

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, it's May so we are looking at several health commemorations of note. We have the National Women's Health Week to encourage women to make their own health a priority.

Margaret Flinter: This includes National Women's Checkup Day which encourages women to get all of their well-woman visits, very important.

Mark Masselli: It's important to note, Margaret, that these preventative well visits are largely covered by the Affordable Care Act. These preventative primary care visits are automatically covered. That's great news.

Margaret Flinter: It is, and it really represents a sea change from years gone by. So many women, particularly those who are economically challenged would put off the most important screenings for women's health issues. But under the ACA, most of these essential preventative screenings are automatically covered for everyone, no deductibles, no co-pays. And I think overtime that's going to really encourage women to take greater charge of their own health and health care.

Mark Masselli: May is also mental health awareness month. It's truly one of the great unmet needs in the health care arena, and one of our guests today is quite knowledgeable about that.

Margaret Flinter: Dr. Jeffrey Borenstein is the President and CEO of the Brain and Behavior Research Foundation.

Mark Masselli: There is quite a bit of promising brain research on the horizon, Margaret, and behavioral health is starting to get the attention it deserves in the world of overall health.

Margaret Flinter: And FactCheck.org's Managing Editor, Lori Robertson, will be stopping by. She is always on the hunt for misstatements spoken about health policy in the public domain

Mark Masselli: And as always, if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; we love hearing from you.

Margaret Flinter: We will get to our interview with Dr. Jeffrey Borenstein in just a moment.

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

(Music)

Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. Bird flu continues to invade the avian population across the country, and the federal government is springing into action. So far, the flu hasn't mutated into a human threat, but the federal government is spending \$330 million to slow down the spread of the avian flu. In Minnesota, where over 5 million turkeys have been put down due to the bird flu epidemic, plant workers are being furloughed, and it could have dire consequences on the Thanksgiving turkey market later this year. Bird flu has spread across the entire country at last count.

One of the tenets of the Affordable Care Act is that women shouldn't have to pay more for health care just because they are women, and a level playing field of preventative care and screenings as well as birth control would be provided without co-pay to all insured women, but a look around the country shows many places where the contraception isn't being covered. One of the studies focused on contraception, while others looked at a range of other women's health issues among the companies not complying with the law's requirements in at least some states, Aetna, Cigna, Physicians Plus and Anthem Blue Cross and Blue Shield.

If you want to get an idea of how teens might approach drinking behavior, look to the father. According to a recent study out of Taiwan, a long term study looked at teen drinking behavior as influenced by parental behaviors and found dads drinking had more influence on the young adults' behavior overall, but it might also be a case of do as I say, not as I do. Boys whose fathers were non-drinkers, or who were drinkers but were against underage drinking, had a 39% to 73% reduced risk of drinking alcohol, compared to boys whose fathers were frequent drinkers with a favorable attitude towards underage drinking. And boys, knowing his father was against drinking had stronger effects according to the study. And girls with a non-drinking mom, who is against underage drinking, had a 77% reduced risk of drinking. So maybe there is something to just say no. I am Marianne O'Hare with these Health Care Headlines.

(Music)

Mark Masselli: We are speaking today with Dr. Jeffrey Borenstein, President and CEO of the Brain and Behavior Research Foundation, the world's leading private funder of mental health research which was awarded over \$300 million in research grants since its inception. Dr. Borenstein is a board-certified psychiatrist. He also serves as Editor-in-Chief of Psychiatric News, the newspaper of the American Psychiatric Association. He is an Associate Clinical Professor of Psychiatry at Columbia University College of Physicians and Surgeons. Dr. Borenstein is a Fellow of the New York Academy of Medicine, and serves as Chair of Psychiatry at the academy. He's earned numerous awards including the Federation of Organizations Community Mental Health Man of the

Year Award. He earned his undergraduate at Harvard and his M.D. at NYU. Dr. Borenstein, welcome to Conversations on Health Care.

Dr. Jeffrey Borenstein: Thank you for inviting me. I am happy to join you.

Mark Masselli: One in four Americans will in their lifetime suffer from some form of mental illness. And according to some estimates, mental illness will be the most dominant health condition within a decade. And I am wondering if you could just take a moment and tell our listeners, give them some more insight into the mental health issues affecting the population.

