(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret Congress is back in session. There is a lot of talk on health matters coming out of Washington. The new veterans affair secretary Robert McDonald telling law makers that significant changes are already under way at the VA starting with the Phoenix facility that was ground zero for the breakout of the veterans health administration scandal.

Margaret Flinter: He says that they are proceeding with rigorous investigations into issues that more than 100 facilities that currently are treating veterans across the country.

Mark Masselli: He did know that a 150,000 appointments were completed in May, June, July. A significant improvement over the previous years the VA has also reached out to a quarter million veterans across the country to get them off waitlist and into care and treatment.

Margaret Flinter: And since he took office they have hired 54 new clinicians at the VA facility in Phoenix, so looks like they are beginning to make some real progress in getting to the bottom of this problem of treatment of the nations veterans and ensuring up staffing where it's needed the most.

Mark Masselli: McDonald vowing to learn from the experience in Phoenix and correct the problems, strong words as well as actions from the new VA chief.

Margaret Flinter: And Mark also some strong words and actions coming from the new chief of health and human services. In her first major speech first HH secretary Sylvia Matthews Burwell promised to devote all of her efforts to improving the functionality of healthcare.gov. The problem plagued Federal Insurance Exchange, her recent hirer of Kevin Counihan to run the Federal Exchange that was a positive first step.

Mark Masselli: He will be working in concert with a highly specialized team to make sure the system is ready for primetime come open enrollment in November.

Margaret Flinter: Well Mark it really comes down to how easily information can flow from the customer through the portal to the appropriate officials. Something that

happens so easily in other industries like banking still seems to elude the healthcare space, but certainly making great strides in a relatively compressed period of time.

Mark Masselli: On that note, Margaret, its National Health Information Technology week showcasing the essential role of FIT as it improves quality, expand access and helps curb cost of healthcare in America.

Margaret Flinter: Well health IT issues is certainly essential to the responsibility of healthcare providers around the country and still so much to learn in that space something our guest today knows quite a bit about.

Mark Masselli: Russ Branzell is President CEO of the college of health information management executives, an organization that promotes policies that strengthen the health IT landscape. It's an evolving discipline and much needs to be done to support that space.

Margaret Flinter: FactCheck.org, Managing Editor, Lori Robertson will stop by with more false claims spoken about health policy in the public arena.

Mark Masselli: But no matter what the topic you can hear on all of our shows by going to chcradio.com.

Margaret Flinter: We will get to our interview with Russell Branzell 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 US government is aiding an international efforts to fight the burgeoning spread of the deadly Ebola virus through a number of West African nations. Liberia, which is the epicenter of the worst of the outbreaks has one of the least efficient health delivery systems, the US Government is setting up a temporary hospital unit in Liberia that will house the flow of providers coming into the region safely. Scientist are honing in on a treatment utilizing blood parts from those who have survived the virus to produce a quicker vaccine. Meanwhile officials of the CDC are focused on a different kind of virus outbreak in this country affecting school aged children mostly in the mid-west. The enterovirus 68 can mimic cold symptoms but quickly deteriorate to far more serious conditions. A number of children have been hospitalized so far though it's noted 68% of those afflicted suffer

from asthma and other related respiratory issues. The veterans administration is targeting VA health facilities around the country that were found to have violated the VA's requirements for treatment of patients, wait times have been reduced, and clinicians are being hired. But that's not the same tune being sung by scientists across the country funded by the National Institutes of Health. There has been a steady decline of funding at NIH since 2012 when conservative elements in Congress began slashing funds for scientific and health related research. Many long-term research teams are being unfunded closed altogether or having to cut back greatly on their work, and a woman who discovered the first gene for breast cancer BRCA1 is out with a new research suggesting the gene once thought to be primarily prevalent in families is now more widespread than that. She is urging all women over 30 be genetically screened for BRCA1 and BRCA2, a gene mutation associated with ovarian cancer as well. About half the women who presented with those genes in her most recent studies had no family history of the disease. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Russell Branzell President and CEO of the College of Health Information Management Executives or Chime and Organization serving the professional needs of over 1400 Chief Information Officers and senior health IT professionals. Mr. Branzell has served as CEO of the Colorado Health Medical Group during which time they are in the distinction of being the most wired, most wireless hospital by information week. Mr. Branzell has served in numerous leadership roles at Chime and is a board certified by the American College of Healthcare Executives. Russ welcome to Conversations on Healthcare.

