(Music)

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

Margaret Flinter: And I am Margaret Flinter

Mark Masselli: Well, Margaret she is calling in a solid start to Health and Human Services Secretary, Sylvia Burwell announced numbers for the first week of open enrollment on the federal insurance exchange. Roughly a half million customer signed up for plans.

Margaret Flinter: Still these numbers show that the newly retooled website healthcare.gov can handle the high traffic from residents in the 37 states across the country that are using the federal exchange.

Mark Masselli: The HHS has partnered with a number of organizations across the country to help boost in enrollment. They have partnered with the National Community Pharmacy Association. Westfield shopping centers, and other diverse groups are -- to assisting in getting the word out.

Margaret Flinter: Well, that's creative going to the shopping centers, and of course community health canters across the country have been working diligently again to enroll uninsured patients in insurance plans, including getting then enrolled in Medicaid.

Mark Masselli: There is another phenomenon, this time around Margaret, a quick survey of premium pricing around the country shows that prices are being held, in fact do the increased competition, that's all news for consumers.

Margaret Flinter: And meanwhile officials are expecting brisk business on healthcare.gov on December 15th, that's when consumers have to sign up and pay their first month's premium if they want their coverage to begin on January 1.

Mark Masselli: Much is changing in the world of health care Margaret, and one area of gaining particular attention is patient safety.

Margaret Flinter: Well, that is something that our guest today knows quite a bit about. Dr. Tejal Gandhi is President and CEO of the National Patient Safety Foundation dedicated to ensuring that patients are free from harm. Dr. Gandhi shows some terrific ideas on how to reduce the causes of medical mistakes in the healthcare space.

Mark Masselli: Lori Robertson, The Managing Editor of FactCheck.org stops by. But no matter what the topic you can hear all of our shows by going to CHCradio.com.

Margaret Flinter: And as always if you have comments, please find us on Facebook, Twitter, Linkedin and Google Plus. We love hearing from you. We will get to our interview with Dr. Gandhi 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 Health Care headlines. Business has been brisk during the second round of open enrollment on the insurance exchanges. Especially, the federal marketplace, healthcare.gov, which was plugged by problems first time around. The Department of Health and Human Services announces in the first week of open enrollment alone close to half a million Americans signed up for coverage with a little or no difficulty. But plans being purchased on those exchanges may not offer the most comprehensive coverage for the more expensive specialty drugs. Folks purchasing the lowest priced plans, so called bronze plans will be forced to pay more out of pocket for their more expensive drugs. Fifty Thousand lives, that's the number saved according to the Agency for Research Health and Quality since the 2010 launch of the partnership for patient's program. The program was aimed at reducing medical harm. And in 3 years there has been unprecedented drop in adverse events in the health care space, about 1.3 million fewer between 2010 and 2013. That is 17% drop in incidents. The program is also instrumental in significant savings in critical health care spending about $12 billion so far. And obesity exacts a hefty toll globally about $2 trillion in healthcare cost. America is widening earth is a target of many pilot programs aimed at reducing consumptions. The FDA has approved a program that's starting in November, will require most fast food restaurants chains across the nation, including movie theaters to list calorie counts of their food items. There are smattering of studies showing overtime consumers begin to order with more awareness of calorie intake that they were likely ordering before. Yes, Virginia that double, double chocolate trufflelata really is 900 calories. I might want to think about it, Grande black coffee instead. I am Marianne O'Hare with these healthcare headlines.

(Music)

Mark Masselli: We are speaking today with Dr. Tejal Gandhi, President and CEO of the National Patient Safety Foundation and the NPSF Lucian Leape Institute, which is dedicated to creating a world where patients of those who care for them are free from harm. Dr. Gandhi is an internist and Associate Professor of Medicine at Howard School. She was the executive director of quality and safety at Brigham at Women's Hospital for 10 years. She was also a chief quality and safety at Partner's Health Care in Boston. She earned her Masters in Public Health as well as her Medical Degree from Harvard. Dr. Gandhi, welcome to Conversations on Health Care.

Dr. Tejal Gandhi: It's my pleasure to be here. Thank you.

Mark Masselli: You know, the National Patient Safety Foundation was created in the late 1990s on fairly simple premise to prevent harm and improve patient safety. And yet as we have learned from the ground breaking 1999 IOM report to error is human. Medical mistakes have let an estimated 90 thousand deaths per year in this country. Could you give our listeners an overview of just how far we have come since the release of the IOM report, when patient safety was not even part of the national healthcare discussion?

