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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, health care reform has moved somewhat out of the headlines in the past week replaced by other critical issues like financial systems reform and the environmental disaster unfolding in New Orleans. But just below the headlines, we continue to see the steady forward progress on implementation of health reform and as we said last week, the big first step is the formation of those high risk pools.

Margaret Flinter: Well Mark, this is such a high visibility element of health reform one that provides immediate relief to people who really need it. And remember, the states have the option of choosing not to form a high risk pool in which case their residence can go into a federally operated high risk pool. I can only imagine how eagerly awaited this is by some of the people who have been unable to get insurance at an affordable cost or really at any cost.

Mark Masselli: And one of those big states Florida, Governor Charlie Crist announced that he was deferring the responsibility to the federal government. Maybe we are going to see the beginning of a more cooperative and bipartisan spirit maybe at the state level, that's a good welcome sign.

Margaret Flinter: It is, and there is a practical reason for that. The states have so much on their plates right now. Their budgets are in dire state and they are grappling with a lot of new demands and resources for implementing health information technology, transforming Medicaid, preparing for new opportunities for prevention and public health. So maybe Mark, it's just that cooperation is more productive than conflict at this point.

Mark Masselli: And I think one group that should understand that is the insurance industry, they have had a real taste of the increasing role that government will play in monitoring rate setting under pressure from HHS. We saw Anthem Blue Cross of California cancel their proposed premium increase of 39% after Secretary Sebelius publicly criticized them both for huge increases and for policies that seem to target unfairly breast cancer patients.

Margaret Flinter: Well public criticism works sometime but the nagging question is how do we curb rate hikes going forward since nothing in the reform bill specifically addresses this. Senator Al Franken and Congresswoman Jan Schakowsky have vowed to maintain tough oversight of insurers and they warned hikes in premiums could rekindle interest in Congress in creating the public option in the insurance exchanges.

Mark Masselli: There is lots to follow for sure but it seems like we have turned somewhat of a corner in what people say they are still confused about exactly what the bill means. I can think of three tangibles that one, young people who graduate in June will be able to stay on their parents' insurance, that folks with preexisting conditions will have an option and at least one major insurer has announced it will implement some of the policies on denials and rescissions in advance of deadlines; I call this good news.

Margaret Flinter: And on that note it looks like the Washington Post-ABC News poll shows some signs of improvement in how the public views President Obama's handling of health care reform. They conclude the public trust Democrats more than Republicans to handle the major problems facing the country and they do it by a double digit margin.

Mark Masselli: Well one person who had the White House trust this past year was Rebecca Patton, President of the American Nursing Association. We are delighted to welcome her this week which by the way is National Nurses week. She has presided over the ANA since 2006 what will surely be considered a historic term.

Margaret Flinter: No matter what the story you can hear all of our shows on our website www.chcradio.com. Subscribe to iTunes to get the show regularly downloaded or if you like to hang on to every word and read a transcript of the shows, come visit us at www.chcradio.com.

Mark Masselli: And as always, if you have feedback, email us at www.chcradio.com we would love to hear from you. Before we speak with Rebecca, let's check in with our producer Loren Bonner with headline news.

Loren Bonner: I am Loren Bonner with this week's headline news. As the new enforcer of Health Insurance Reform, the Department of Health and Human Services applauded recent efforts by the California Insurance giant Anthem Blue Cross when it announced it would cancel a proposed premium increase of up to 39% for some policy holders. HHS secretary Kathleen Sebelius had strongly criticized the company for that projected increase as well as the more recent news that it targeted breast cancer patients and she said her department will continue to set strict oversight rules on insurance companies under health care reform.

Kathleen Sebelius: We now have an office here of insurance oversight and I think one of the things that's happening is shining a bright light on some insurance company practices that have been frankly going on for years is really helpful in accelerating the change in the marketplace.

Loren Bonner: Specifically Secretary Sebelius is referring to the new Office of the Consumer Information and Oversight at HHS created under the new law which will be in charge of implementing and enforcing new regulations such as those requiring large insurers to pay out 85% of the premium dollar for medical care as well as allowing adult children to remain on their parents' health plans until age 26. Jay Angoff, the Director of the new office, highlights the various areas for change in the insurance market will be necessary.

Jay Angoff: Those include things like banning rescissions, banning annual limits, banning preexisting condition exclusion clauses for kids. Those are going to be part of the law as I said six months after an enactment which is that date of September 23rd but as the secretary said, companies are already complying with that.