Russell Branzell: Thank you very much for having me today.

Mark Masselli: You know so much transformation underway with the adoption and implementation and hopefully meaningful use of all this new electronic health data, but the Department of Health and Human Services recently issues a final rule on achieving meaningful use status in 2015 and your organization has taken strong issue with that rule. Can you tell our listeners about the rule and what Chime has recommended is a better option for stakeholders?

Russell Branzell: We came out with a lot of other organizations actually 50 strong associations that signed on to a memo asking for flexibility in the program, specifically timing flexibility. I think there was a underestimation, the complexity and the requirements for this much adoption of technology, and the ability to optimize that technology over, it was really a compressed period of time. To their credit helping new

resources came out with a notice for a proposed rule making earlier this year which did give some flexibility. The problem is given the timing of what that process takes what really encourages is the process takes months and months to become a final rule. The biggest concern we had though was the changing of the 2015 implementation period to be a 90 day reporting period instead of the entire year 365, and the reason that's so important is if you have a 365 day reporting period, you need to be ready on 1 October that beginning of a new fiscal year if you are a hospital trying to comply with the program. Many will not be ready to start collecting data.

Margaret Flinter: Well Russ, obviously it seems like we are still in something of a nascent phase in the field of health information technology and if we look back over the recent years certainly the growth of adoption of electronic health records (inaudible 7:40) park by the High-Tech Act which provided significant infusions, billions of dollars to help institutions transition away from paper records but through all this time we have had that tower of babbled problems, so many information systems that aren't able to talk to one another or understand one another. How does your organization approach the breath of this problem and what are your recommendations for improving interoperability?

Russell Branzell: Most of our systems grew out of a period of isolation and competitiveness not at every period of collaboration and patient care sharing and so to move that process, to move that needle some, it's going to take quite a bit of effort. That really was part of the adoption of meaningful use in the High-Tech Act, and I think there are a lot in this country both in Washington and out everywhere else that are misinformed and thinking that somehow magically, we are going to jump to the latter stages of meaningful use benefits while we are actually in the early stages of adoption. The easiest way to describe this is by an analogy of a house build we are just finishing up the process of pouring the foundation. We haven't even started framing up our house now a few organizations have but the vast majority in generalizing this out are just finishing up blowing out of the foundation. As we move into stage two we will start the process of erecting that house and eventually we will move to stage three which is finishing it out and furnishing it, living in it and having interoperability but to assume we are going to have stage three interoperability and exchange of information while we are just finishing up stage one I think is a little short sighted. Now there are many things we can be doing working collaboratively with other organizations, with other industries but I think we also need to recognize we are just really entering into the period where interoperability can be enabled by the early stages of adoption that we have had.

Mark Masselli: Another item which was the delay in implementation of ICD-10 call for everyone to be ready October 1st of 2014, and there were many practices including ours

and this was postponed for one full year. Talk to us about your feelings about this delay?

Russell Branzell: We were extremely disappointed in the delay, especially in light of the timing at which it was delayed, for most of the organizations both hospitals and providers, they were either in the implementation phase or actually finishing up the implementation phase of adopting their ICD-10 technologies well then their financial systems and revenue cycle processes. For most organizations, they actually had the software running behind the scenes live and ready to go and a vast majority of the country were actually ready for this. We think this delayed for probably inappropriate reasons and actually create a quite a bit of burden for organizations. In many cases organizations had done enough change and enough adoption that they couldn't go back. Many out there today have this system running. It's operational, it works. They are doing all behind the scenes work in the front and work of coding to the standards then people are manually going back and down coding back to ICD-9, which is expensive, it's laborsome and we are looking forward to getting this adopted in 2015, but the reality is there was probably a short-sighted process considering how far we are behind with the rest of the world from the ICD-10 perspective.

Margaret Flinter: Certainly it makes it harder the next time around for people to believe it's actually happening among the other unanticipated consequences.

Russell Branzell: You know that's one of the questions that I get at almost on a daily basis via email or phone call from our members. I am being asked whether I should go ahead and spend the money for this now. What should I do Russ? And well I tell them in many cases I am not sure yet.

Margaret Flinter: So obviously just tremendous amounts of innovation and challenge and change in the healthcare landscape. Tell us what are the services that you provide for your members, what do they look to you for and what policy directives are you promoting as you move forward with this mission of integrated health IT world?