Dr. Tejal Gandhi: Sure. I think that's an accurate description, and that when the IOM report came out in 1999 most people in the public were not aware really of medical errors. But also in health profession,m we didn't really talk about medical errors, didn't really think it was a significant problem So, the IOM report really did open up an whole new field of patient safety. And since then we have come a long way. Most or if not all hospitals for example have patient safety programs, and patient safety teams, and people really who are dedicated to trying to prevent medical errors. Accreditors like the joint commission have specific requirements around patient safety, and look for that, and clinician's nurses, doctors are being trained on patient safety, certainly at the residency level. Some of the key areas that we have seen some improvement are for example reducing infection, which again back in 1999, lot of infections were felt to be just part of doing business. And if they weren't preventable, and we have learned that they are, and there has been progress there. And also and really creating a culture where it's the expectation that people will talk about mistakes in order to learn from them, which is as pretty significant cultural shift. And we are now trying to make sure that we are creating that kind of culture across healthcare.

Margaret Flinter: Well Dr. Gandhi, since the finding of the National Patient Safety Foundation, this organization stakeholders has elevated patient safety to the status of a science. But tell us more, who are the partners and stakeholders working with you in this sheer goal of advancing patient safety? And what have you learnt from some of these partners?

Dr. Tejal Gandhi: Well in NPSF has always prided itself on really being the big tent, where everyone can come to the table and work on patient safety together. And we've really realized that there is no way, we are going to drive forward improvements in patient's safety without having everyone at the table. The patient first and foremost, healthcare organization, clinician, regulators and government, and also people from industry, and so having all of those people at the table is really critical to advancing the movement. Some key lessons learned as you asked about is first is that culture of safety. We will not make progress on safety if people are afraid to talk about errors. And so, leading systems have really created cultures where it is the expectation of everyone in the organization

to learn from errors to improve based on things that have happened to include the patients in those learning discussions, and make sure that changes are made that are not just, oh, we'll just educated the nurse to not do that again, but really systematic changes. That hopefully will prevent that error going forward. And I think that's the second real lesson learned is that we need to have robust systems to learn from errors. There is no point in reporting an error, if an organization isn't set up to really learn and improve based on that error. And we have started to take learning from other industries like aviation, and nuclear power, and again to design systems with ways to prevent error, as opposed to just asking clinicians to work harder and be more careful, which we know will never get us to the higher liability healthcare systems that we want. And then last lesson learned is the fact that we have to be real focused on patient engagement, and having partnerships with patients to create safer care. The Lucian Leape Institute that is the NPSF think tank, put out a report on this just in the last year about how clinical it is to partner with patients to improve care, and that's at multiple levels. It's not only at the sharp end where patients are receiving care, that, that's clearly critical, and but that looks like a shared decision making, really making sure patients understand what their options are and that the plan is being created with the patient as a complete partner. But also having patients sit on hospital committees, and quality improvement activities and patients on boards of hospitals, and health systems, and so on to make sure that patient's voice is really heard throughout the organization.

Mark Masselli: You know, I was thinking as you were talking about one of our guest who was on Dr. **Pronovost[PH]**, he was telling us a story about, you were talking about change of culture, about talking in the cardiology group, and how everybody in the team has to be able, the sort of the Toyota experience, I got to be able to stop the assembly line going, and just sort of the proposition that the nurse could tell one of the leading cardiologist in the world that they are making mistakes with.

Margaret Flinter: Go back and wash your hands.

Mark Masselli: Go back and wash your hands, was going to be a culture change. So, really it took to heart some of the thoughts that you just shared with us. But lets drill down a little on the impact on patient safety, and particularly around Hospital Acquired Infections. The Centre for Disease Control and Prevention recently released a report featuring stats on the reduction of hospital infections. And the National and State Health Care Associated of Infection Progress Report is complied with data submitted by more than 12,000 acute care hospitals across the nation addressing infection rates. And there has been some really good news there, at least in a certain kind of Hospital Acquired Infections. Could you tell us more about those results?

Dr. Tejal Gandhi: Well, we have definitely made progress according to recent CDC estimates on infections such as bloodstream infection, and, you know, there

is other types of infections in hospitals as well that the CDC tracks, such as catheter associated urinary tract infections, and ventilator associated pneumonias and so on. In the past, it was felt that these were not preventable types of infections, and just, you know, being in the hospital, these infections happen. And so, that shift in mindset that these are preventable has been huge. As well as, really creating better best practices to say, well, how do we prevent them and that, you know, you mentioned and Dr. Pronovost, and his work around central line infection has been really critical to showing the way for how hospitals and particularly in terms of care units can reduce rates of these kinds of infections. I think the other reasons for why we have made progress on infections? One the CDC is actually measuring them. We have had a real struggle in patient safety to measure errors, but in infections we can measure infections. And so, just having that measurement present is a driver for improvement. And then other key drivers have been the fact that accreditors such as the joint commission look for a certain activities related to infection prevention. And also there is financial penalties tied to having high infection rates through Medicare. And so, I think this confluence of factors is certainly the reason for why we have made progress on infections.

