don't think outside of people who are actually working on this, people really understand what that is. So maybe just as a primer for our listeners, what are the core differences there and maybe you can add on to that why have you chosen to delay the requirement for implementation of Phase II to 2015?

Dr. Karen DeSalvo: Sure. It is such an important investment that our taxpayers have made in modernizing the health care data infrastructure. And the HITECH Act, which was part of the stimulus funding, provided an opportunity for the country to make a financial investment that would offset the cost of adopting certified electronic health records to create a structured way that physicians and hospitals would first of all know that the products they are buying would be able to perform the kinds of work that they wanted them to do. The funds would also then help direct the country to not only adopt but begin to engage and share important quality improvement processes to help advance the nation's health care, and then as we move into stage 3, an opportunity for us to begin to think about further advancing the interoperability of those systems that we are staring to look at, not just the single visit of care and the care for the patient in front of us but how that care can be rolled up across the continuum, understand where there is redundancy or opportunities for us to improve people's health care because of the interoperability and move towards outcomes. It also allows us to have better shared standards like Legos or Lincoln logs that are the fundamental building blocks for this information about individual populations and the public health overtime is going to really dramatically advance public health opportunities for surveillance and care quality and safety and science.

Mark Masselli: So you have got going on in Washington the Datapalooza 2014. What are the goals of this year's gathering of health IT geeks, if you will, and what kinds of innovation are looking most promising in addressing this new health data infrastructure?

Dr. Karen DeSalvo: So it has gone in a few short years from being non-existent to now 2500 people coming from around the globe to participate in a mixture of

events that include Code-a-thon, international work between the UK and the US, and then a series of workshops about exciting work and efforts that are happening such as our Blue Button Program that we are partnering with Great Britain on. So it's a really broad mix of big thinking and concrete thinking about how data improves health care and health and to really get to the promise of sharing data across the continuum whether about individuals or rolling it up into a macro level for big data. We have to have systems that can talk to each other. We have to come to agreement that what pressure will be measured as an integer in three digits in the electronic health records and buy (inaudible 10:58) devices. As we get closer to having agreement on these things, we really can enable patients.

So with all the excitement, we are thinking of a couple of important areas, one, that big data needs to -- we are really paying a lot of attention to the privacy and security issues; we sometimes may forget to make space for the patient's voice, whether that's patient-reported outcomes or their own variables or the self-generated data, and that is critically important, it really matters, so we should make room in the big data for them is what I am saying as sometimes they can tell us more than a lot of analytics. And the final piece is we should be thoughtful about having a priority hypothesis lest we prove that water is wet for something that we already know, and really use this opportunity that we have as a country with computing analytics to advance care and health and science in really thoughtful ways.

Margaret Flinter: You served as Health Commissioner of the City of New Orleans a while back, entering that position a few years after Hurricane Katrina. And you have been credited with doing much to enhance the public health system in the city, building a health information infrastructure and also supporting the improvement and development of community clinics. What did you learn from that experience that other entities might be able to learn from on the national level and what's the impact been?

Dr. Karen DeSalvo: What happened to us in New Orleans was horrific, but it was also a chance for us to hit the reset button and start over and do better for people in our city. We had a history of high cost, poor outcome and a population with very limited access to care, a public hospital system, that once you were in, dedicated and caring people to take care of you but no frontline. So we came together literally in the early days after Katrina. It grew into a structured process at the state level to drive health care reform, and all along the way, we knew that strong health IT infrastructure was critical to helping us appropriately care for people individually but to plan for new populations that would return. And frankly, because of the devastation and the loss of our legacy paper system, we were able to jump over some of the problems in workflow redesign and start these new clinics that had never existed, with electronic health records. So as we built the infrastructure for our city, it was meant to widen the tent, get everyone in, change the financial model and the payment structure to support primary care in the

neighborhood with medical homes and then informed care helped to plan using health IT.

And part of this was really underscored and better defined when I moved into the city health department to shape that agency into one that could really support the public health in our community; it was really struggling. I am taking with me, to this job, some of those lessons and they include that having a set of values and principals that guide your work in every decision and help keep everyone focused and at the table, that as a public health official, you have the accountability to everyone in your community, you have to help as many as possible. I also learned about the power of collective impact approaches. So setting a shared vision with everyone who can participate, should participate and feeding back the data on how we are doing, how we are progressing. And the backbone of that, the infrastructure, especially if you take IT as an example, ONC doesn't make EHRs. We don't have, as we say in the south, a dog in the hunt. Our dog in the hunt is to see that everything is working in concert and that we are moving forward in the country in an inclusive fashion that allows a leading edge of innovation but supports more a standardization that can bring everyone along. It's how I am approach this work at the federal level.

Mark Masselli: We are speaking today with Dr. Karen DeSalvo, National Coordinator at the Office of the National Coordinator for Health IT in the Department of Health and Human Services. Now your office recently lauded the recommendation of a report A Robust Health Data Infrastructure produced by JASON, an independent group of scientists that advices the federal governments on matters of science and technology. And the report calls for building a framework that supports ONC's vision for effective and efficient interoperable heath IT systems. Why are the JASON recommendations so important and what are some of the interoperability changes that lie ahead for us?

Dr. Karen DeSalvo: What's exciting about it is that it speaks to a future vision that is a lighter super structure, a super highway on top of (inaudible 15:32) of data, and it creates a platform if you will that allows data to enter and exit from sources that go beyond electronic health records . And the traditional notion that patient's health information resides only in electronic health record of course is a traditional notion. It's an important piece data in doctors' offices but there is much more that we want to and need to be able to integrate more into health data bank or into the Cloud based world, and this JASON report speaks to a world that allows for that. It accounts for the legacy systems that provides for potential path forward to allow other sources of data to be included. And it does this in a way that is problem solving around the technology and takes advantage of some advances in technology that are somewhat new. It also speaks to the importance of privacy and security of data and some ways that we might be able to ensure the privacy and security but also allow for it to be used as big data and patients have much more access to own information to help with their own decision making.

