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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret its October, which among other things is national domestic violence awareness month, a topic that has been very much in the news lately with sports figures embroiled in, domestic violence, controversies, spearheading the national discussion on the topic.

Margaret Flinter: Well Mark, 1 in 4 American women will experience some kind of domestic violence event in her lifetime. This leads to millions of hours of loss productivity in the work place and a host of physical and behavioral damage as well for adults and children alike is a very heavy load.

Mark Masselli: Victims are often afraid to seek help fearful their actions will yield more repercussions or harm that might come to them and their children if they speak up.

Margaret Flinter: And the department of health and human services has domestic violence screening be included as a regular preventive service for women as we have done for many years, and there is a lot of great information for providers or for any concerned individual at the national coalition against domestic violence website that's www.ncadv.org. It is extremely important that people who are going through this know the resources that are available to them or their loved ones wherever they live. So true Margaret, knowledge is power and speaking of power some of the nations leading CEOs have gathered together to lend their expertise to the task of transforming the healthcare system. The Bipartisan Policy Center CEO counsel on Health Innovation and Reform just released a detailed report on ways to improve the healthcare system.

Mark Masselli: Our guest today, Janet Marchibroda is The Executive Director of the CEO council which includes CEOs from Verizon, Bank of America, Coca Cola, and Johnson & Johnson and others. She will be talking about work they have just included that is a call to action for others in the business community to collectively participate in the conversation on providing healthcare for their employees and in providing solutions to this costly aspect of doing business in America.

Mark Masselli: Lori Robertson, The Managing Editor of FactCheck.org also stops by examining misstatements spoken about health policy in the public domain but no matter what the topic, you can see all of our shows by Googling CHCradio.

Margaret Flinter: And as always if you have comments please e-mail us at chcradio.com find us on Facebook or Twitter. We love hearing from you. We will get to our interview with Janet Marchibroda in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headlines News.

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Data detailing payments made to providers by pharmaceutical companies have started to be published online as part of the Government's Open Payments Program, information would be made public on 10s of 1000s of doctors who received some 4 billion dollars in payments by drug companies and medical device manufactures. The law mandates a disclosure of payments made to doctors, dentists, chiropractors, podiatrists, and optometrist for everything from promotional speaking to consulting to meals and research. Investigative journalism website for public access has tracked 3.4 million payments to health professionals since 2009. More than half of that amount was for research. And consumer seeking information on physician quality are going to have a hard time finding complete assessments on line. The ACA also provided a provision that requires centers for medicaid and medicare to provide a database of physician quality data but the site is still incomplete. The CMS data only includes 66 group practices and 140 one accountable care organizations. There were about 600 thousand doctors in the US, 10s of thousands of group practices and more than 600 ACOs. And looking for way to help kids to do better in school, the answer may not lay another standardized test. A study of middle school aged kids show, those who engaged in physical activity for an hour after school each day were more likely to perform better and another study showed 20 minute-burst of activity during the day improved academic performance and behavior as well. I am Marianne O'Hare with these Healthcare headlines.

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Mark Masselli: We are speaking today with Janet Marchibroda, Director Health Innovation and Executive Director of the CEO Council on Health an Innovation at The Bipartisan Policy Center, which conducts research and collaborates with experts to develop policies that support improvement in healthcare. She was The Executive Director of Doctors Helping Doctors and served at the office of The National Coordinator. She was Chief Healthcare Officer for IBM and chief executive officer at the National quality forum. Ms. Marchibroda was named by Modern Healthcare as one of the top 25 women in healthcare. Jenet welcome to Conversations on Healthcare.

Janet Marchibroda: Oh it's a pleasure to be here.

Mark Masselli: Your group is made up of some very impressive captions of industry from Horizon CEOs, Coca Cola, Johnson and Johnson and more and you know, they all represent organizations that spent a lot of money on healthcare and because of that they have particular knowledge not only business but also in healthcare and after your collaborating the CEO council just released a report recommending guidelines for improving healthcare industry across multiple platforms and tell us a little more about the make up of a council and how you are able to get so many very impressive CEOs committed to this task and the process that let to the report.

