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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 the second open enrollment period has officially ended for Americans to sign up for health coverage on the Affordable Care Act. Analyst predicts the numbers will have exceeded the administrations expectations.

Margaret Flinter: And the recent SMS suggest the number was higher.

Mark Masselli: A number of Americans vote to be doing their taxes until they get closer to the April 15th deadline and won't discover they will pay a penalty for a lack of coverage until it's too late.

Margaret Flinter: This could be the teachable moment for those Americans who just weren't aware of their tax liability or the fact that they would qualify for subsidies if they bought insurance through the exchange.

Mark Masselli: It does offer an interesting solution for folks who didn't sign up for health coverage by the end of the open enrollment. Many Americans were getting different messages about the Healthcare Law depending on where you live.

Margaret Flinter: And no matter where you live in this country Mark you are likely to have heard of the Mayo Clinic. One of the most vulnerable and respected health institutions in this country and our guest today is the Dean of the Mayo Medical School which is building a new medical school that's focused on 21st century care.

Mark Masselli: Dr. Shern Gabriel we will talk about the need for creating better medical training models that reflect the dramatic changes that are under weighing the healthcare system.

Margaret Flinter: And Lori Robertson Managing Editor of FactCheck.Org will be checking in. She is always seeking to uncover misstatements made about health policy in the public domain.

Mark Masselli: But no matter what the topic you can hear all of our shows by going to CHC Radio and as always if you have comments please Email us at CHC Radio or find us on Facebook or on Twitter. We would love hearing from you.

Margaret Flinter: Now we will get to our interview with Dr. Sherine Gabriel in just a moment.

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

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. The Obama administration is allowing a Special Health Law in Roman period from March 15th to April 30th for consumers who realized well filling out their taxes they owe a fee for not signing up for coverage last year. Especially the moment period applies to people in 37 states covered by the federal marketplace. There were some state run exchanges are also expected to follow suit. They will still have to pay the fine which for last year which for last year was $95 or 1% of their income whichever is greater. The administration also said it sent out the wrong information to 800,000 people to help them calculate whether they received too much of its subsidy. Those affected are being notified by email or telephone and are being asked to wait to file their taxes until after a new 1095-A form is sent in early March. Meanwhile and their first since officials began gathering such data insurers paid less to critical care hospitals in January in the same month last year. Experts believe it's the public pressure and private pressure to drive down cost as one of the reasons. Insurers are attempting to save healthcare cost by lowering the hospital bill so they are more aggressively bargaining with hospitals and investing in programs that do lower hospital utilization rates. And a new (inaudible 03:16) on HIV Aids, a new compound has been so successful in blocking the virus scientists are impinge up their efforts. This approach creates a y shaped protein with both head and tail inhibiting the virus's pathway for infection on two fronts. Researchers are calling this the broadest and most potent entry inhibitors so far having thoroughly having blocked infection in monkeys for up to a year. I am Marianne O'Hare with these Healthcare Headlines.

Mark Masselli: We are speaking today with Dr. Sherine Gabriel, Dean of the Mayo Medical School at the esteemed Mayo Clinic in Rochester, Minnesota as well as the Mayo Medical School planned to open in Arizona. Dr. Gabriel is an internist specialized in epidemiology and rheumatology. She has been a co-director of education for the Mayo Medical Center for translational science activities. Since 2006 she served as a President of the American College of Rheumatology. From 2007 to 2009 she earned her MD at the University of Saskatchewan College Of Medicine and completed her residency at Mayo Clinic College of Medicine. She is the recipient of the Mayo Distinguished Educator Award. Dr. Gabriel welcome to Conversations on Healthcare.

Dr. Gabriel: It's my pleasure to be here.

Mark Masselli: Yeah, yeah. Well the Mayo Clinic is something that I think everyone in the country knows but perhaps they don't fully understand the Mayo Model of Care and maybe you could illuminate our listeners if you will about that service team Model of Care.