The JASONs are not HIT people by and large and so this is the smart scientists who came together to solve a problem, and in some ways, are looking at it from the lens of a different industry or background, and it's so helpful to have the eyes of folks who are not entrenched in the traditional world that could take a fresh look. We are in the process of working with **ARC** and others to get feedback from technical folks, from policy folks, privacy and security partners and get a rounder picture, see where there are maybe gaps in the report that might need to be flushed out. And there needs to be a business model that supports a sustainable infrastructure that is accessible to everyone irrespective of ability to pay, geography, etc. So there are some big unanswered questions they deliberately did not address in the report because it's not part of their scope, so we will be looking to get those addressed.

Margaret Flinter: So Dr. DeSalvo, I wanted just to take one brief moment of time to get your thoughts on another forward focus issue, and that's training the next generation. We spend a lot of time addressing the issue of training the next generation of health care delivery professionals but we know we need to train the next generation of health IT professionals as well. Is there a role for government in this? Are you engaged in promoting that at universities, colleges, community colleges around the county?

Dr. Karen DeSalvo: This is part of the capacity building, not enough to put in the computer in the electronic health record and flip the switch. So you are exactly right. We have to be certain that from the front desk to the back office that there is some sort of universal understanding of the potential and promise and challenges of HIT. There is a vocabulary associated with it that should be integrated into not only health professional training but probably even beyond that for anyone moving into the health care environment. The nursing field has led the way in this and they have curriculum that touches all their students. I think that they are a model we should consider as we go forward. We can all decide how deep it should go at ONC.

Because of the funding given through the HITECH Act, we were able to spur the development of curricula across the country, but a heavy focus on community colleges because those are places where such a large and important part of the workforce train whether that's in nursing or laboratory or (inaudible 18:59) or management. And so we have been able to kick start thinking and structure in that area, but there is a lot of work still to be done. We work in partnership with HERSA, and increasingly, with the Department of Labor to see what ways we can all collaborate and think so that we can help advance the capacity in the country. I don't want to miss the opportunity though to say that it's not just about the health care environment, the public health informatics infrastructure is a critically important piece of this, and they are working as a community to advance the capacity in public health informatics system, think through ways that they can ensure that they are prepared for a future in which there is information exchange

increasingly and that there is big data that needs to be addressed and handled to improve the public health.

Mark Masselli: We have been speaking today with Dr. Karen DeSalvo, National Coordinator for Health Information Technology at the Department of Health and Human Services. You can learn more about their work by going to HealthIT.gov and you can follow her on Twitter by going to @KBDeSalvo. Dr. DeSalvo, thank you so much for joining us on Conversations on Health Care.

Dr. Karen DeSalvo: Thank you all for having me.

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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: Well we have seen many candidates attacked for their support of the Affordable Care Act, and now in the 2014 midterm races, we are seeing candidates who opposed the law still being attacked for supporting it. The attacks of course are false. For instance, in the Republican Primary of the Mississippi Senate race, a tea party group is airing an ad that claims long time Senator Thad Cochran "says he opposes Obamacare but he accepts a special exemption for himself and his staff". Cochran does more than say he opposed the law, he voted against it and he voted to repeal it. As for the special exemption, that's not true either. Cochran and his staff went into the Washington DC Insurance Exchange, as required of Congress by the law. The federal government picks up 72% of federal employees' premiums on average, just as it did before the Health Care Law.

In the Arkansas governor's race, Republican Asa Hutchinson accuses his Democratic opponent Mike Ross of "supporting the bill that led to Obamacare". Actually, Ross was one of only 34 House Democrats who voted against the Affordable Care Act, and he was one of only three Democrats who voted to repeal it in 2011. Hutchinson's ad refers to a committee vote that Ross agreed to only after securing certain concessions. And that's my fact check for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

(Music)

Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. During the school year, some 21 million American children receive free or reduced price lunches through their schools, often the healthiest meal these children eat during the school day. Yet, once school is out, only 10% of these children participate in the free meal programs during the summertime, and studies have shown that many of these kids tend to gain a significant amount of weight over the summer as a result. A group of researchers at the University of South Carolina sought to tackle that issue with a program they developed called the Healthy Lunchbox Challenge. They deployed the program at a number of large community-based summer day camps, and lead researcher Dr. Michael Beets says they relied on a simple known fact about kids, they love competition.

Dr. Michael Beets: Staffers would then count the number of kids that brought those items and assign them points. You would get a point for a fruit, a point for vegetable, a point for bringing in water. And then during the course of the week, everybody's group points are tallied, and so there is this competitive process.

Margaret Flinter: Dr. Beets says the simple competition and group rewards system created a dramatic shift in the average camper's lunch box from chips, cookies and sugary drinks to more fruits, vegetables and bottled waters.

Dr. Michael Beets: But then on the backend, we also saw that they also reduced the things that we didn't want them to bring in, without even saying "Please reduce these things". And so kids are not just bringing additional fruits, vegetables and water, they are substituting these healthier items for the less helpful items.

Margaret Flinter: The study published in the Journal of Nutrition Education and Behavior, they see this as a model for summer day camps across the country, which serve some 14 million children per year often in underserved areas. The next phase of their study will look at the actual weight and body mass index of kids in the next round of campers to calculate the impact on lowered weight gain. The Healthy Lunchbox Challenge, a simple competitive challenge and rewards system designed to get kids to switch out high fat, high sugar, high calorie foods from their diets in favor of healthier snacks and beverages, now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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