

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, as the debate continues I think most people are eager to take a look at the Healthcare Bill themselves. Every party I attend I am being asked what's in that bill. Well, for those of you who would like a copy of Reconciliation Act of 2010 it's now available. Just go to the library of congress website www.thomas.loc.gov all 900 pages at your finger tips.

Margaret Flinter: Well Mark, I have to admit that I printed out a copy of the whole bill. I really want to go through it line by line and I hope Americans will give it a read even if it's just a few of those pages or people just search for the items that are of particular interest to them. We know the country is still all over the place on how they have view this Healthcare Reform. It's certainly one of the things we will have to wait and keep assessing as it unfolds but we just can't encourage people enough to understand what's in the bill.

Mark Masselli: Now, we want them to be green so we were not encouraging everyone to print them out. But I think you are right about having to have people take a look at this bill in detail and the polls are all over the place but there was one poll that the Commonwealth Fund did and they were taking the opinion of healthcare leaders and policy makers and they found that this group of people were very optimistic about the new healthcare legislation.

Margaret Flinter: Well, it was a pretty select group of leaders who really understand healthcare and I think they came at it from this perspective. If we successfully cover the uninsured we will as the Institute of Medicine has set for years have taken the first and most important step towards ensuring access and affordable healthcare. Now those folks did note that in the short-term there are some issues the nation's supply of Primary Care Providers, the ability of the states to actually implement reform and also enforcing that individual mandate. These are all areas of concern that people who understand the legislation still have.

Mark Masselli: You know and they really do and I think it's best characterized by Karen Davis' statement who is the President of the Commonwealth Fund and it's been guest here on Conversations. When she said you know that US will now join all other major industrialized countries with the system for ensuring access to essential healthcare.

Margaret Flinter: And, that's something certainly that the healthcare economists have been fighting for a long time, many of them as both in economic rationality issue and also as a moral issue. So I think we conclude it's a new era in

American Healthcare. We have a lot to look forward to and at the end of the day, Healthcare Reform is all about making Americans healthier, building healthier communities, building a healthier America.

Mark Masselli: Speaking of making Americans healthier, First Lady Michelle Obama's Let's Move Campaign which is designed to give parents support they need, provide healthier foods in school and help kids be more physically active is really the forerunner of the preventative focus that's embedded in that Health Reform Bill. And on Monday, the First Lady and the President hosted the annual White House Easter Egg Roll, I wish I was there but with the twist or theme I should say to promote health and wellness. They called it Ready, Set, Go! The event featured music, sports, cooking stations and of course the Easter Egg Roll.

Margaret Flinter: Well, I am glad they cut the Easter Egg Roll. Eggs are a perfectly healthy food and all these activities the fitness, the healthy eating and social interaction, all these things encourage kids to be more active. And they follow the First Lady's National Campaign Let's Move which is all about curbing child to obesity which everyone knows we have got to do.

Mark Masselli: Speaking of keeping us healthy, our guest today has an interesting purge on the impact health reform is having on healthcare medicine in our society. President elect of the American Medical Association Dr. Cecil Wilson is here to talk about the AMA support for the bill and how the much needed change in our healthcare system will improve how doctors practice medicine. Dr. Wilson will assume the office of the AMA Presidency in June 2010 just as the benefits of the Healthcare Reform Legislation start taking affect.

Margaret Flinter: Well, I think Dr. Wilson is probably going to have one of the most interesting presidencies of the AMA in recent history, we wish him well. No matter what the story, you can hear all of our shows on our website chcradio.com. You can subscribe to iTunes to get our show regularly downloaded or if you would like to hang on to our every word and read a transcript of one of our shows, come visit us at chcradio.com.

Mark Masselli: And as always, if you have feedback, email us at [chcradio.com](mailto:info@chcradio.com), we would love to hear from you. Before we speak with Dr. Wilson, let's check in with our producer Loren Bonner with headline news.

Loren Bonner: I am Loren Bonner with this week's headline news. The Easter Egg Roll hosted by the White House on Monday focused on something that President and First Lady can't get enough off promoting health and wellness.

First Lady Michelle Obama: We have got football, we have got basketball.

