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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, changes are underway in the White House. Dr. Karen Dasilva a recent guest on this show is leaving her post as the National Coordinator for Health IT to become Acting Assistant Secretary of Health. She will be reporting to the new 'Ebola czar' recently named by the President.

Margaret Flinter: Well Ron Klain was named to that post of czar. He is a Washington insider with significant experience as Chief of Staff for Vice President Biden but critics saying that he didn't enough direct experience in healthcare or in public health for the position.

Mark Masselli: That can't be said of Dr. Karen Dasilva who has a terrific credential and experience. She is an internist. She earned her medical degree as well as her Masters in Public Health from Tulane University having taught there as well.

Margaret Flinter: And Dr. Dasilva was also the health commissioner for the city of New Orleans, Mark, where she oversaw the transformation of that city's public health system.

Mark Masselli: The potential threat of such a deadly virus in this country is offering policy makers a new experience in the public health arena, and ready response team at the highest level is a good thing for this country's health and security.

Margaret Flinter: Absolutely Mark. She has some very interesting ideas for moving that agenda forward and you can find our interviews with both Dr. Dasilva and with Dr. (inaudible 1:19) on our websites [chcradio.com](http://chcradio.com) made for some interesting listening looking back over recent history.

Mark Masselli: And it really does. And our guest today is focusing on improving primary care, utilizing a Patient Centered approach. Dr. Marci Neilsen is the Chief Executive Officer of the Patient Centered Primary Care Collaborative dedicated to transforming the healthcare system by building a strong foundation of primary care.

Margaret Flinter: Well, Dr. Neilsen has really been an expert and a leader in the development of Patient Centered Medical Homes which are increasingly gaining favor across the country as a way to improve overall health by promoting Patient Centered care in the primary care setting.

Mark Masselli: Well Lori Robertson will join us who looks into more false claims spoken about health policy in the public domain. But no matter what the topic, you can hear all of our shows by going to [chcradio.com](http://chcradio.com).

Margaret Flinter: And as always, if you have comments, please e-mail us at [chcradio.com](mailto:chcradio.com) or find us on Facebook or [chcradio](https://twitter.com/chcradio) on Twitter; we love to hear from you. Now we will get to our interview with Dr. Marci Neilsen 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. The GOP takeover of both houses of Congress boards ominous for some aspects of the healthcare law. Senator Mitch McConnell, the heir apparent to the majority leader post is already offering prescriptions for repeal of Obama Care and Medicaid expansion looks unlikely in states like Florida, Wisconsin, or Kansas where contested GOP governors won reelection. Governors Rick Scott of Florida, Brownback of Kansas, and Walker of Wisconsin while in continued opposition to the expansion of Medicaid Coverage. In Florida alone, some 850,000 residents would gain coverage under such expansion which is covered entirely by the Federal Government over the first three years of the program. Meanwhile, there were other healthcare related issues on balance around the country. In Arizona, voters as expected supported a right to try ballot measure that would allow but not require drug makers to provide not yet approved drugs to people with terminal illness. Meanwhile in California, proposition 45 went down in defeat. It would have imposed the same public notice and transparency requirements for health insurance premium rates as voters approved for auto and home loan insurance in 1988. The proposal was fiercely opposed by the Health Insurance industry which raised 50 million dollars to fight it. But proposition 46 would also have made California the first state to require random drug and alcohol testing for physicians. That part of their proposal prompted many editorial boards to turn against it. Berkeley California has become the first municipality to pass a tax on soda and sugary drinks, consumption of the high fructose corn syrup laid in beverages linked directly to increased obesity and diabetes. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Marci Neilsen, Chief Executive Officer at the Patient Centered Primary Care Collaborative, a consortium of stakeholders dedicated to transforming the healthcare system by building a strong foundation of primary care. Prior to that, Dr. Neilsen served as Vice Chancellor for Public Affairs at the University of Kansas School of Medicine Department of Health Policy and Management. She serves on numerous boards

including the American Board of Family Medicine. She earned her Masters in Public Health at George Washington University, and her PhD in Health Policy from Johns Hopkins School of Public Health. Dr. Neilsen welcome to Conversations on Healthcare.

Dr. Marci Neilsen: Thank you so much for having me.