Loren Bonner: The Office of Insurance Programs at HHS will be in charge of implementing the high risk pools at both the state and federal level. So far 29 states plus the District of Columbia have agreed to work with the government starting in July to operate their own high risk pools for sick people who find it difficult if not impossible to get health insurance. And for the 18 states that have so far said they will not set up the high risk pool, a federal option will be there for people who qualify. This week we are exploring the important role nurses play in achieving the goals of health care reform. Nurses especially deliver one of the main strengths of this legislation, prevention. Hundreds of associations of visiting nurses have been delivering this kind of preventative care for decades by directly providing all kinds of health care services in a patient's place of residence as well as in the community setting, care can range from treating the terminally ill to helping elders live independently and comfortably at home but the overarching goal is to keep patients out of the hospital. Ellen Rothberg, President and CEO of VNA Healthcare in Connecticut says her organization spends most of its time trying to figure out how to make sure patients don't go back to the emergency room and don't get readmitted to the hospital.

Ellen Rothberg: The thing that we use to measure our success is a set of functional outcomes that the government requires us to use and two of the most important ones are emergent care and rehospitalization.

Loren Bonner: And this is really what health care reform is about she says.

Ellen Rothberg: We actually do believe that home care's value will be finally recognized under health reform. Primarily our goal is to get people back to their prior state of life prior to their illness or to the best possible functional level they can achieve and be at home.

Loren Bonner: One of the main specialty programs VNA Healthcare uses along with several other VNAs is a Telehealth Monitoring Program for patients with cardiac disease and congestive heart failure which Rothberg says reduces the

hospitalization rate by half for this top diagnosis among the over 65 population. Kristen Smith is a registered nurse and Telehealth coordinator at VNA Community Healthcare in Connecticut; she describes how much this remote monitoring system can do for a patient.

Kristen Smith: And what we can do is we can monitor their weight, their blood pressures, their oxygen levels, we can monitor their diabetes remotely if we need to and also do some rhythm strips if we can. So what we try to do is for patients for example who have congestive heart failure we put this monitoring system in their home and in conjunction with some skilled nursing visits in some case conferencing with the physician, we teach the patient signs and symptoms to look for the importance of weighing themselves everyday, the importance of following a low sodium diet or diet that's prescribed by the doctor.

Loren Bonner: VNA Community Healthcare has also been involved in several other preventative programs that not only improve a patient's health but also build community. Barbara Katz is Director of Clinical Program Development at VNA Community Healthcare.

Barbara Katz: Right now we are in the midst of a huge prevention effort to prevent falls in the elderly which is a leading reason for nursing home admissions and a huge cost to Medicare and we are doing community classes all over our region and screening.

Loren Bonner: VNAs will continue to play a major role in health care reform. Let's listen now to the interview with Rebecca Patton to learn more about how nurses will be critical players in achieving the goals under health care reform.

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Mark Masselli: Today we are speaking with Rebecca Patton, President of the American Nurses Association, the largest nursing organization in the United States. Welcome Rebecca. This week is National Nurses week. This year's theme, carrying today for healthier tomorrow seems like a good opportunity to reflect on the significance of this theme for the future of health care as well as the opportunity to reflect on what a year it's been for health care and nursing. What's the message you would like to convey this week about nursing to our listeners?

Rebecca Patton: Well I think this is truly a time for our country to celebrate moving forward insuring that all Americans have access to safe quality patient care, it's an awesome time.

Margaret Flinter: Well Rebecca, you and ANA had very high visibility this past year during the health reform efforts. We regularly saw you at the White House starting with the first meetings and continuing right through the signing of the final bill. And there seemed to be a new recognition maybe a more public recognition

that nurses represent not just an enormous component of the health care workforce at 3 million RNs in America but also a critical factor in achieving the goals of access and transformation. Can you tell us about some of the specific elements of the legislation that ANA championed that you think advances these goals?

Rebecca Patton: Us being involved from the very beginning really was natural. Nurses have a front row seat in health care everyday 24 hours a day 7 days a week. So I think there are several wonderful elements in the bill specifically looking at how to increase quality health care to consumers especially utilizing the highly skilled, highly competent, advanced practice nurses in our country. We are excited about the community health centers expansion increasing the number of patients that will be able to be seen by nurse-led, nurse-managed clinics. We are very excited about putting health care centers inside schools so that children at a very young age will have access to health care and also begin what we need in this country as a paradigm shift from treating diseases but to be focused on wellness and health promotion. I think the other piece of the bill that is exciting for all of us is seeing the systematic strategic investment in the health care workforce. Too long for decades now there has been inadequate funding to insure that this country has an adequate supply of registered nurses and so this health care bill does that from a very strategic standpoint.