Loren Bonner: Annual event featured music, sports, cooking stations and of course, Easter Egg Rolling for the children, activities that encourage healthier

and more active living. The theme follows the First Lady's Let's Move Initiative – a National Campaign to combat childhood obesity that she launched back in February. President Obama gave his true sense after reading aloud to the children the classic Green Eggs and Ham by Dr. Seuss. The event seemed to appropriately follow the recent passage of Healthcare Reform Legislation that the president just signed into law and President Obama continues to promote its benefits. He spoke to a crowd in Portland, Maine last week and frame the legislation as an essential part of the country's economic recovery with particular benefits for small business owners who have been hit hard by a weak economy. President Obama says one key benefit of his healthcare overhaul is a tax-credit for small companies that supply their workers with insurance.

President Barack Obama: This healthcare tax-credit is pro-jobs, is pro-business and it starts this year.

Loren Bonner: The credit is based on the size of the company businesses with fewer than 25 employees will get a tax-credit up to 35% of the company's share of their total healthcare premium. Businesses with 50 or more workers must offer coverage or pay a penalty of \$750 per worker. Companies with 26 to 49 workers do not qualify. Some potential glitches to the system are still being worked out however for companies with more than 50 employees the penalty fee per worker is actually less than what the business would be spending on healthcare for that worker not much of an incentive to offer coverage to everyone. The senate is considering an increase in the \$750 penalty to prevent that scenario. We spoke last week about the potential nomination of Don Berwick to direct the Centers for Medicare and Medicaid services. Although the appointment is not yet official the healthcare community is healing the prospect of his leadership. Stuart Altman, a leading Healthcare Economists and Professor at Brandeis University couldn't be happier.

Stuart Altman: I don't know any other American that has had the impact on our healthcare system that Don Berwick has had. I mean he created IHI the Institute for Healthcare Improvement to focus primarily on increasing safety and the quality of care. And according to many estimates as a result of the work that he and his staff have done more than 100,000 Americans a year are alive as a result of the delivery system becoming more concerned with the safety and with improving the basic level of care so the quality improves.

Loren Bonner: Kerry Weems who spent 25 years in senior rolls at the Health and Human Services Department and was acting Administrator of CMS from September 2007 went further and said if Don Berwick is confirmed as Administrator of the Centers for Medicare and Medicaid Services he and David Blumenthal, the National Coordinator for Health IT would be a DreamTeam in pursuing a coherent National Healthcare and Health IT strategy. Blumenthal is already leading that campaign to direct the use of Health IT in ways that would heal scientifically relevant data on healthcare treatment and practices.

Mark Masselli: This is Conversations on Healthcare. Today, we are speaking with the American Medical Association President-Elect Dr. Cecil Wilson. Dr. Wilson, welcome.

Dr. Cecil Wilson: Well, thank you.

Mark Masselli: Many books have been written about the history of efforts to reform healthcare in America over the past century. I think it's fair to say that the AMA has generally been portrayed as being an opposition to health reform that wasn't the case this year. The American Medical Association went on record is being in support of President Obama's Healthcare Reform Legislation. Was this shift about the content of legislation or do you think it reflects the fundamental change in the cultural beliefs and practices of the current generation of physicians?

Dr. Cecil Wilson: This time, what we said at the AMA was that the need for health system reform was an imperative that the current system was not serving our country and the patients or the physicians who take care of them. And so I think it's unfair to say we signed on to the President's plan. What we did was to say we want to support efforts and meaningful health system reform and we will work with the administration and with Congress House and the Senate to make that happen.

Margaret Flinter: Dr. Wilson, over the course of the many hours of televised debate on the Health Reform Legislation, we've heard from several physician members of Congress and when I think back on the debates I don't recall any of them really speaking in favor of the legislation that was passed in. Sir, we've heard again the fears of government intrusion, socialization of healthcare, potential for negative impact on physicians and patients, things that are more consistent with more of the past. Tell us about your work or the AMA's work with the physician members of Congress, did you have an opportunity to dialog with them over the past year and what are the things that came out that you think were the good outcomes of this legislation?

Dr. Cecil Wilson: So I think that the debate among physicians has reflected that in the country and the answer to the question about reaching out to physicians is that we have both in Congress and elsewhere to try to come to some agreement about should happen and what is really good about the legislation is that the tens of millions of Americans who currently do not have a health insurance and as a result are at a greater risk of being sicker when they get care and a 11.13_____ center will have coverage. In the end the AMA did not expect to get everything we thought was needed and we have looked at the package and said on balance there is so much here that is good that we need to come on board and accept and urge passage understanding that we really are at the start

of a process which is going to go on over the coming four or five years or more as we implement what was passed and also make improvements on it.

