

(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, another key Obama administrator stepping down, Peggy Hamburg, FDA Commissioner for the past 6 years and now she is leaving her post at the end of March saying she does have mixed emotions.

Margaret Flinter: Well she certainly wrapped up a number of achievements during her 10-year mark. She worked to modernize food safety over set stricter tobacco regulations and approved review process for medical drugs.

Mark Masselli: She has a very large territory to cover as FDA Commissioner with thousands of drugs to over see and the food stream often threatened by numerous toxins and pathogens that are harmful to the population.

Margaret Flinter: Certainly the FDA has had to adapt to a growing infiltration fuel of medical devices, variables, apps that are prepared to improve health, the advance of genomics ominous change in the drug testing protocols that can take 15 years and cost billions of dollars. So keeping pace with this ever changing landscape is no easy task and I think people generally feel she did it quite well.

Mark Masselli: You are speaking of changing landscapes in a relatively short period of time a new generation of parents has opted not to vaccinate their children in this country and we are starting to see some of the dier consequences Margaret. The measles outbreak continues to run a pace in the CDC is out with statistics. There have been numerous outbreaks across 14 states that began in 2014 and continue to spread.

Margaret Flinter: You know, mark people just are not used to seeing this in the 21st century certainly most of our provider colleagues haven't seen measles in their careers since we have had the availability of the measles vaccines and thousands of people truly risked for contracting this potentially fatal conditions and in the case of measles something that is just so highly contagious.

Mark Masselli: You know, and just lot of years ago we were reporting that they eradicated measles, this whole issue has created a fire storm of debate as the front-line providers were very concerned about the evidence based case supporting vaccination of newborns boosters for teens and annual flu shots it's eliminated so much disease, death and hard ache. Hopefully, this is not going to be a growing trend.

Margaret Flinter: Well we hope not vaccines and immunization are the corner stone of good population health but I will tell you nothing will bring this to the floor like people seeing their children sick and that's a sad reality that we are going to try and prevent.

Mark Masselli: Our guest today is Adriel Bettelheim, Managing Editor for Health at CQ Roll Call who has been keeping a close eye on the political goings on in the bill while he is one of the top analysts on Government Health Policy looking forward to that conversation.

Margaret Flinter: Lori Robertson, Managing Editor of FactCheck.org will be stopping by. She is always on the hunt for misstatements spoken about health policy in the public domain and as always if you have comments please e-mail us at chcradio@chc1.com or find us on Facebook@chcradio or Twitter@chcradio. We would love hearing from you.

Margaret Flinter: We will get to our interview with Adriel Bettelheim in just a moment.

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

(Music)

Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Eighty million and counting, the estimated number of Anthem customers across the US whose records were compromised by hackers. The nation's second largest insurer says hackers broke into a database containing records for millions of customers and employees and what is looking like the largest data breach of a Healthcare Company till date. The breach is said to have exposed names, addresses, and social security numbers, but doesn't appear to involve medical or financial details. The company which runs Blue Cross Blue Shield Plans in a number of states is going to reach out to all customers they believe are compromised will offer credit protection services to those who wish it. California is ground zero for a major measles outbreak that was believed to have started in Disneyland infecting hundreds of people with the highly contagious disease in the state of California is considering a lot that would remove personal preference as a justification for not vaccinating children. The proposed Californian law would require all state children to be fully vaccinated before entering school. You can call him the genomics President, President Obama announced an initiative to advance medical and scientific research by collecting genetic data from at least a million American volunteers the data to be used for a large scale studies on genetic properties of common chronic disease like diabetes, heart disease and even cancer, and according to recent survey by NPR and Truven Health Data Analytics, a majority of Americans have no problem sharing their de-identified health data for research purposes. 53% of Americans say they wouldn't mind having their data used for research however that numbers down from 68% a mere 6 months ago. The study suggests, folks might be a bit more skittish about privacy and security then they were last year. I am Marianne O'Hare with these Healthcare Headlines.

(Music)

Mark Masselli: We are speaking today with Adriel Bettelheim, Managing Editor for Health at CQ Roll Call, and a subsidiary of The Economist. CQ Roll Call is a leading provider of conventional news and legislative tracking posting the largest press cord at Capital Hill. Mr. Bettelheim has served as Health regulation team leader at Bloomberg News. He was reporter and senior editor at the Ingressional Quarterly

and worked as a reporter at Politifact news. But then were posted in CRQs health journal. Mr. Bettelheim has earned several awards including that 2009 Pulitzer Prize for national reporting along with his team as well as Cigna Delta (inaudible 5:42) Medallion for public service journalism. He earned his BA from Case Western Reserve University. Adriel welcome to Conversations at Healthcare.