Janet Marchibroda: Well the CEO council on health and innovation is actually a group of 9 chief executives that some of the nation's largest employers and you mentioned some, including Bank of America, Aetna, The Coca Cola Company, Johnson & Johnson, Verizon, Walgreens and others. And if you look at them together they employ more than a million people and provide healthcare coverage for about 150 million individuals in the United States. You know, why did they come together as you may know, employers along with their employees represent about 45% of our nation's healthcare, and they came together because they believed that the health of the nation is vital to maintaining our competitiveness in the global market place today and they wanted to take action, they wanted to do something, instead of what can the government do to address some of our healthcare challenges. So how did this all come about. What did we do? Actually the CEO council members had their first meeting last July The Bipartisan Policy Center convened and pulled quite a deliberative process to not only enable sharing of their own strategies but then to identify the actions that would have the most impact.

Margaret Flinter: Well Janet 150 Americans still get their insurance through their employers, that's a tremendous amount of buying power and the cost of Healthcare certainly is significant buying power and the cost of healthcare is certainly a significant motivator given the impact on the company's bottom line. I wonder if you could share with us some of the strategies that some of these large employers have utilized to actually improve the health of their employees in an effort to reduce costs?

Janet Marchibroda: If one looks at the report there are a whole range of strategies falling into the three primary areas. The first improving the health and wellness of individuals, the second improving the health of communities, and the third improving the healthcare system, and in that first category, Aetna is implementing voluntary programs that help to address something called metabolic syndrome, which is one of fastest growing health issues, and they demonstrated pretty positive results. Also on the health and wellness side you can hear the story of Bank of America nearly half of all of their employees participated in a voluntary program focused on physical activity. Very good results in addressing probably one of the most difficult challenges that employers have around these health and wellness programs and that is around participation

or engagement rate. When you work at the second category around improving the health of communities, we have got a lot of examples in there ranging from Horizon applying technology and mobile health clinics to connect children with quality healthcare to The Coca Cola Company bringing fitness programs and equipment to thousands of people in 12 cities in neighborhood. And then finally there are terrific stories within the report, I will highlight one The Blue Cross Blue Shield plans across the country are creating stronger relationships between patients and their primary care physicians and that just helps with supporting better care coordination and improving healthcare outcomes.

Mark Masselli: Janet: Your report is titled Building Better Health Innovative Strategies from Americas Business Leaders, and share with our listeners the recommendations on how to better improve the health of individuals and what kind of innovations does the report call for that might lead to significant behavioral change of individuals?

Janet Marchibroda: Well on the first area, around improving the health and wellness of individuals, they call for all employers to both implement and track and share the outcomes of comprehensive health and wellness programs that really fall into four areas. Programs focussed on nutrition and physical activity, the second tobacco cessation, the third programs focused on emotional and behavioral health, and in the fourth area is dealing with chronic disease and management of those issues.

Margaret Flinter: So Janet moving from the individual to how corporations and communities can collaborate, I want to go a little bit deeper on that one too, and I thought the comment of Muhtar Kent, Coca Cola's CEO who said that this is this golden triangle that we need of Government, business and civil society to kind of really work together to improve healthcare is absolutely right on and yet, the journey from inside the corporation to inside the neighborhood and the communities can be fraught with challenges right. How do you move outside say the beautiful headquarters of Coca Cola into communities to make these programs real?

Janet Marchibroda: Something unique and exciting about the CEO Council was really focusing on that second pillar, how do we improve the health of communities? You know if you think about the corporate foundations and the work that they do in the communities, there are a number of actions that they can take collaborating with local leaders on the ground to prioritize their investments in three areas number one health behaviors. You know with the focus on physical activity, nutrition and tobacco use, pretty similar to the priority areas under the first pillar. The second is they wanted to focus on clinical care and health outcomes and they did prioritize things like access to care, preventive services, prevalence of chronic disease and then the third is so much of what drives healthcare outcomes is outside of the healthcare realm and really focuses on social and economic factors that have been shown to improve the health of

communities. So they've talked about focusing on areas such as education, housing, access to nutritious foods and childhood poverty. One of the things that was important to them and you will see this and is called action was the measuring their number of matrix that folks like The Robert Wood Johnson Foundation, Kaiser, Family, CDC, The Centers for Disease Control and Prevention have a number of states regional community based matrix and part of this called the action is to pay attention on how we are doing on those matrixes in neighborhoods and communities across the country. It links to decision making around where to build new plans you know the economic development piece and paying attention to some of those factors.