Mark Masselli: Yeah. You know your collaboration is a consortium of over a 1000 members. It's a really big **tent [PH]** that you have hospitals, provider groups, consumer groups, labor unions, policy organizations, all dedicated to the notion that Patient Centered Medical Home is the cornerstone of a successful health industry transformation and posting primary care is a way to managing population health and reverse the trends of costly care and poor outcomes. We are hearing the term more and more lately as PCMH model is central to the recent health transformations. Can you tell our listeners more about the key components and objectives of the Patient Centered Medical Home?

Dr. Marci Neilsen: I want to start with pointing out that the Patient Centered Medical Home as you point out is really a model of care, focused largely on primary care, operating within a well-functioning medical neighborhood. It is foundational to overall delivery reform. Primary care most of don't realize it's just five to six percent of what we spend on healthcare altogether. But it drives about 50 to 60% of all healthcare decisions because primary care physicians and nurse practitioners etcetera send folks to specialty care, send folks to hospitals. So primary care really is the heart of where transformation can happen.

Margaret Flinter: Well Marci, you point out how vital it is that the patient actually be at the centre of this Patient Centered Medical Home model as the name would imply and one of the points that you make and it is the average patient a week 5000 hours a year maybe with their provider for 4 hours a year. So this space in between the visits, all of that additional time is when patients need to be activated and engaged and empowered around their own healthcare and you said for the PCMH model to work, the providers really need to think about improving care delivery in five key areas to help patients to entice them to be better consumers and masters of their own healthcare. What are those five key areas the providers need to be focused on?

Dr. Marci Neilsen: It's more than just thinking about a patient as a person who needs healthcare services. It's really about a partnership and a relationship between that person and their family together with their clinician making decisions about how to respect the patients wants and their needs and their preferences making sure that the patients have all the education and tools that they need to make the decisions on their own behalf. So they are not just passive recipients of an improved healthcare system, but they have a seat at the table when we are making decisions about how to reform a medical practice or a hospital and that's a fairly new concept. So patient centricness is first and it's

key and the second piece of this is comprehensive. First of all, a comprehensive set of providers who working with that patient can give the patient all of those services at the right time and the right place and quite frankly for the right price. Sometimes we don't need the physician to spend an hour with the patient, talking about diabetes education but maybe it would be better to have a health educator. We still often think of individuals as disease states or diagnoses when we are healthcare providers. It's how we've been trained to think about healthcare and what we ought to be doing is switching that paradigm and thinking about comprehensive whole person care and the circumstances in which they are trying to live their lives are often far more complicated than yes I have got diabetes and I need to watch my blood sugar, that diabetes is actually also impacting my happiness. So I am depressed. So comprehensiveness is second and the third piece of this is accessibility. We of the healthcare system around what's most convenient for the provision of services versus building a health system that's most convenient and practical for patients. It includes things like 24 x 7 access, we know that lots of patients prefer to do things online whether that's following up with a lab test, whether that is communicating with their providers in an e-mail format. Two final things then is care coordination. We know when patients are well and healthy, convenience is really important but when you are not well, when you have got a chronic illness, what a primary care practice can do when it's a Patient Centered Medical Home is put care coordination at the top of their priority list making certain that that patient knows who they need to connect with in the health system and how and really helping quarterback that process so that the patient is very clear about what their expectations are, that the health system is really designed to work around them and the primary care provider is helping to coordinate all that care across Healthcare providers but also with that patients so that they can help drive their own care.

Mark Masselli: You also have the concept of Medical Neighborhoods and also Accountable Care Organizations. I think our listeners need to know how they all come together, help our listeners understand how the Patient Centered Medical Home, The Medical Neighborhood or the Accountable Care Organizations matter in their life?