Mark Masselli: Dr. Wilson, that's a great summary of the benefits of the bill but there are also some huge investments in medical education and training particularly for primary care providers, the Patient-Centered Medical Home gets a lot of attention as do investments in public health efforts to reduce obesity, stop tobacco use and increase physical activity. How successful do you think these elements of health reform will be in creating a more satisfied medical community and healthier American public?

Dr. Cecil Wilson: Well, first of all I think physicians, even physicians who are now uncomfortable or even angry about the legislation are going to find that their lives are going to be, I think having patients who are insured and who have more choice of plans and having the administrative simplifications and insurance reform is going to make life lot better that the items that you listed which I would say are extremely important. All we did to help system reform is to provide coverage and do some insurance reforms. We actually may end up making the system worse because we would not have addressed the issues related to work force and you mentioned that related to primary care. We would not have addressed issues related to care so the epidemic of health behavior that have causing disease in this country that alcohol abuse, cigarette smoking, obesity so all of those things are very important and then the other one which you also mentioned having to do with workforce what we call workforce issues and that is that not only do we have a shortage of physicians in the country but we also have a shortage which is even more marred in primary care so there is a lot in this bill in terms of bonuses for primary care, 10-year pilot projects for the so called Patient-Centered Medical Home that I think into end are going to be very important for the success of health system reform as well as the satisfaction of physicians and patients.

Margaret Flinter: Let me ask you, your organization is perhaps the best known physician organization in the Untied States but other groups have formed including physician groups that absolutely champion a single payer or a single national health program as the only way we will ever really control cost, improved quality and gets universal coverage. How does the AMA view that platform and what do you say to this group of physicians within the physician community about the progress that we have made with passage of this bill?

Dr. Cecil Wilson: Well, I would remind them that one of the laments of the late Senator Ted Kennedy was that when he and President Nixon were working on the possibility of health reform that he did not meet him halfway that they did not come to an agreement that he saw that made the perfect enemy of the good, I think the position of the AMA is that for our country that is single payer or government run system would not work with the size of this country and the

diversity of this country puts us in a different place from some other countries around the world.

Mark Masselli: Today we are speaking with the American Medical Association President–Elect Dr. Cecil Wilson. The health reform will increase the number of people who are covered by Medicaid and one of the most striking elements of the bill that only appeared in the reconciliation legislation was the provision moving Medicaid payment rates up to 100% of the Medicare standard. That has the potential to bring many more primary care doctors into carrying for the Medicaid population and insurance that the majority of physicians for a long time shun because of its historically low reimbursement rates. First of all how did that come into play in the last minute and do you think it will have its desired effect?

Dr. Cecil Wilson: That the history of that is that that actually at some \$50 billion to \$57 billion which issued indicated would require primary care payments under Medicaid to be at least to equal to that of Medicare that was in the house legislation. I think in the reconciliation bill was one of those things that house did to put some things in legislation that the house in fact was very important you know just taking example from the Medicaid payments varied among the states depending as far as coverage and payments that has met nationwide that the numbers of physicians who could afford to provide care for Medicaid patients has been a challenge and we are certainly hopeful that this really significant amount of money will help with that and also have to respond to the other observation and that is that a part of the increased coverage for all this the uninsured is an expansion of the level of coverage from Medicaid up to 133% of the federal level I guess the other observation there and that is important and that is that Medicaid for states is a big budget buster and states are challenged by that, and what this legislation does is to anticipate that so that at least for the first two or three years the federal government would pick-up all of the cost of this expanded coverage and then subsequent to that there will be a gradual tapering down of that coverage as you know now is a state federal match and I think that's why you have not seen a lot of the governors just really yelling and screaming about this because they do recognize that at least early on there will actually be increased funds coming to their states, from which they will benefit and then I am sure as time goes on they will be looking to preserve that as modifications continue to come down.

Mark Masselli: They will.

Margaret Flinter: They will. Dr. Wilson when we look at so much of how medical care is organized and delivered and this moves away a little bit from the health reform issue it just doesn't seem to quite evolve the way other sectors in our society and economy have, still most practices don't have electronic health records, virtual visits are a rarity and most practices are still in the small independently owned business category and at the same time social networks in the use of various health related apps are widespread use by the public our

patients for everything from support for living with the chronic illness to monitoring diet and vital signs. Outside the US mobile phones are being used in healthcare for everything from remote monitoring to ultrasound to tracking infectious diseases. So it seems like medicine has made enormous strides in the most complex technology for diagnostics in treatment but somehow that hasn't come down to the level of primary care or community practice. We would be really interested in your thoughts on this technical divide within healthcare and is it just the matter of time until the next generation of physicians coming up changes all that?