Dr. Jeffrey Borenstein: Basically everyone has a friend or a loved one who has experienced a psychiatric condition such as depression, bipolar disorder, schizophrenia, anxiety disorders, chemical dependency, everybody has somebody important to them who has been touched by these conditions. And the fact that one in four Americans will at some point have one of these conditions, that statistic speaks for itself in terms of how widespread it is. And I think it's important for people to realize how common these conditions are so as to make people more comfortable to speak about them, and most importantly, to seek treatment.

Margaret Flinter: Well, Dr. Borenstein there is this ever-widening list of official diagnoses in psychiatry and behavioral health which are laid out in great detail in the psychiatric professionals' guide to behavioral health diagnosis known in shorthand as the DSM or the long form Diagnostic and Statistical Manual of Mental Disorders. The most recent edition, the DSM-5 I know has been updated to include a more comprehensive list of disorders, but it's nothing that you would send the untrained reader to for information; it's really for the professionals. But we understand that the American Psychiatric Association decided to produce a companion book written in plain English for the average person to help them in grappling with mental health diagnoses and understanding what they mean. Can you tell our listeners about this book, *Understanding Mental Disorders: Your Guide to DSM-5*, and why the new book is so important for those trying to navigate and understand this world of mental illness and mental health?

Dr. Jeffrey Borenstein: Yes. I have the privilege of serving on the editorial advisory board for this consumer's guide to DSM-5, *Understanding Mental Disorders*. So the DSM-5, the version developed for professionals, really is a guide book for psychiatrist and other mental health and oral health care professionals making the diagnosis of different conditions developed with the input of experts throughout the world in various parts of mental health. The top experts were able to review the most current scientific information. The new consumer guide has been developed so that this information is available to the general public so that people who may be concerned that they are experiencing a condition can actually go to the book and see the information written in layperson's language that takes into account this cutting edge information. So

this new book really serves as a way to empower people to understand these disorders and empower them to get help.

Mark Masselli: I understand that the book has certain narratives from actual people who have experienced many of the symptoms of common mental health disorders. And many of the common mental health illnesses depression, schizophrenia, anxiety share some commonalities which often make understanding the nature of this order difficult for family members. Can you share some of the examples with our listeners?

Dr. Jeffrey Borenstein: So it's one thing to have the listing of diagnostic criteria and other aspects, and it's important for people to have that information. But it really reaches home for people when they hear the real story of somebody who may have experienced some of those symptoms and then were able to get treatment and move forward with their life. That's a very powerful message. It's a message of hope, and also, it's a message that you are not alone; there are other people who have this same condition.

Margaret Flinter: You know, Congressman Patrick Kennedy wrote the forward to the book, and he has been a guest on our show and has long advocated for patients to have access to mental health coverage. The Mental Health Parity and Addiction Equity Act was passed in 2008 and has since been extended to patients covered by Medicaid. But even with that, we seem to still be a weighs off from really guarantying access to care for many of those suffering with mental health issues. Talk with us about this huge gap in the health care system.

Dr. Jeffrey Borenstein: Yeah. Margaret, this is such an important issue. One of the problems with regards to the Mental Health Parity law is making sure that that law is implemented on a state-by-state basis to its fullest so that there aren't roadblocks put in the way of people who need to access care. There shouldn't be any difference in accessing mental health care than there is in accessing physical health care. So one of the benefits of people having understandable information about diagnoses is that having that information helps empower them when they are hitting those roadblocks with some of the insurance companies because if the insurance company is saying, "No, we don't feel that you require treatment," the person can say "You know what, I actually have the criteria, and my loved one is experiencing these symptoms that are written in the criteria." So people need to stand up to an insurance company that may try to block access to care by not fully implementing the parity law, and that needs to be very strongly answered. So I think that people's knowledge about the parity law and ability to advocate for themselves for their loved ones is extremely important.

Mark Masselli: We are speaking today with Dr. Jeffrey Borenstein, President and CEO of the Brain and Behavior Research Foundation, the world's leading private funder of mental health research. Dr. Borenstein is a board-certified psychiatrist. He is an Associate Clinical Professor of Psychiatry at Columbia University

College of Physicians and Surgeons. You know, I want to talk a little bit about the large number of veterans that have been returning in this last decade from wars around the world. I wonder if you could sort of illuminate the problems that our nation's veterans and their families faced particularly in areas of mental health needs and what do you see as a viable solution to this enormous and complex challenge?