Dr. Marci Neilsen: There is a misunderstanding that somehow Medical Homes, PCMH's are somehow different or in competition with Accountable Care Organizations or ACO's and really one of an extension of the other. If most folks get the majority of their healthcare in a primary care setting, that's the Patient Centered Medical Home. When those Patient Centered Medical Homes partner together with specialists and hospitals, pharmacists, home health, now you are talking about a Medical Neighborhood and when they have a contractual relationship with one another so that they have decided together as a team of healthcare providers, we are going to be responsible for a population's health. Now that's called an Accountable Care Organization. So if we are really focused on health system transformation, we've got to think about the partnership

between primary care and specialty care and the last piece most folks are in the healthcare system or in a clinician's office most of their waking hours. So who else needs to be at the table partnering with primary care when we think about keeping folks as healthy as possible, and we have done years and years of research on the social determinant of health. We know that the kinds of things that impact health include employment and access to healthy food and transportation. For the other folks who really are part of this overall medical neighborhood are schools, employers, state based organizations, and the new members of the PCPCC include the YMCAs, Meals On Wheels, The American Heart Association, Health is not synonymous with health. We are going to be focused on our overall health.

Margaret Flinter: We are certainly seeing increasing awareness among policy makers. I think this is kind of getting back on the agenda in Washington as well that access to such vital services as behavioral health is an essential part of being able to respond to all of the needs of the patients, but how do we move forward with advancing disintegration more broadly across the entire primary care system.

Dr. Marci Neilsen: There was a paper that came out last week in an important journal that pointed to the accountable care organizations and how many of them are really starting to embrace behavioral health as part of overall Healthcare delivery. A connection between behavioral health and physical health issues is huge. People who are depressed are far more likely to suffer from other chronic diseases. So the connection is the part of what they have to manage in their everyday life, but we have delivered a Healthcare system to them that case for the services separately and so often there isn't a good working relationship between those two systems because the payments have been broken and our care is unfortunately so fragmented so we need a better equipped primary care practices that integrate behavioral health but more and more we are seeing behavioral health specialist actually located together with primary care and so my office as a behavioral health specialist might be, right down the whole way from a primary care specialist and that can offer lots of benefits in terms of really trying to address the problem that is stigma. We still struggle with folks who need mental health services there is a stigma attached to that that is important for us to grapple, and then a final model of care that is terrifically promising was lots of research to support it. It's been literally in bad folks from the behavioral health system into primary care. So it's that behavioral health specialist is right on my team, and I work with them each and every morning we huddle and go through our list of patients and recognize that there may be some of the patients who are really struggling with some of their chronic illness actually could do some mental health and behavioral health services as well. But the key here is we got to be able to pay for that. Community health centers like yours have been doing this for decades and have much to teach the rest of the health system and The Affordable Care Act provides us with some new real requirements around

behavioral healthcare -- thing for pilots for us to test the best way to integrate this kind of care.

Mark Masselli: We are speaking today with Dr. Marci Neilsen, The Chief Executive Officer at the Patient Centered at Primary Care Collaborative Consortium of Stakeholders Dedicated transforming the healthcare systems by building a strong foundation of primary care. She has also served as the Executive Director of the Kansas Public Health Authority under then Governor Kathleen Sebelius. Certainly your former boss was a very key member of the Obama team in passing the affordable act and now we are headed into the second phase of open enrollment, but tell us how are health lawyers living up to its promise and where improvements might be made.

Dr. Marci Neilsen: Well of course The Affordable Care Act passage of that landmark legislation was the most important thing from a healthcare delivery perspective to happen in really 30 years, mean since 1965 with passage of Medicare and Medicaid, we have been struggling for those individuals who can't afford health insurance but we were still paying for them because of course they get access to Healthcare through emergency departments and so they are incredibly expensive to treat and we do a poor job of managing chronic illness from emergency rooms, and we will see continued improvements with not only enrollment, but folks learning to use health insurance but those healthcare services that still need a fair amount of reforms and that's where we come in. And the delivery reform piece is still in an early stage and the affordable care act invested literally millions of dollars in testing out new out new models of care that would be more efficient and we are just starting to see some early results from those privates and the good news is we now have commercial sector, patient centered medical homes all across the country. Medicaid was the leader in many ways long before the affordable care act passed in pirating some of these programs, but of course the nugget that it's so hard to crack is all this is so terrifically complicated for the average American and we are learning a lot about how to engage consumers. But the most important thing I think that we have yet to do is figure out the language and their priorities of the average consumer so that they too are as invested in their health and the communities in which they live create the space for them to be healthy. I am amazed that we would suspect that we have lived any differently than we do when you look at how much we are bombarded with messages about better health on one hand that are dwarfed by the messages that we get from advertising about food, and just the many messages that we have got to balance in our own lives that don't lead to healthy behavior. So government is one piece of what needs to be resolving our broken health system around healthcare delivery, but it can't make Americans healthy on to itself. We need everybody else at the table and that includes the same folks that I mentioned before, folks in the community but certainly employer's public health, health plans and most importantly it includes the consumers themselves.