Margaret Flinter: Well, Dr. Gandhi, the area of infection control is certainly one where we have seen such great progress. Another area that we have seen some dramatic improvements is in the whole area of medication safety, reduction and prescribing errors, and the whole area of adverse drug events. And it occurs to me when we think about the patients safety movement, if we think of 1999 as kind of a ground zero year. The movement really also coincides with the development and the implementation, and finally the widespread use of electronic health records, and electronic prescribing systems. And yet we still have too many adverse drug events. What's been the most successful based on your research in reducing adverse drug events beyond you prescribing? What kinds of new system supports have improved our ability to prescribe medicine and get the best effectiveness with the highest safety?

Dr. Tejal Gandhi: Well, it's a great question. I think your point about the confluence of electronic health records with the ILM reported is a good one. And that it really has brought potential for how we can improve systems in healthcare by having things more electronic with a better technology etcetera. And computerized physician or entry, which is basically electronic prescribing in hospitals, and electronic prescribing systems in the outpatient setting have made substantial reductions in those prescribing errors. You also mentioned drug interactions, and the electronic systems have the potential to prevent errors, but they have to be used in an optimal way. And so, we still may not be getting the full benefit of even those kinds of systems, if for example we are learning clinicians about every drug interaction that exists. There has been a real science around alert fatigue that has started to emerge, that says we can't alert on every single thing, we need to prioritize. But, you know, even if we prevent prescribing errors, there's lots of other ways that medication errors can happen, and

subsequently leading to preventable adverse drug events. And so, like, the pharmacy dispensing errors. There could be errors in administration, and that could be in a hospital with a nurse giving the medication at the bedside. That could be in the home where the patient is taking the medication. There has been progress. And pharmacies for example, there is much better electronic dispensing system, even these robots for example to help reduce dispensing errors. And then at the bedside in hospitals, there has been really good evidence that barcode systems, so, basically the nurse is being able to match that with barcode technology at the bedside to make sure it's the right patient, the right drug, the right dose, the right time. Those systems have really shown significant reductions in those administration areas.

Mark Masselli: We are speaking today with Dr. Tejal Gandhi, President of the National Patient Safety Foundation, and the NPSF, Lucian Leape Institute, which are dedicated to transforming healthcare systems to better improve patient's safety. Dr. Gandhi is an Internist and Associate Professor of Medicine at Harvard Medical School. She was the Executive Director of Quality and Safety at Brigham in Women's Hospital for 10 years. Dr. Gandhi you have been in the trenches of patients safety for sometime now, and the Affordable Care Act has numerous provisions in place intended to faster improve patient safety, and better health outcomes by incentivizing system transformation. And the Department of Health and Human Services has launched a billion dollar campaign called the 'Partnership For Patients To Work Towards Reducing Patient Harm'. How are these policy directives and government initiatives enhancing the work that you are doing at the Foundation?

Dr. Tejal Gandhi: Well they are absolutely enhancing the work we do at the Foundation by having increased focus for hospitals and health systems on trying to improve patient safety. The partnership for patients and particularly the hospital engagement networks that we have set up have created collaborative networks. Organizations that are working together to share best practices and improve patient safety in these, you know, networks of hospitals and health systems have been trying to reduce infections, and reduce readmissions, and so on. So, they've really created a way for organizations to share with each other and learn from each other, which I think is really how we are going to move forward in patient safety. As we can't -- I will be working in silos, and we need to really be transparent in sharing. The other way the partnerships for patients has worked within NPSF is that we for example put out the white paper last year about partnering with patients for safe care. And they have helped promote that across these collaborative organizations by having a webinar, and making sure their constituents are seeing the work of NPSF. So, we hope to continue to (inaudible 16:26) like that to really spread the knowledge that we have at NPSF.

Margaret Flinter: Dr. Gandhi the National Patient Safety Foundation has led the effort to create a new medical specialty in patient safety by developing a certification system, which I would be interested in hearing more about. Is this a

board level certification, in addition to ones primary specialty area? Tell us more about that.