Dr. Jeffrey Borenstein: Yeah. One of the tragedies relates to the issue of suicide, the staggering number of active service members who continue to die by suicide. And I think that it's extremely important all service members have access to care. The issue of post-traumatic stress serving in such difficult circumstances, many of the service members had to go back over and over and over again, which is extremely stressful, not only for them but for their families as well, and it's important to make sure that we have support available for the spouses, for the children of our service members. Often with a little bit of support and help, they are able to live their life fully and be an important part of their communities.

Margaret Flinter: Well, Dr. Borenstein, you know, it's a tenet of primary care that its care that's delivered close to where people live, work, play and pray. In the world of community health centers, which is the domain that we are most familiar with, the integration of behavioral health and primary care and integration at all levels, the integration of the data within the electronic health record, all under one roof, is a movement that has really developed traction in recent years. Tell us what the perspective is from where you sit of just how much traction that is gaining?

Dr. Jeffrey Borenstein: The majority of people in this country who have a depression for example, do not seek or receive help. And those who do receive help, often the treatment is by a primary care doctor, and often it's not fully adequate treatment. So the integration of mental health services is crucial, and I think that the movement that's occurring of really working collaboratively with primary care physicians and other medical professionals will have a tremendous impact on the well-being of individuals and overall in society. For people with illnesses such as schizophrenia, the average lifespan is 20 years less than people without that illness, and that is typically due to medical issues. If a person has a heart attack, the most important risk factor for them is -- even more important than high blood pressure or high cholesterol is untreated depression. A person with untreated depression is at great risk of a bad outcome, but it shows the close relationship between the brain and the rest of the body, and we need to make that relationship on our end as physicians and other health care providers just as close.

Mark Masselli: Dr. Borenstein, let's take a look at the works been accomplished at the Brain and Behavior Research Foundation. About \$325 million in grants have been given directly to researchers in brain and behavioral health research.

Could you tell our listeners about your mission, and what on the horizon looks like a promising research?

Dr. Jeffrey Borenstein: We have an extraordinary scientific council, and the council consists of the top brain researchers, psychiatric researchers in the world. All of our funds come from private donations, and because of the support of two family foundations, every dollar given for researcher goes directly to research. We are able to support new and innovative ideas that aren't yet ready to get government funding. Often you need to have enough pilot data to get funding from NIMH, etc. We are able to give them that support to get that pilot data. And one of the statistics that I think demonstrates our success is that over \$325 million in grants that we have already provided has resulted in over \$300 billion in additional support to those scientists, which is an extraordinary statement about the scientists and really about our scientific council selection process.

So, one of the areas that we were early supporters on and now we've gained a lot of traction, has to do with rapid-acting antidepressants. As you are aware, the current medications can take two to four to six weeks to have an effect. The rapid-acting antidepressants have an effect within a few hours. If you think about the potential of that if somebody is depressed and at risk of harming themselves, they may need to be admitted to a hospital for treatment. If the rapid-acting antidepressants are fully developed, such a person can go to the emergency room, receive the medication and safely go home and go to work or go to school the next day and move forward with their life. And that's something that I am very excited about. I think it's going to happen in the next period of time.

Margaret Flinter: Let me ask you about just one other area. Certainly a growing body of data and research looking at the impact of emerging technologies on health care delivery and outcomes and we are seeing things and doing some research of our own in areas like remote patient monitoring, Telehealth and also mobile health platforms that help clinicians across all the disciplines to meet the needs of patients wherever they are, you know, not just in our office but wherever they are. What are your thoughts on how technology is playing a role in some of the new treatment protocols being considered to meet the growing demand for mental health, and maybe share some of your concerns and hopes with us about this domain?

Dr. Jeffrey Borenstein: Yeah. I think that what you brought up about meeting the needs of patients wherever they are is a tremendous opportunity for us. So that for somebody who -- it's difficult for them to have access to get to a physician's office or other health care professional's office, to be able to do that with current technology is a tremendous opportunity and can make a big-big difference in people's lives. So I see that as being a real hopeful aspect of technology. And then the other area of technology in terms of research has to do with the new technology that we have developed in terms of genetics, being able to really

study the brain with the technology called optogenetics, which is an extraordinary technology that is now being used in thousands of labs around the world to study the brain, and this received early support from our foundation a number of years ago. So I think that technology will help us better understand the brain and develop new treatments.