Dr. Gabriel: The model of care centers around three basic tenets. One is patient centered culture. It's in the air we breathe here I think and that provides everything we do here so I think I would say first and foremost it's that patient centered culture and then secondly a culture of teamwork. This is not a place to build an empire because we all work in teams and that again is across the entire institution and then thirdly I would say it's the people who are here. We have managed to and we continue to recruit individuals who are not only excellent at what they do but whose personal values and professional style align with our culture here and so at the end of the day it really is about the people who work here really at all levels.

Margaret Flinter: Well Dr. Gabriel Recognition of Patients Centered Medical Homes certainly brought a new focus on that in terms of very specific things that we are asked to do in healthcare and I would be curious of the PCMA standards as they have been developed for providers all over the country. Do they get at this heart of what it means to have patient centered care above and beyond any individual standards?

Dr. Gabriel: So any sort of standards really don't get an entire concept but what they can do is bring attention to it and help us begin to think about a sort of complicated construct like patient centeredness and begin to think about how we would measure it, how we would and you know if you can't measure, you can't improve it. How can we begin to get our arms around the complicated construct so I think there is a real need for standard? They begin to put us on a path helping to define that construct more clearly for everybody in order that we can measure it, in order that we can improve it and be able to demonstrate our patient centeredness to society.

Mark Masselli: You are currently as I think many people in the country are in this process of reimagining, reinventing medical training to take into account their sort of rapid change landscape that we are seeing in healthcare. Can you describe for our listeners the innovative approach that you bring to medical training and helping you achieve your goals?

Dr. Gabriel: Well at Mayo Medical School our goals is to train the next generation of physician leaders in patient centered team based science driven high value healthcare. In order to make an impact it's important for us to aim to train the suggestion leaders of tomorrow and the first important tenet of the way we train them is patient centered and then also the foundation of science will always be first and foremost and team based and everybody is trying to move towards a high value medical model where we are providing just the absolute best quality for a price that American Society can manage and so that's what we are trying to do at Mayo is just kind of simply stated we like to say that we are transforming how, what and where we teach at Mayo Medical School so how having a lecture at the front of a lecture hall, students sitting in seats for hours on and we are moving towards a blended learning platform where we are bringing education technology to bear in ways that haven't happened. It has happened in higher education elsewhere but not so much in medical education and so we are in collaboration with ASU who are helping us with the online delivery piece we are changing what we teach bringing in as required curriculum for the first time disciplines

that we call the science of healthcare delivery. And so we are training our students to not only giving them the tools and knowledge to help appeal the healthcare system. Things that basically none of us learned in medical school but we believe the next generation of physician leaders is going to need to know. We now envision Mayo Medical School as a National Medical School and so we are expanding our footprint to build a four year branch school at our Mayo Arizona Campus and also working with our community partners at all of our sites. We believe it's important to expose the next generation of physician leaders to as many different practice opportunities and medical challenges as possible and we want to leverage the very large national footprint of Mayo Clinic to provide those kinds of educational experiences.

Margaret Flinter: Maybe I could go in a little bit different direction than I was planning to and talk about the who you are teaching it to? Maybe you could tell us a little bit about who are you reaching out to and trying to engage as medical students and is that one of your focus areas as we think about diversity, as we think about workforce surges, as we think about primary care.

Dr. Gabriel: Yeah and so it's challenging you know recruiting a medical student is a challenging task. Because we are a small school we only admit and in our Khan School in Rochester, Minnesota 50 students per year and when we opened a four year branch school in Arizona it will be about the same size and we believe that size is important, that small size is important and we have actually learned that as we learn many things from our own students. And so when we engage our students in as much of our strategic planning and thinking about the future of the medical school as possible and when we talk to them about expanding the school they helped us understand in a much more personal way how valuable it was to them to have that small community and the ties that they were able to build across and among one another and so that's why we have decided or at least one of the reasons we decided that we are going to keep the school the same size in Arizona you know double the size by replicating that kind of small intimate environment. So with respect to what kinds of students we recruit we really go back to our vision and we try to align our recruitment strategies in our admission policies to that vision so we look for leadership experience. A patient centered care is there anything about their experience that really resonates with science driven of course we look for that scientific foundation and then the high value healthcare piece we are looking for student to applicant who think about healthcare as the future of the healthcare system and are engaged at some level with this national debate. Again to maintain our alignment with where we want to go as a school when we think about our admission strategy we try to tie it to that vision but in order to be a national school just to get back to that and in order to serve all of those goals diversity has to be a part of that and has to be central to that because I think there is good literature now as the more complex the task that you are trying to solve the more valuable having a diverse team to solve that become and so we look at diversity in all of its definitions. Obviously diversity in terms of backgrounds, diversity in terms of race and gender and sexual orientation and religion and diversity of thought so we try to look at that construct as broadly as possible and try to bring to bear as many diverse applicants as possible again who align with our vision and our culture at Mayo.