Mark Masselli: Rebecca, you use the term nurse-managed health centers, can you tell our listeners about that exciting initiative that's out there?

Rebecca Patton: These nurse-managed clinics, there are literally are hundreds across United States, often you see them in the areas that may be underserved areas but it's basically the clients, the patients, are totally managed by nurse practitioners or nurse midwives and so that if they have a need that that individual nurse cannot manage or feels require a higher level of health care, they will refer them on to a specialist. So it very much is a primary care at its very best.

Margaret Flinter: And Rebecca, I think that one of the issues people have talked about is that there may be changes to state practice acts necessary for advanced practice nurses to fully meet the challenges around access. Can you tell us a little bit about that? Of course that's beyond the purview of federal legislation but what is ANA doing in that regard?

Rebecca Patton: You know just so people understand the real issue here because it really does not make sense. If I am a nurse practitioner and if I graduate from Case Western Reserve School of Nursing and if I go out to the State of Idaho I have the full scope of practice, I can do anything without any restrictions, without any barriers, I can completely prescribe all medications, I can admit to a hospital, I can even sign a death certificate but yet that same nurse having graduated from that same school if I go to a different state, I am not

permitted to do those same things. And that's what really does not make sense in this country because my education is the same and the way I practice can be the same from state-to-state. So what you are seeing in different states is what we will describe as a barrier to having access that patients are denied that same level of service that one might experience in Idaho. So what ANA is doing with our state nursing associations is first of all educating consumers to know the real facts and details behind how safe advanced practice nurses are, whether it's a nurse anesthetist, a nurse practitioner, a nurse midwife or clinical nurse specialist but to educate them on that this really is I think the contemporary way of getting your total health care taken care of. We are also educating legislators in working with our physician colleagues to embrace this new change.

Mark Masselli: Rebecca, you said that role of nursing is critical for our country and I am a little confused about do we have enough nurses or don't we. Two years ago it seemed like we had a huge shortage, the recession hit and all of a sudden it seemed like nurses who were deferring retirement all came into the workplace but I think most people there is a general consensus that there is a shortage. How do you think this legislation will impact the shortage and what's the ANA doing to make sure that this vital provider is in adequate supply for Americans?

Rebecca Patton: There is a nursing shortage. The economy as you said exactly did what it is doing, it's brought people out of retirement or people that were working part-time are now working full time. And as our economy gets better, people will go back to the pre-economy work habits. In the health care reform bill, the funding that is listed in there will help educate more nurses, it will help educate more nurse faculty. And so at the same time the economy is getting better and we see a gradual decrease of the hours that existing nurses will work, we will see an increase in the number of individuals that are going to be educated first of all nurses for the first time and then increase of the number of individuals that will go on to get advanced degrees to help with the shortage.

Margaret Flinter: Today we are speaking with Rebecca Patton, President of the American Nurses Association. Rebecca, that's a good springboard to some of the exciting research that we are seeing relative to the impact of nursing on both health outcomes and cost. But they are generally not well known outside of health care circles and I am thinking in particular the research of **Lindeken** on relationship between nurse staffing and patient outcomes in hospitals and also the better outcomes for patients in hospitals that have achieved this magnet designation based on the strength and quality of their nursing staff. This offers some solid evidence that we would do well to invest in these strategies. Maybe you could tell us a little bit about what ANA is doing to educate the American public about how these measures improve health care quality and safety?

Rebecca Patton: It actually is one of our major initiatives because we do know that literature show that when you have a educated nursing workforce you do

keep your patients safer and you have better patient outcomes. There are about 380 hospitals in United States that are known as Magnet Hospitals. They have a low staff turnover rate, they have a low RN vacancy rate, their nurses tend to be more educated and also their nurses tend to be certified in their clinical practice of specialty. That's just one of the ANA programs that literally is showing the ability to have good quality health care. And there are other initiatives too insuring that hospitals adjust their staffing based on their patient outcomes. We actually have a database that's called the National Database for Nursing Quality Indicators that shows the direct linkage with the number of nurses taking care of patients. You almost could predict what some of patient outcomes will be such as infections or patient falls or bedsores.

Mark Masselli: Rebecca let's just go to the other side of the care continuum and talk a little bit about prevention because you played a large role in making sure that this health care reform legislation had the major thrust of prevention in it. What are some of the innovative programs and pilot projects that you envision nurses taking on around this area?