Russell Branzell: We are a group of professionals. I lived in this world from 20 years as a CIO and that is an association that comes together to help each other out, so it's actually an organization of peers looking for ways to both serve in an educational role to one another, share best practice and really lean on each other to shorten the adoption curve and shorten the hard work that needs to be done. We really serve our role to advocate and educate both at a state level and at mostly at a national level to try to assist in the understanding of how this affects our industry that we can really get to what is often referred to as the triple aim and that is most importantly improving patient care,

improving safety, and reducing this burdensome cost that we have that's hurting our national economy. We are 1500 strong CIO's and they really have a primary goal and that is to help our country serve our patients and our families and communities in a better way and to make this affordable, which I think is everybody's goal.

Mark Masselli: We are speaking today with Russell Branzell, President CEO of the College of Health Information Management Executives or Chime, an organization serving the professional needs of over 1500 Chief Information Officers and senior health IT professionals in the healthcare industry. Russ security breaches are another big concern. Tell us if you would where you see the most urgent vulnerabilities right now?

Russell Branzell: This is probably the greatest challenge facing the HIT professionals that are out there. We launched about a little over a month ago a new association and probably association of executives and healthcare information security and in just a first few weeks of that being launched we had over 150 members join this organization. The days of security and easy security are over. If the CIA can be hacked, if the federal government with all resources can be hacked the average hospital or medical group out there are going to have trouble just being able to protect yourself. There are a very few organizations that can even afford the type of technology solutions that are needed to implement a very robust security.

Margaret Flinter: Well and certainly the generation that's coming into healthcare as providers are digital natives what fundamental changes in trainee do you anticipate as we prepare the next generation of healthcare providers and professionals how this helped IT factor into that paradigm shift?

Russell Branzell: We so have a unique dilemma right now and that is this is one of the first time just not the only times we have to deal with three almost four generations of learners in trying to adopt new technologies. We are moving to a whole new social media based platform where the days are going to a traditional website in grabbing things really don't exist anymore so I think part of this is waiting for people to come to us from rather from us to come to them with the things that are there. Interaction with peers in creating small groups of communities so they can share in their needs. We have launched a program called our leads, leadership and development program that small regional events 20, 30, 40 people at a time to really intimately sit down and talk about hardcore issues that they are trying to solve and this year just happens to be on your previous question which is on cyber security and the ability to implement those so you have to hit the whole spectrum of training, but the concept of engaging people in their natural life that's probably the foremost that what we are looking to engage people on.

Mark Masselli: Yeah I now I want to pull the thread a little on that because it is one of the most daunting problems, I think, you know, we have seen some initiatives, all the portals that we have seen are very clunky and you have to very interested in that getting data but it's not part of or daily life and so we have this big struggle between they are almost generational but unless we design something that is more user friendly. I don't think we are ever going to really achieve this full integration that being discussed there sort of thoughts on that.

Russell Branzell: Well I think what we are going to have to see and I like your comments there is this natural evolutionary process we are going through is going to take too long and it's going to be too complicated and it will be too costly. Who would have thought even ten years ago that something like a Facebook would even change the way we share our information and our pictures and keep connected with people that in many cases if you move you just kind of lost contact with them. The same is true you have to implement technologies in such a way. Our new solution that we are partnering with an organization called Next Way to Connect is actually trying to do just that, try to connect all of your CIO's, our HIT professionals in such a way that it just native in sharing information on daily basis of things that they need to. I see email in my email inbox and if I have got 20, 30, 40 new emails, I just look at it as 20 or 30 new emails. If I look down at one of my social media apps on my phone, and I see a little red number next to it somehow I have a panic attack, and I think I better get on that because it must be something important. I think that's the integration with our natural life and we are going to have find those examples to also legally, respectfully, privately and securely exchange patient information to help our providers care for people.

Margaret Flinter: Well Russ we have really observed and appreciated the focus that the current administration in Washington has put on bringing in the IT brainpower from all around the country, from private sector and from Silicon Valley Todd Parks who we had on the show early on he has left his post. He is chief technology officer at the White House returning to Silicon Valley probably to recruit more tech talent to lend their expertise to government and he is replacing a former Google VP Megan Smith thought to be a very powerful pick for the post. What more do you think needs to be done from a policy perspective to improve the environment for health information technology and maybe from a regulatory perspective as well what's government's role in advancing all of this?