Dr. Cecil Wilson: Well I think it is the a matter of time and I think I hope that as people think about that and think that, that that's going to be helpful and I think we all do. I think better coordination, better interaction will be helpful but it is going to take time because the demographics of practice in this country are that it's build a case that at least something around 51% or 52% of the physicians in this country are practicing in groups of three or less and they are practicing in a variety of areas both urban and rural and so that demographic means that as we look at ways that we can't take advantage of increased communication and working together, you have got to get around that challenge.

Mark Masselli: Dr. Wison you have a great view of what's happening in healthcare around the world, what do you see that's transformational that excites you and who should our listeners be paying attention to?

Dr. Cecil Wilson: We recognize that, and you referred to it earlier that a lot of the illness we have is illness we bring on ourselves. If you look the CTC that's in work where they looked at health and they contributed to determinants of health behaviors and what they found was, the current population owned a 10% of the department of health behavior had to do with access to care, so the treatment in the hospital and doctor's office. 20% had to do with urine genetic inheritance that parents who chose or did not choose and 20% had to do with environment sort of things like clean water, food things of that sort. 50% of determinants of the health of our population has to deal with health behaviors and so cigarette smoking, obesity, sedentary lifestyle, alcohol abuse those are all things that people do that contribute mightily to the cost of healthcare and to illness in the country and so just one example there, obesity and this type 2 adult, type 2 diabetes is up \$114 billion a year that we spend on that. 10 or 15 years ago it was not on the radar screen so I think one of the exciting things is how we are going to engage society and certainly the First Lady Michelle Obama is in with her initiative related to childhood obesity sort of raising that level. I think we have to focus on that and that's going to be a job for society in general not only, and not just physicians in healthcare workers but everyone.

Margaret Flinter: Thanks Dr. Wison and let me get your thoughts on community health centers for a moment if we can as you know the health reform legislation has just unprecedented investment in funding the growth and expansion of

community health centers and developing some very exciting new models of the teaching health center with residencies for all the various health professionals and I am curious to hear thoughts on the role of the community health centers in this changing landscape of primary care of the United States particularly with this new investment, what is it really signaling to the country?

Dr. Cecil Wilson: Well I think it's part of the whole mosaic if you will of the things we are going to have to do and that is we are going to have to provide care to people where they are and under the circumstances they are in so that the advantage of things like community of health centers is frequently responding to a need and underserved areas, also providing a coordination of care, coordination of health professionals. The public health kind of needs of the community to service and the way it has attributed over the years, I think to our disadvantage and so I would see this as a positive thing.

Mark Masselli: Today we have been speaking with Dr. Cecil Wilson President-Elect of The American Medical Association. Thank you so much for joining us today Dr. Wilson.

Dr. Cecil Wilson: Well, thank you so much.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. This week's bright idea focuses on a new program that's combating Alzheimer's disease even before it develops. A group of researchers at UC Santa Barbara recently launched a new initiative called Cognitive Fitness and Innovative Therapies or CFIT, which takes a comprehensive approach to cognitive health. CFIT specifically aims at preventing Alzheimer's disease. One of the most debilitating and wide spread cognitive illnesses, Alzheimer's is a progressive brain disorder responsible for most dementia cases. Currently affects 5.3 million Americans because the patients decline is often swift and unstoppable, one symptoms appear. CFIT seeks to prevent Alzheimer's before the first warning signs even appear. CFIT guides participants typically aged 50 to 80 through a wide variety of strategies for both treatment and preventions, participants are coached on how to eat healthy. Mediterranean diets which help keep blood pressure and cholesterol check are used. They are trained in how to improve their physical fitness to strengthen their minds. They also play mental fitness computer games and as part of the CFIT's holistic approach to cognitive health and non-denominational chaplain is available on site to participants for counseling and guidance. Another key component of the program is a focus on building social relationships between participants. Consistent social contact plays a vital role in staying healthy, especially later in life. With that in mind CFIT organizes groups of participants to use the facilities at the same time every week, so they can get to know each other. CFIT is also in the process of creating a social networking website for participants. This site will play a dual role, it will facilitate communications between participants and by enabling people to log their diet

and exercise habits it will allow researchers to gain important data about the program's effectiveness. CFIT, well its membership is growing and participants are already reporting maintained or improved mental and physical health, also because the families and friends of Alzheimer's patients are often suffering physical and emotional stress, that benefits of this improved Alzheimer's prevention can be far reaching, making our communities healthier and happier overall. 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.

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