Mark Masselli: We are speaking today with Dr. Sherine Gabriel, Dean of the Mayo Medical School at the Mayo Clinic in Rochester, Minnesota as well as the Mayo Clinical School planned to open in Arizona in 2007. You know Dr. Gabriel I want to pull the thread a little on this new value you have introduced to or the sort of science driven care and we are certainly all familiar with that. The healthcare is moving towards a patient centered care and patient centered medical homes will be the norms but we are also entering in a new area in medicine where personalized medicine and genomics are game changer sort of science driven. How do you see these advances being broadened to the broader scope of the work at Mayo Clinic as well as the clinics around the world and how will it impact the art of the medical education moving forward. Well it basically is an extension of what we and frankly many other medical institutions have already been doing and science is pushing us to consider genomics in ways that we haven't in the past. We are recognizing for example that the primary determinants of health were first of all are the social determinants of health and behaviors which is also becoming a very important part of medical education and more important part of medical education certainly than what I trained and genomics so those two things together are the primary determinants of health and so to the extent that we can focus our medical education and our models of care towards those two areas the more we are going to be able to impact health and again if the primary tenet is the need to the patient come first then we have to pay attention to genomics, we have to pay attention to the social determinants of health.

Margaret Flinter: Well Dr. Gabriel it's hard to imagine where you find time in addition to your duties as Dean of the Mayo Medical School to serve as the chair of the methodology committee at PCORI the Patient Centered Outcomes Research Institute and I suspect that your Mayo experience and background informs some of that work that certainly PCORI has made many grants for research and it really kind of brings together the two things the science and the patient centeredness. And maybe we can share with our listeners a little bit about the work that PCORI is doing in have there been any what you would consider promising breakthroughs today.

Dr. Gabriel: Well you know first of all when the United States GAO called and said we would like you to serve as a capacity.

Margaret Flinter: You don't say I am too busy.

Dr. Gabriel: Yeah you don't really say well I am kind of busy this week so I was truly honored to be appointed, to PCORI and it was a very, very exciting experience I have to say and it really is ground breaking. PCORI is all about patient centeredness. First two letters of PCORI but they are taking the patient centered concept to a much higher level in the context of outcomes research and so imagine a research study where patients are involved every step of the way so they help to find the research question to be studied in the first place. They help with the design of the study, understanding what are the best measurements from a patient's perspective, they help explain the outcome, they help disseminate the results I mean that's really the vision of PCORI and it was

ground breaking at that time and it was just very exciting to be a part of that and as you say PCORI is shaping outcomes research and hopefully in forming medicine for the future. Now avoiding the question have there been any promising breakthroughs because the grant have only gone out in the last couple of years and I think the answer to that is not yet but stay tuned. I think there is some very exciting work that's been funded by PCORI and just early results are coming out now but they should be coming out in the next years too.

Mark Masselli: Dr. Gabriel we remind our providers that at our primary care sites that the challenges are not necessarily the hundred minutes a year that patients spend with us but rather the other 526,000 minutes a year that they spend in outside of the healthcare facilities so we have this whole issue about social determinants of health, poverty and housing, food and security, unemployment how much focus are you placing at Mayo and the underlined causes in the predetermined it's a poor health and how is prevention playing a role in the evolving model of care and medical education as well?