Mark Masselli: We are speaking today with Janet Marchibroda, Director of Health innovation and Executive Director of the CEO Council on Health and Innovation at the Bipartisan Policy Centre. Janet we are seeing so much transformation in healthcare certainly when the Affordable Care Act kicked off, they provided enormous amount of money for technology trying to lay the platform of sharing quality information between providers, between organizations so often in healthcare, we just don't have the right data points to work on improvement processes. Talk to us about the larger framework that the CEO Council is trying to cultivate around the country around getting baselines of data that we can all agree on?

Janet Marchibroda: They have a range of actions that they've laid out in this area and including those related to performance measurement and all of it actually relies on performance measurement as a foundation, what they have committed to and they are asking other employers to do is to make value based purchasing a factor in their purchasing for health plans. So if you look at how we pay for healthcare today, so much of it is based on volume and they are calling on employers to partner with their health plans to increase the percentage or share of payments that are really based on outcomes **as supposed/opposed [PH]** to volume and in doing so in collaboration with that, is to really promote reporting of meaningful performance data on things like quality efficiency, productivity, patient engagement and satisfaction as well as health outcomes. So to promote reporting on those measures and to make them transparent to employees as they are making decisions about which health plan to choose or even what procedures or where to go in order to get healthcare. The business community has long been using the best practices around measurements. You know this is how they manage the rest of their business and so it's no surprise that you know trying to apply this to healthcare is very important.

Margaret Flinter: Well Janet, we will go back a little bit to its roots and founding in 2007 by a handful of US Senators from both parties who emerged from a Congress I think we can say understood the importance of working across the aisle to reach consensus and we haven't seen that kind of relationship much in the last couple of years. We've been somewhat in the throws of Congressional grid block and the healthcare law The Obama Care, The Affordable Care Act

anyway you call it passed by some marginal and largely evolving party lines. How is the CEO Council addressing this kind of entrenched dysfunction among policymakers?

Janet Marchibroda: So there are a couple of things in terms of process at the Bipartisan Policy Centre. As you mentioned, you know we are a nonprofit organization formed by former Senate majority leaders on both sides of the aisle and our approach across the board is to really drive principal solutions through very rigorous analysis, reasoned negotiation and a respectful dialogue and to address how the council itself has this lack of agreement among policymakers, they did not want this project to be about recommendations for what the Federal Government should do but instead they wanted to focus on what are the things that we can do and other employers, private sector employers across our country, what actions can we take to improve health and healthcare in this country. That said if you look at the actions across all three pillars, I think there are a number of nuggets there that could be helpful and inform what other decision makers and policy makers do.

Mark Masselli: Janet, the CEO Council appears to be taking the long-term view of transforming healthcare, and I believe it was Aetna CEO, Mark Bertolini said, "It's got to be a three-pronged approach of payment reform", more comprehensive care focused on smaller percentages of the most costly population, the chronically ill, and the third approach which he calls the most difficult part is to shift the country's focus from sick care to wellness which he expects to be a 20 to 25 year journey and what are the recommendations for getting us to that goal and what role will small businesses, nonprofits and other organizations within the healthcare system play as well?

Janet Marchibroda: So when we talked about wellness as opposed to sick care, the CEO Council is committing to calling on other employers to focus on health and wellness programs. Things like nutrition and physical activity, emotional and behavioral health as well as chronic disease management and so there is a host of -- a very deep-held menu of the actions that can be taken along those lines, the importance of tracking outcomes and sharing those outcomes because there is a lot of learning that needs to happen in order to drive improvement and we also plan to launch some pilots in that area as well. We actually have a number of nonprofit CEOs, including the American Heart Association, the American Diabetes Association, and the Cancer Society and many of the clinical groups. Medical Societies advise the council helping to get the word out and coming together around these three key actions is critical because what are the first principals of the CEO Council is this is something that we all need to work on together. It's not just employers; it's not just the healthcare delivery system. It's really all of us working together to drive change.