Mark Masselli: We have been speaking with Dr. Jeffrey Borenstein, President and CEO of the Brain and Behavior Research Foundation, Editor-in-Chief of Psychiatric News, the publication of the American Psychiatric Association, and creator and host of Healthy Mind, a syndicated show on PBS, aimed at informing about and removing the stigma of mental illness. You can learn more about his work by going to www.bbrfoundation.org or www.psychiatry.org. Dr. Borenstein, thank you so much for joining us on Conversations on Health Care.

Dr. Jeffrey Borenstein: Thank you very much.

(Music)

Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the 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 U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, the field of Republican presidential candidates got larger this week with the addition of Carly Fiorina, Ben Carson, and Mike Huckabee. When Huckabee, the former governor of Arkansas, announced his candidacy, he repeated some old discredited lines on the economy, tax cuts and health care. On health care, Huckabee said that Washington was failing to keep its promise to seniors. He claimed that “Congress took \$700 billion out of Medicare to pay for ObamaCare.” This is a whopper we have written about multiple times. The Affordable Care Act doesn’t slash Medicare’s current budget. Instead, it reduces the future growth of Medicare by an estimated \$716 billion over 10 years. Most of that reduction comes from reducing the future growth of payments to hospitals and payments to Medicare Advantage plan. By reducing the future growth of Medicare, the ACA actually improves the program’s finances.

Critics of the ACA have long claimed that the \$716 billion in cuts hurts Medicare, but these cuts in the future growth of spending prolong the life of the Medicare Trust Fund, stretching out the program’s finances longer than they would last otherwise. We have written before that experts, including Medicare’s chief actuary, doubt that some of these spending cuts will actually be implemented, but if they are Medicare would spend less each year than it had been expected to otherwise, allowing Medicare to stretch further the income it receives from payroll taxes and premiums. We wrote about this claim several times during the last

presidential election, and it looks like we will still need to address it in the 2016 race. That's my fact check 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 Health Care.

(Music)

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. When 12-year-old Spokane, Washington native, Brooke Martin, was given an assignment to find a need and then fill it, she thought of her beloved dog home alone all day. The family rescued dog suffered from separation anxiety or she thought what if you could create a video link with a smart phone platform, creating a portal to not only check in with your dog and interact with him, but even dispense a treat for them while you are away at home. Her invention, iCPooch has been launched into the marketplace with some success. At that time, her grandmother had entered a senior living facility and was facing similar separation issues, and she wasn't doing well at keeping up on her meds.

Brooke Martin: So I started thinking well, hey, this technology might be really adaptable to, you know, elderly people or just loved ones who are separated and have a hard time communicating with each other.

Mark Masselli: So the now 15-year-old modified her first invention designed for the family pets to a tool that would allow families to interact with their senior family members remotely via video chat, not only to keep an eye on the loved one but to make sure they were being compliant with their medications, a huge problem for elders aging in place. So she created iCLovedOnes. Her dad, Chris Martin, explains how it works.

Chris Martin; It's a device about the size of a coffee can, and you put it on an end table or a bedside table near your loved one, and you load the inside of it with plastic dishes or like Petri dishes, and you can put pills in them or candy or whatever you want and you stack those up. And then what happens is you open up a free app that's on your phone or you log in into a web portal, and you can actually launch a video connection with auto answer on the part of the end user.

Mark Masselli: Daughter Brooke Martin says it's stressful not to be able to connect with your family elders, especially when you know their health is being compromised by isolation and lack of medicine compliance. Her simple drug-dispensing system, a series of dishes stacked in a tower like a Pez dispenser

can be deployed remotely by family members via Snapchat like mobile phone connection.

Brooke Martin: And there is a button on the app, and when you press it, it just dispenses that dish of medication out.

Mark Masselli: iCLovedOnes has won several awards and was presented at the recent American Telemedicine Association conference as a technology to watch. iCLovedOnes a mobile phone-linked platform that connects family members with elder relatives, creating video links and allowing them to assist in medicine compliance, now that's 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.

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.