Dr. Tejal Gandhi: So, NPSF has created a certification program for any type of person in healthcare who is doing work in patient safety. This is not a board level certification for physicians like, a physician would be a board certified cardiologist for example; it's a little bit different. You become a certified professional in patient safety, CBPPS. Our certification means that you have a certain level of competency in patient safety, and you have to demonstrate that by initially going and taking an exam. And it's really intended for people who have been in the trenches doing patient safety works for several years. You really need to have practical experience. We are trying to demonstrate that be in the field of patient safety, there are certain core competencies that people need to have, basically trying to elevate patient safety as a field. You know I am thinking about when I used to run a Quality and Safety Program at Brigham and Women's. We used to be trying to hire people to work at our Quality and Safety Department. And so, if somebody had this kind of credentials, it just demonstrates again that this person really has a high level of competency compared to somebody who does not have the credential. So, the certification are a relatively early program. and I would expect that this would be the kind of credential that every organization around the country should have someone with this kind of credential in their safety department.

Mark Masselli: You know, Dr. Gandhi tell us a little more about the National Patient Safety Foundation, and the Lucian Leape Institute. Who were some of your strategic partners, and what's next on your agenda in terms of objectives you have.

Dr. Tejal Gandhi: We have -- really had a national reach since 1997, and we are the first organization to have a sole focus on patient safety. We partner with everyone from accreditors, and government agencies to industry, and vendors to healthcare systems. We have hospital, we have individual members of NPSF that are folks working in the trenches on patient safety. The NPSF Lucian Leape Institute is kind of our North star that tells us what activities we need to focus on. And so, the five areas that the NPSF Lucian Leape Institute has been focusing on are transforming medical education to include more quality and work, care integration. Workers safety we call it joy, and meaning at work, which is an interesting area, we focus so much on patient safety, which we really obviously need to do. But if the people working in healthcare are not safe or are having physical, and psychological harm themselves, it will be very hard for them to deliver safe care to patients. So, we have decided that workers safety is really a precondition to patient safety. And the fourth area is patient engagement. And the last is transparency. And again, we need to make sure that we are sharing best practices more broadly to make sure that everyone is learning and improving.

Margaret Flinter: We have been speaking today with Dr. Tejal Gandhi, President of the National Patient Safety Foundation and the Lucian Leape Institute, which is dedicated to creating a world where patients and those who care for them are free from harm. You can learn more about her work by going to www.npsf.org. Dr. Gandhi, thank you very much for joining us on Conversations on Health Care today.

Dr. Tejal Gandhi: Thanks so much for having me.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly be know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well, the urban institute is out with a new report that looks at healthy Affordable Care Act has affected the number of uninsured. A survey data showed that the number uninsured adults dropped by 8 million between September and June. The open enrollment period for the ACA market places began on October 1st. The percentage of uninsured in the United States was an estimated 13.9% in June compared with 17.9% in September, the survey found. The drop in the percentage of uninsured was more pronounced in states that expanded Medicaid under the ACA. In those states the rate of uninsured was 10.1% in June; a 6% point drop from September. Meanwhile the states that haven't expanded Medicaid there are currently 24 of them have an uninsured rate of 18.3%, down slightly from a 20% rate in September. These are of course only estimates from a survey taken a few months after the first open enrollment period under the healthcare laws. The data don't include a breakdown of the sources of insurance for the previously uninsured. They do however show that the insurance gains overwhelmingly occurred in families whose incomes were below 400% of the federal poverty level. That's $95,400.00 for a family of 4 this year, making those families eligible for subsidies on the insurance marketplaces for Medicaid coverage. The survey which has been taken quarterly since 2013 is funded by Robertwood Johnson Foundation, the Ford Foundation, and the Urban Institute. 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, E-mail us at chcradio.com, we'll 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. In the emergency room or ICU clinicians are confronted with a myriad of unpredictable medical crisis that sometimes can be challenging to diagnose. Most of these clinicians are now communicating with colleagues via their smart phones, often sending images of a patient's unique symptoms or chest x-rays to one another for sure diagnoses. ICU physician Dr. Joshua Landy was noticing a growing trend of image showing via smart phones to crowd source second opinions from friends, and colleagues across the country. But he also was concerned about the potential violation of HIPPA regulations. So, he developed an App for that. He created figure 1 a sort of Instagram for doctors in which images can be de identified, but shared across a dedicated social media platform that would allow input from clinicians within their network. Doctors are using the App to communicate not only with colleagues within their hospital settings, but around the world where someone might have superior expertise with a certain condition. The App was recently used to share a chest image one of the patients who presented with mid-eastern virus, MERS. Dr. Landy says the Apps get about half a million image views a day with about 80 million total views so far. He sees the potential for this platform only growing as more young digital data enters the medical workforce. Figure 1 is a free download through Apple App stores and Google play. A free downloadable App offering secure HIPPA compliant image sharing among clinicians around the world tapping the collective expert instantly. Now that is a bright idea.

(Music)

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

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

(Music)

Narrator: 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.

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