Adriel: Oh nice to be with you and you have a great bird's eye view of the goings on inside the beltway and you know, there is an old saying may you live in interesting times and certainly for a health reporter, the gift that keeps on giving is The Affordable Care Act. You know, we estimate that 20 million Americans have gained coverage under that Health law and yet the GOP controlled Congress is still talking about repeal, I think this was their 56th vote just recently and yet really no focusing on replacing it. Can you give listeners sort of the insider view of the political lay of land surrounding The Healthcare Law where it stands right now?

Adriel: Yeah, well I mean I think there are two types of legislation that the Republicans are pushing. One is kind of the broad spectrum such as the total rebel vote that was taken in the house. This would be basically the (inaudible 6:40) to eliminate the whole law and then there are more targeted strikes taking aim at the risk cord or is that insulate the insurers from losses. The more targeted strikes. You could be looking with them as kind of bargaining chips for discussions later in the year when there is must mass legislation for example to increase the Government's borrowing authority. So, you have to kind of look at it that way but realistically, I mean none of the big proposals Republicans are considering have a chance of betting by presidential veto. Even if they can get 60 votes in the senate as long as Obama is President.

Margaret Flinter: (Inaudible 7:19) has just unveiled that would eliminate the mandate to purchase insurance but still offer tax growth for low income Americans to buy insurance and there is something, let's use the example the medical device tax if it gets repealed certainly other effected by the healthcare law will be lining up tab, their taxes repeals as well. How can the GOP proposes pay for the changes that they would like to see?

Adriel: Well I think that the man may not immediately line up they are also proposing to do away with things like the medicaid expansions. I think feeling is that something like the medical device tax is something that does not maybe gutted off and it effects some democrats and states where there is large device manufacturers and the referral number of Democrats have put themselves on record as opposing this so it becomes kind of a political cuddle for the opponents as law says so, no bend at all. You love this law so much you want to keep every T and I.

Mark Masselli: You know, we recently had Steven Brill on the show and he was talking about his new book The Americas Bitter Pill, which exposed their cultural underbelly and watching in that led to the crafting in the ACA and you have exposed the sausage making of the bill way. What are you seeing as you look out both in Washington and state capitals.

Adriel: Yeah and I mean, I think this was an exceptional law and that it really reshaped the entire medical supply chain. I think what's happening is from the

beginning when The Obama Administration outlined it's ambitions, it activated pretty much every one up and down the supply chain, now the lobbying is focused on you know, myriad rules that CMS and The Department of Health and human services is picking out that continues to clarify the law. So there continues to be you know full-time lobbying frenzy and lots of money being thrown to this so now it goes to that defense company's communities rally behind certain weapon systems when they are being looked at for budgetary savings.

Margaret Flinter: Another piece that we haven't focussed on so much is the time limited nature of some of the benefits under it. Can you talk about the challenge of getting that medicaid pay parity to be reconciled anytime soon?

Adriel: With Medicaid, pay parity and primary care, this was a real problem because the law envisions Medicaid becoming one of the primary vehicles to expand coverage and to improve you know, preventive care and accounts on primary care professionals but this pay bump as it were expired at the end of the year without congress taking action and now there is talk about reviving it and perhaps rolling it into whatever dock fix legislation emerges in March, it maybe revived but if it doesn't get revived you are just going to end up having a patch work where some states are taking care of the parity and others are not and it will create a bit of a chaotic landscape.

Mark Masselli: We are speaking today with Adriel Bettelheim, Managing Editor for Health at CQ Roll Call a subsidiary of the Economist Group. CQ Roll Call is a leading provider of congressional use and legislative tracking and you know, earlier on tens of billions of dollars were put in for meaningful use trying to change the whole landscape of use of electronic health record and the President has recently again made his agenda clear that we must build an infrastructure for medical and health data collection that will enhance targeted precision medicine. Can you tell our listeners more about their President's proposal?