Margaret Flinter: We have been speaking today with Janet Marchibroda, of Health and Innovation and Executive Director of the CEO Council on Health and

Innovation at the Bipartisan Policy Centre which has just released a report 'Building Better Health, Innovative Strategies from America's Business Leaders'. You can access the report and find out more about her work by going to www.bipartisanpolicy.org. Janet, thank you so much for joining us on Conversations on Healthcare today.

Janet Marchibroda: It was a pleasure.

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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 in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, birth control has become an issue in a few senate races across the country and some Republican candidates are proposing the sale of oral contraceptives or the pill over-the-counter without a prescription. The idea isn't new. Reproductive Health Organizations formed a working group to explore the issue a decade ago they support over the counter birth control pill as a way to increase access for women. But Congress can't make this happen. Instead it's up to a drug manufacture to submit an application to the student drug administration and the FDA to then review and approve it, and when it comes to the pill there are many different brands and formulations that would have to go through the same process. In Colorado, Republican Cori Gardner has been pushing the idea and says over-the-counter sales would make the pill cheaper, but it's not clear whether that would be the case. The available research is mixed, and it doesn't specifically address the pill. Research from 2005 found out of pocket cost decreased for antihistamines for the 2002 study found consumers cost went up for certain drugs that moved from prescription to over-the-counter status. Emergency contraception or the morning after pill went up a bit in price when it became available without a prescription. Under The Affordable Care Act, most private insurance plans are required to cover the full cost of female contraception, including the pill, sterilization, IUDs and more with no cost sharing. What would happen if the pill were sold over-the-counter? Gardener's says he wants women to be able to be reimbursed through their insurance but that didn't stop Planned Parenthood vote from saying in the TV ad that he wants women to "Pay for all of it." That's not what Gardner has proposed. 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 chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Healthcare providers are forever on the lookout for that magic elixir that can cure a host of chronic ills in one step. And in the case of obesity, depression, anxiety, and stress that elixir could be turns out a number of steps as in taking a hike. A large study conducted by several institutions including the University of Michigan and (inaudible 22:31) University in the UK looked at the medicinal benefits to arrive from regular group hikes conducted in nature.

Dr. **Sara**: This study had enough people in it and following them overtime that we could see that these two different types of health for a mental well being they are operating independently, that means that if we go out in nature for a while we are getting an additional boost to environmental well being.

Margaret Flinter: Researchers evaluated some 2000 participants in a program called working for health. In England responses some 3000 walks per week across the country.

Dr. **Sara**: You know, this is a national study in the UK. There was investment in these walking groups and training leaders to take people on walk, finding trails that were good for people to do even if they had health problems.

Margaret Flinter: Dr. **Sara Warber [PH]** Professor of Family Medicine at the University of Michigan School of Medicine said this study showed a dramatic improvement in the mental well being of participants especially those who have recently experienced something stressful.

Dr. **Sara**: Depression was reduced. Perceived stress was reduced, and people had experienced more positive feelings and positive emotions, and it has been a really lovely research that's shown that when we have positive emotions we actually have better health over the long run.

Margaret Flinter: The participants almost universally reported reduced stress and depression after participating in group nature hikes, and the effect was cumulative over the time. Other studies have shown a link between mood and exercise but Dr. **Warber** says this is the first study that revealed the added benefits of group hikes in nature and significant mitigation of depression.

Dr. **Sara**: Because we are really interested in whether if you are more stressed would you get some better benefit from being in nature and (inaudible 24:16).

Margaret Flinter: Walk for Health a simple guided group nature hike nature program which incentivizes folks suffering from depression and anxiety to step into the fresh air with others to talk out their thoughts while taking a hike, improving their mood, reducing their depression and increasing their overall health at the same time, now that's a bright idea.

This is Conversations on Healthcare, 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.