Dr. Gabriel: Well a lot of that comes under that new required curriculum that we have that we are calling the science of healthcare delivery and by the way that terms have beginning to gain grounds so other institutions are thinking about that as well and so we do talk about the social determinants of health and it's very important for our students again if the goal is to train the next generation of leaders to understand what the determinants of health are and the role that healthcare has to play and healthcare is actually left of a health determinant than genetics and a social determinants of heath put together so to the extent that our students understand that, that our providers understand that and hopefully we will be able to inspire some of our students to actually play a big role there whether it's the healthcare provider or on the health policy side of things it's just important to highlight that and of course prevention has always been a part of our education and it continues to be a part of our education process but her job as healthcare provider is to improve society's health to be able to understand at a deeper level what are the determinants of health for our society and our communities and that's what we are focusing on in this new curriculum.

Margaret Flinter: We had been speaking today with Dr. Sherine Gabriel, Dean of the Mayo Medical School at the Mayo Clinic at Rochester, Minnesota. To learn more about her work please go to @MayoClinic on Twitter. Dr. Gabriel thank you so much for joining us on Conversations on Healthcare today.

Dr. Gabriel: It's been my pleasure thank you.

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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 non-partisan, non-profit 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: Is there a connection between illegal immigration and the recent measles outbreak? That's what representative Mel Brooks suggested but while it is difficult to pinpoint precise origins of disease outbreaks there is no evidence supporting the 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 in 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 isn't the likely culprit. Americans returning from travel abroad or foreign visitors could have brought measles to Disney Land Parks in California. The countries under investigation as a possible source include Indonesia, India and the United Arab Emirates. For part of 2014 the CDC was able to pinpoint the origin for 280 cases of measles. It counted 45 direct importations to the disease which included 40 US residents returning home and 5 foreign visitors. Only 3 of the transfers came from the America. As for countries vaccination rates back in the 1980s Central American Countries had low rates of measles vaccinations but that's no longer the case. Since 2000 those countries rates for 1 year olds have been largely on par with what 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 Anna Bird Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked Email us at CHCradio.com. We will have FactCheck.org Lori Robertson check it out for you here on Conversations on Healthcare.

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Each week conversations highlight a bright idea about how to make wellness a part of our communities in everyday lives. Vaccinations are considered one of the great public health achievements of the 20th century reducing fatalities for most common and failed diseases by up to 99% but in the 21st century some of those numbers just aren't stacking up. As recently as 2009 only 45% of the nation's preschool aged children had received all of their recommended vaccinations and boosters and researchers at the Children's Outcome Research Program at Children's Hospital in Colorado decided to take an in depth at the problem.

Primary care practitioners are so overstretched. There are so many competing demands. There are so many financial problems they are having that it's rather impractical and they also require at a level of technical expertise that sometimes they don't have.

Dr. Allison Kempe heads up the children's outcome research program and she conducted a study on what would help to generate better compliance with the required

vaccinations which is a goal of the government's healthy people 20-20 initiative and she found that when parent's received timely reminders from their state and local health departments parent's were much more likely to get the vaccinations and boosters for their children that they needed more than if they simply relied on reminder from their primary care provider.

Dr. Allison: What our study did was to centralize those efforts so it didn't take away from the primary care providers but it helped them to do the reminder recall for their practice essentially using a state registry so this was much more efficient and much more cost efficient.

Dr. Kempe says that her research shows that when a reminder message can be generated for an entire population across communities it takes the onus in the burden off of the primary care and pediatric practices. Her study showed that those affects were pretty significant.

Dr. Kempe: In a fairly short 6 month period in the counties where this was done centrally about 19% of children who are not up to date became up to date versus about 13% in the practice based recall state which on a population level within 6 months is really very powerful.

Dr. Kempe's work suggest that a regional or state immunization information system like the one in her home state of Colorado could provide the most efficient means of outreach and the study also suggest that there is a cost savings with a centralized state or county run database and reminder system both in terms of the vaccines themselves and a reduced medical cost as fewer children fall ill.

Dr. Kempe: Particularly Potosi's, Measles and even H Influenzae, Haemophilus influenzae and you have one case of Haemophilus Meningitis can cost tens of thousands of dollars. The cost of not preventing these illnesses are very high.

A state health department driven vaccination program that assist private practices in vaccine compliance for their patient population improving vaccination rates of young and vulnerable children while improving the public health now that's a bright idea.

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

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

Conversations on Healthcare broadcast from the campus of WESU at Wesleyan University.

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