Rebecca Patton: Well here is one piece that was included in the bill that we know works and that is often when patients are discharged from hospitals it's not unusual for them to be readmitted because of a variety of issues. Maybe they would discharge too soon. But one of the programs that we have seen highly successful is that when you are discharged from a hospital, to have a nurse follow up and call you at home and basically be the nurse telephonically and help you feel confident and help you maybe address some of the issues that are going on that prevents you from being readmitted to the hospital that is a huge initiative that saves the country money but also that particular patient it save them that whole experience of having to be readmitted to their health care facility. There are also other clearly more pure preventative things such as putting the nurse back in the school system, the health centers that will be in the school systems, teaching kids about the importance of mouth care, brushing your teeth and flossing, things that we know matter.

Margaret Flinter: And Rebecca all of the health professions I think have prioritized recruiting members of minority groups and historically underrepresented populations into their ranks. Tell us how successful nursing has been in this regard.

Rebecca Patton: We have been successful in getting the attention of the need to do this. When we look at our demographics of nurses, we are slowly moving in the direction of being more diverse. From 2004 to 2008, we saw a increase of 4% of nurses that now are Asian or Black American or Native American Indians. But we are not where we need to be but at least we are moving in the right direction.

Mark Masselli: Rebecca we know you are coming close to the end of your term which started in 2006 it's safe to say you presided over one of the most exciting periods in the ANA history. Perhaps this is a good time to ask you to share a little bit of your personal story; how an operating room nurse from Ohio ascended to the presidency of the ANA and what's next for you as you contemplate your future?

Rebecca Patton: Well I will tell you I have the best job in United States no doubt in my mind. I have seen some wonderful things, have had the opportunity to impact health care in United States and beyond. We truly are recognized in the world and for that I am grateful that I stand on the shoulders of giants and I also stand side-by-side with many nurses across this country. As far as what am I going to do post my ANA presidency, I am working that through right now so it clearly will be something that I will continue to give to the profession.

Mark Masselli: I am sure we will be hearing more from you on that matter.

Margaret Flinter: And Rebecca I know you have had a chance to really travel around the country and also the world. So tell us what do you that excites you in terms of innovation and who should our listeners of conversations be keeping an eye on?

Rebecca Patton: What is most exciting is when you see individuals, and I am going to be focused purely on nursing here, is you see individual registered nurses that don't have a lot of resources, that are so committed to trying to address a situation that they find a way. I was in Maine last week and I listened to the story of a nurse who on her own was able to ensure that over 15000 children got the H1N1 vaccine by involving the PTAs and everybody she thought of to ensure that that happened.

Mark Masselli: Today, we have been speaking with Rebecca Patton, President of the American Nursing Association. Thank you for joining us. Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. In past weeks, Conversation has brought you stories about efforts to combat obesity such as Somerville Massachusetts shape up Somerville project. This week's bright idea focuses on another obesity fighting initiative celebrity chef Jamie Oliver's food revolution. This ABC reality television series follows Oliver who is a British chef to Huntington West Virginia where he's attempting to transform the town's eating habits and health outcomes starting in the schools. Huntington was named the unhealthiest city in the United States by the associated press in 2008. This finding was based on CDC's data that showed 45% of Huntington's residents are obese and only 23% are at a healthy weight. Oliver's effort in Huntington centered around teaching students and their parents the basics of good nutrition with an emphasis on fresh fruits and vegetables while also helping them plan these healthy diets on a tight budget. This second part is especially important as the already struggling

Huntington has been hard hit by the recession. Although Oliver's presence in the city and his tough prescription for change have met some resistance from Huntington's residents, his track record on matters of school nutrition is impressive. Back in the UK, Oliver's nutritional advocacy in individual communities led to a total transformation of the British school food program. The overhaul which includes increased funding for healthier school lunches is now in its 5th year. Oliver's Huntington initiative comes at a time when our nation's leaders are finally starting to take a closer look at our public school food system. In March, the Senate voted to allocate an additional \$4.5 billion toward child nutrition programs including school lunches. The bill is the first real increase over inflation for the school food program in several decades and it's a big step in the right direction. With people like Jamie Oliver leading the way, the time has finally come for an overhaul of the US school food system. Now that's a bright idea.

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

Mark Masselli: And I am Mark Masselli, peace and health.

Loren Bonner: Conversations on Health Care, broadcast from the campus of Wesleyan University at WESU, streaming live at www.wesufm.org and brought to you by the Community Health Center.