Russell Branzell: Probably the biggest gap that we are seeing at this point still is appropriate government standards that truly are standards based and that is in many cases what we see is a facilitation of a natural process out in the industry that probably

takes too long and there is a time and place for the government to clearly lay out standards and requirements, patient matching and patient identification is a great example of that, just like (inaudible 18:26) study now well over a decade ago, the same thing is occurring with patient matching and patient identification. People are being harmed, injured, and killed almost on daily basis if not on a daily basis because of inappropriate patient matching. That's a good place for the government to step in with good standards and apply across a very large brush stroked a part of the industry if not nation in such a way that we can facilitate great gains in those areas and I think what happens is as we deal so much in a world where we think things can't be government lead in certain perspectives that we end up fighting that and end up with poor solutions where we could have a clear standard that's out there and I think this is a great example of clear standards, clearly enforced standards now that can be true the certification process that can be through government over site and audit through something that goes CR. No matter how it's done there is an appropriate place for the government to come over the clear standards. That's probably the area where we still think there is an appropriate place for government intervention.

Mark Masselli: We have been speaking today with Russ Branzell the president CEO of the college of health information management executives or Chime an organization serving the professional needs of over 1500 chief information officers and senior health IT professionals in the healthcare industry. You can learn more about their work by going to CIO-chime.org or follow him on Twitter@chimeceo. Russ thank you so much for joining on Conversations on Healthcare today.

Russell Branzell: Thank you very much for having me.

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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 FactCheck.org a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception of US politics. Lori what have you got for us this week.

Lori Robertson: Over the years we have seen an avalanche of advertising against the Affordable Care Act and with mid-term elections approaching that's continuing. In Colorado for example an ad from a conservative group cross roads GPS exaggerate a few personnel anecdotes to claim that many Coloradans pay roughly a 100% more for health insurance since the healthcare law was passed but the new story the ad sites to backup that claim says that some resort area residence for paying that much more and

get too personnel anecdotes. The couple who say they were paying about double and a woman who said their premiums have gone up 66%. The story was about Coloradans who buy their own insurance on the individual market so the ad takes a line in a new story about some resort area residence and turns it into many Coloradans in the ad. As the narrator speaks the viewers sees the quote from the newspaper on the screen with the word some left to ask. It's true the Coloradans within in ski resort areas and some rural areas of the state have complained about high premiums for those buying their own coverage but residence in those areas pays higher health cost before the Affordable Care Act two. One of the issues for rural residence is the low number of healthcare providers. The Ad references that issued too but wrongly implies that the Affordable Care Act was to blame it says on the eastern plains patients now outnumber doctors 5000 to 1 but that figures comes from a 2013 data on the ratio of total residence to primary care doctors and it's the first time the study was conducted. The authors don't fake the healthcare law whose major insurance provisions, TEDMED taken affect for the problem 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.

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Margaret Flinter: Each week conversations highlight a bright idea about how to make wellness a part of our communities in everyday lives. September is suicide prevention month and it's a particular interest to the veteran's administration. An estimated 22 veterans per day are taking their own lives and what's being described as a post war suicide crisis. With a lack of behavioral health clinicians available for every veteran who is experiencing difficulty, the VA has launched a campaign aimed at all Americans who know veterans who maybe struggling. To be aware that they can make a difference just by reaching out, it's called the power of one campaign. The idea that one person reaching out to one veteran in a caring manner can make a difference.

Female: The power of one small action, one conversation or one phone call can make a difference in the life of a veteran going through a difficult time. For free 24x7 confidential support call the veterans crisis line or the military crisis line.

Margaret Flinter: According to Dr. Katelyn Thompson, Deputy Director of VA Suicide Prevention Program it takes only a moment and just one small act can start them down the path to getting the support they need. The VA has launched a new suicide prevention hotline. It's now collaborating with community groups across the country to prepare them to better address the needs of these veterans many of whom don't know how to ask for the help they need. Veterans, service members and anyone concerned about them can call the veterans crisis line, 1800-273-8255. They can chat online at veteranscrisisline.net/chat or send a text to 838-255. Even if they are not registered with the VA or enrolled in healthcare, all veterans crisis line resources are optimized for mobile devices. A dedicated program aimed at reaching out to veterans across the country and empowering community groups and individuals to find ways of offering support to getting veterans, the help they need before it's too late 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 in 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.