Adriel: Well on precision medicine it is a commitment relatively a small in this year's the budget just released the physical 2016 budget about 215 million dollars to better understand the genetic underpinnings of disease and to use pericision medicine that attacks the individual patients genomic profile to come up in more customized treatment. They are envisioning a large amount of the sum to go to the NIH to set up a (inaudible 11:21) of at least a million volunteers to participate in research to boost understanding of these disease, understanding that we are not in an era of this many big block buster drugs any more and the power of understanding the human gene can yield all such promising cures. Even house in senate you are seeing some efforts to speed up SDA evaluation of more next generation 21st century cutting edge medicines.

Margaret Flinter: There are certainly some measures within the Healthcare law that are aimed at moving the country away from FIFO service model and towards pay for value or pay for performance and certainly medicare has come up strongly recently saying what a significant shift it expects to see away from FIFO service in towards value, you know, it certainly saw some penalties for high readmission rates to hospitals and that seems to have been effective. Readmission rates are down for Medicare. Nice to see a proposal to finally repeal the sustainable growth rate

formula for compensating providers who treat medicare patients, can you first of all for this can you just explain what that sustainable growth rate formula is and then what do you think is likely to come to fruition?

Adriel: Well the sustainable growth rate is a formula that was enshrined in the late 90s budget law that basically dictates cuts to Medicare providers and it has been criticized almost from enactment and congress has acted to block these scheduled cuts on an almost annual basis. But they would love to totally kill this formula and never subject medicare providers to these kind of cuts again but they have to find a way of paying for the cost and the cost has been estimated like you know, something like 140 billion dollars, you would have to do something pretty big and significant to make it revenue neutral, which is the mantra here in Washington that and you know, likelihood at the end of March they will pass another one or two-year or some temporary patch while they continue to talk over whether they can somehow come up with a permanent replacement for STR. The issue of value driven purchasing that you rise is very big deal. It be medicare as you mentioned, just announced they are going to raise from 20% to 30% by 2016 new targets paying doctors and hospitals, and the quality of care they are providing not just for the volume of services. This is a very big deal because a fee for service system had been enshrined in this big Government health programs for ever but they are anticipating by 2018, half of medicare service could be shifted one of these new modals and that could amount to 213 billion dollars or so. So the question is you know, you would need new legislation can they do this all administratively and how can you incentivise some of this and you know, they are using all sorts of mechanisms to have these accountable care organizations which were created by the Health lawn of doctors and hospitals and other providers to share any savings they get if they coordinate care. Bundled payments, another idea where the medicare would start paying groped providers set amount for a particular case nd then as you say there is also a penalty side of this secretary has talked about more savings coming from measures such as penalizing the hospitals whose patients are discharged and readmitted within a month. The question is how they face the manifesto if it's gently enough that it does not endanger a great deal of opposition from the providers and whether they can be a little more clear on what these accountable care organization and new modals are.

Mark Masselli: You know you have done some analysis on Healthcare spending landscape and love to hear you projections for spending growth and moving forward but also I am certainly interested in the amount we spend. We spend about 3 trillion dollars a year in Healthcare you know, the question is, is that bad. If we got good outcomes, would it be okay to spend this amount and you know, there is sort of the implications of if we start reducing this by large numbers sort of have the same effect that happened in the defense industry, but the under belly of this is about outcomes and then about drops.

Adriel: I guess the projections that we are seeing are not like some of the major increases in the health sector that we are seeing in that 1990s and 2000s. So think, you know, if the economy continues to recover, and health law expands coverage and baby boomers continue to join medicare you are going to see how spending grow I mean I think the projection now are something on the order of 5.7% annually till 20-23. So health share of the economy is going to rise from about 17.2% to over

19% by 20-23 and increasing more with 5 trillion dollars. I think what's difficult to address is, we will sometimes precisely pinpointing the drivers behind the inflation. You know, there are a lot of people like to point overutilization how every patient wants to delay his treatment and the most high-technologies tests and doctors are allowed to deny that, insurers are intimidated to deny that so there is that sort of tension. But we will see what happens as they begin to move to these different payment modules. We are discussing whether they can actually you know, bend the curb as the Obama care architect we are talking about. It's worth mentioning that this economic argument was really one of this essential arguments for enacting the law in the first place, I mean there is a social good of expanding coverage to millions of newly covered people but to show this to the financial elite's and the people who buy our treasury bonds they had to make a point that this will eventually deliver long term savings and it's very much an open questions of what will happen.

Margaret Flinter: Almost from the very beginning, we have been keenly aware that The Supreme Court was an unlikely part of this Healthcare Reforming and certainly the landmark decision upheld the legality of the law but allowed states to choose whether to expand medicaid and that resulted in a patch work across the country in terms of coverage but now we have got The High Court ready to hear this challenge on the legality of the tax subsidies for those purchasing insurance through the federal exchange. What are the potential implications of the decision for ongoing legislative challenged to the affordable care act?