Margaret Flinter: We are speaking today with Dr. Marci Neilsen, The Chief Executive Officer at The Patient Centered Primary Care Collaborative. A consortium of stakeholders dedicated to transforming primary care through the development of patient centered medical homes. You can learn more about her work by going to [pcpcc.org](http://pcpcc.org) or follow them on Twitter at PCPCC. Marci, thank you so much for joining us on Conversations on Healthcare today.

Dr. Marci Neilsen: Thanks you for having me, really appreciate it.

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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 US politics. Lori, what have you got for us this week?

Lori Robertson: We are seeing plenty of claims in recent years that the Affordable Care Act is a job killer. And in the final week of the midterm campaign a health candidate in New Mexico made a version of this claim in a TV ad. The ad from Republican Mike Frese showed a video of his opponent representative Michelle (inaudible 20:26) saying that ACA is a job creator. As she speaks viewers see the words between April and October, New Mexico lost more than 20000 jobs, implying that the Affordable Care Act was to be blame, it wasn't. The figures are for April through October 2013 and not this year and the losses were not as large as initially reported once they were finalized. Plus there is evidence that the ACA is creating jobs in New Mexico. The ad placed a news report from December 2013, that cited the initial job loss number. The article quoted an expert from The Bureau of Business and Economic Research at the University of New Mexico who said the government sequestration an uncertainty about the Federal Government were the reasons for the job decline. New Mexico is particularly vulnerable to Federal Budget cuts. That same expert told us that the large job loss of 20 thousand was later revised by The Bureau of Labor Statistics. It actually was less than 3000. Perhaps more important she told us that the ACA this year was adding some jobs in the states insurance and healthcare sectors. From January to September, New Mexico saw an increase of 1500 finance jobs which would include insurance and an increase of 3700 jobs in the education and healthcare sector. Experts have long projected that the ACA may cause a small loss of low wage jobs but a rise in jobs in the healthcare and insurance industries. 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, e-mail us at [chcradio.com](http://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 highlights a bright idea about how to make wellness a part of our communities and everyday lives. It's no secret that baby boomers are aging in large numbers and that means those suffering from age related dementia around the rise as well. Four million Americans live with Alzheimer's disease and we know that number will double by 2025. Dan (Inaudible 22:47) has device a tool that is improving the experience for these patients whose quality life declines along with loss of brain function. He wondered what will happen if you provide iPads for patients in Nursing Homes that are loaded with their own playlist of the songs they loved when they were younger. In his first pilot program called music and memory, the patients in a nursing home were given the iPads with their own personalized song list and the results instantly noticeable. The patients went from being non-communicative and disengaged to being animated and engaged. Patients like Henry featured in this documentary on the program called alive inside.

Interviewer: Do you like music?

Respondent: Yeah I am crazy about music. And you played beautiful music. Beautiful sound.

Interviewer: What was your favorite music when you were young?

Respondent: I guess (inaudible 23:34) would be my number one band, the guy I liked.

Interviewer: What's your favorite (inaudible 23:38) song?

Respondent: Ohh -- (Inaudible 23:39).

Margaret Flinter: Cohen explains one of the theories as to why this program worked so well.

Cohen: See reality is because our memories of music are collocated in the brain with our autobiographical memories, when you play a song that is familiar, they are kicking off memories that you had.

Margaret Flinter: The results from the music and memory program were so impressive that Cohen's personalized iPad program is now being used in 50 nursing homes throughout North America and many more are lining up.



Cohen: We have done some research and feedback from the frontline, from the Nursing Home, the staff is that their ability to provide care is facilitated and so that allows them to get their job done to pay attention to all the residents as much as possible and that's a big win as well.

Margaret Flinter: A simple personalized application for a readily available piece of technology that could dramatically impact the quality of dementia, patient's lives now that's a bright idea.

Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at [www.wesufm.org](http://www.wesufm.org) and brought to you by the Community Health Center.