Adriel: Well I mean many of us were surprised that the justice had took it on because it focuses essentially on our interpretation of Six virgin law and whether the subsidies for insurance coverage will be made available to every state as the IRS has interpreted the law or whether they are just supposed to be directed that states took the trouble to creat their own exchanges. So it's depending on how you count these exchanges it could affect subsidies in 34 or 37 states and millions of people who have been at received the coverage starting last year would considerably have their care of arrangement thrown into chaos. The first thing we don't know is how the justice would rule if they upheld this argument. Would just all the people in these 34 states instantly lose their subsidies and depending on how sweeping or it's limited decision is that you know, would certainly open the door for both administrative success that Obama team could make or legislation but it's hard to imagine this congress and this President agreeing on very much especially if something gets fundamental as the subsidies for insurance coverage and the entire reshaped insurance market gets thrown into other chaos, so we don't know what's going to happen and there are a variety of replacement plans and contingency plans that are being floated out there but HHS secretary (inaudible 19:23) Senate finance committee to talk about her budget and gets berated by republicans for refusing to discuss contingency plans, so what a bad juju out there. We have been ruling like this is certainly just going to fray norms and plunge the country and a lot of law makers who are a little, you know, have a little bit of health law fatigue right back into the vertex.

Mark Masselli: We are speaking today with Adriel Bettelheim, Managing Editor for Health at CQ Roll Call, and a subsidiary of the economist group. You can follow his work by going to CQRollCall.com and you can follow him on Twitter at Abettel. Adriel thank you so much for joining us on Conversations on Healthcare.

Adriel: Nice talking to you.

Mark Masselli: At Conversations on Healthcare, we want our audience to be truly known 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: A third connection between illegal immigration and the recent measles outbreak, that's what representative Mil Brooks suggested, but while it is difficult to pinpoint precise origins of disease outbreaks, there is no evidence supporting a link between the recent outbreaks and illegal immigration. In a radio interview Brooks a republican from Alabama said that the immunization practices in the home countries of immigrants who are living in the US illegally could be responsible for outbreaks like the recent spread of measles. That outbreak includes most of the 102 cases in 14 states in the month of January. It is likely that the outbreak originated from outside the US but the director of the CDCs National Center for Immunization and Respiratory Diseases has said illegal immigration is into likely culprit. Americans returning from travel abroad or foreign visitors could have brought measles to Disneyland Parks in California. The countries under investigation at the possible source include Indonesia, India and the United Arab Emirates. For part of 2014, the CBC was able to pinpoint the origin for 280 cases of measles. It counted 45 direct importations of the disease which included 40 US residents returning home and 5 foreign visitors. Only 3 of the transfers came from the Americans. As per country's vaccination rates, back in the 1980s Central American countries had below rates of measles vaccinations but that's no longer the case. Since 2000 these countries rates for 1-year-olds have been largely on par with or have exceeded that of the United States and that's my FactCheck for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

(Music)

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Following is a common experience among the elderly and that is not good news. If you are over 65 and you fall and broken you hip 25% of them will die within 12 months, another 25% will never be able to live independently and full 75% will never regain full mobility. That's statistics is our former airbag executive (inaudible 23:15) what if you could apply the technology used in airbags to create wearable devices that protect a person from the impact of falling. So they did their research and found a combination of accelerometers and other sensors on the band worn around the waist could deploy within 6 milliseconds of sensing an immediate fall and protective bags

unfold around the hip joints before impact with the floor significantly reducing the blow to the joint.

Physics has taught us that bodies in motion stay in motion. It is a movable object right? In this case the immovable object is the living room floor. With the right technology we can assure that these people that meet inevitable immovable object which is the floor cannot only survive that accident, they can walk away.

Mark Masselli: He founded Active Protect Technologies and well his initial focus was providing a significant barrier to devastating injury in adults. He has additional potential markets as well.

With this type of technology we can protect against concussions, we can now protect Coumadin patients. We can protect postal workers when it's ICL. We can protect our military soldiers from IEDs.

Mark Masselli: As simple retooling of airbag technology in a wearable device that could greatly reduce the devastation of hip fractures leading to better health outcomes and better quality of life. Now that's a bright idea.

(Music)

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 and brought to you by the Community Health Center.