(Music)

Mark Masselli: This is Conversations on Health Care I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret it's been nearly 35 years since the AIDS epidemic emerged and finally we can say with some certainty that a tied has been turned in battling this global health challenge.

Margaret Flinter: Well there is some really encouraging reports coming out of this year's annual global HIV/AIDS conference in Vancouver. Researchers point to the news that early intervention with the antiretroviral treatment can delay HIV symptoms indefinitely and new evidence that long term exposure to the treatment isn't as harmful to vital organs health.

Mark Masselli: And they're really are looking at this as a treatable chronic condition in many cases but of course it must be managed and as we know it's sometimes difficult to get patients to comply with drug protocol.

Margaret Flinter: Indeed Mark there are an estimated 50,000 newly diagnosed people infected with HIV in this country alone. Embedding HIV testing and routine preventive care is a evidence based very effective way to help patients know their status early and take those appropriate steps to avail themselves of treatment.

Mark Masselli: And UN Secretary General Ban Ki-moon announce that they were tracking it Africa's 50 billion HIV positives patients on the antiretroviral treatment, that would go a long way towards Caribbean this pandemic.

Margaret Flinter: Some scientist at the conference were predicting that HIV/AIDS as we know it could be over by 2030, that's -- that would be remarkable but still much more work to do.

Mark Masselli: Our guest today is a physician with plenty of work to do Dr. Steven J. Stack is President of the American Medical Association the chief lobbying organization representing physicians and medical students.

Margaret Flinter: Lori Robertson, Managing Editor of FactCheck.org will be stopping by, she's always on the hunt for misstatements spoken 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 CHCRadio.com and as always if you have comments you can email us at chcradio@chc1.com find us on Facebook or Twitter we'd love hearing from you.

Margaret Flinter: Now we'll get to our interview with Dr. Steven J. Stack 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'm Marianne O'Hare with these Health Care Headlines. Medicare has hit a milestone 50 years in business providing access to health coverage for the nation's seniors 65 and over. A quick snapshot of the popular program shows on average seniors are healthier, living longer and spending less time in the hospital than their earlier counterparts. And according to a recent study conducted by Yale physician Dr. Harlan Krumholz there has been a vast improvement in care interventions over these past 15 years. Interventions he calls remarkable and even jaw-dropping.

The researchers looked at the experience of 60 million older Americans covered by Medicare between 1999 and 2013 and found mortality rates drop steadily during that time and people were much less likely to end up in a hospital. Krumholz says if rates had stayed the same in 2013 as they had been in 1999 we would have seen three and a half million more hospitalizations. The study does note the biggest threat to Medicare solvency is the dramatic increase in the cost of pharmaceutical drugs.

And on that note we now have a cure for Hepatitis C roughly three million Americans are living with Hep-C many can't afford the treatment because it's simply too expensive. A recent analysis has shown a spike in Hep-C infections due to lack of access to the expensive cure, abut $80,000 per person. And Americans overall are feeling better in a survey published in the Journal of the American Medical Association, half a million Americans polled say they were feeling better in the age of Obama Care than prior to the passage of the Affordable Care Act.

And having trouble achieving fitness success at the gym? Why not try tapping into your natural hunter gatherer instincts. A fitness movement sweeping through Europe is washing up on these shores with the direct link to our Homo sapiens ancestry the Move-Net movement suggest you skip the gym and go right to the hiking trail, climb over rocks instead of using the stair master. Natural movement is at the heart of Move-Net an international fitness system that reclaims hunter gatherer skills to achieve strength, flexibility and power of course being chased by a saber tooth tiger will certainly get you moving faster now, won't it? I'm Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We're speaking today with Dr. Steven J. Stack the 170th President of the American Medical Association. Dr. Stack is a board certified emergency physician having served as medical director of multiple emergency departments in Kentucky and Tennessee. He has also serve the American Medical Association's board of trustees in several capacities including as its board chair and chair of the compensation committee. Dr. Stack has a special focus on health information technology, having served on several AMA advisory committees to the office of the National Coordinator for Health Information Technology. He earned his medical degree from Ohio State University, Dr. Stack welcome to Conversations on Health Care.

Dr. Steven J. Stack: Thank you it's wonderful to be here.

Mark Masselli: And, you know, the mission of the American Medical Association is to promote the art and science of medicine for the betterment of public health and also to advance the interest of physicians and their patients. And certainly one major activity the American Medical Association is a lobbying organization for the nation's physicians and there's been so much change and transformation going on out of Washington. And can you tell our listeners what you see is the most pressing issue for physicians and patients alike as you take on the mantle of the presidency of the American Medical Association.

Dr. Steven J. Stack: Well I would say that the health system is in remarkable period of flux and transformation. We undertook a journey a few years ago to create a new strategic vision for the work we do at the AMA and in that we have undertaken three major projects. And we find that physicians face a regulatory Tsunami in which they feel a challenged and unsupported all too often. And so the AMA is undertaking an enormous body of work to enhance and improve physician's satisfaction and practice sustainability. To that end we've undertaken multiple research projects and partnership with the land corporation, you know, trying to better understand those things that support physicians in the provision of high quality and affordable care for patients.

And then we have two other major areas taking on the most difficult that chronic health conditions in the United States, pre-diabetes and hyper tension. There's over 70 million people plus to nearly 90 million people with pre-diabetes. So those two conditions alone cost over a half a trillion dollars a year to the US health system and if we can make a dent in that in this period of incredible flux in the health care system it's essential that the new physicians of tomorrow have the knowledge and skills necessary to thrive and succeed in a way that helps them provide the best quality care for patients. And to this end the AMA (inaudible 7:20) a consortium of 11 medical schools and have funded 11 million dollars over a five year period for these 11 schools to create a learning consortium to radically reform medical education and to create a medical school of the future. Physicians with a enhance skill set that enables them to be

effective leaders and effective advocates, effective providers of health care for their patients.

Margaret Flinter: Well Dr. Stack when I think about the regulatory Tsunami it strikes me that each of those three are significantly impacted by the way practices are organized. And I know that the AMA recently conducted a survey of the nation's medical providers and found that a majority of physician still work in small practices. What does the data show you about the typical configuration of the work environments of the nation's physicians and what shifts do you expect to see in the way practices are structured.

Dr. Steven J. Stack: So we found that the number of physicians in small practices remain the majority at about 61%. On the other side of its we found that the share of physicians who work directly for a hospital or on practices that had at least some hospital ownership increased modestly from 29% in 2012 to 33% in 2014. So clearly there is a trend towards increasing physician and pulling that by hospitals but it is not the falling off the cliff experience. So just this past June where at least for all physicians of United State is series of 16 modules called Steps Forward. And it's a free online series of proven solutions that have been developed by physicians for physicians covering a number of things, how to make your office practice more efficient, how to select and then how to implement an electronic health record.

People submit ideas via that website for solutions to challenging clinical problems and we hope to fund and grant five or more people to come up with novel solutions to help us create some new modules to further help physicians. All of these takes place in the context of us continuing our advocacy the incredible crush and burden of regulatory, difficulties with ICD-10 implementation, electronic health record meaningful issue reference to at the beginning of my participation and moderation of a panel to try to give voice from the grass roots to physician concerns about the current state of electronic health records and the federal governments meaningful use program.

Mark Masselli: And Dr. Stack certainly there must be a lot of consternation about the way practices are compensated and we see the rise of a kind of a care organizations in patient centered medical homes. And can you tell our listeners how these emerging approaches are impacting the physician practices?

Dr. Steven J. Stack: In our study we found three key things, physicians had actually seen some positive effects from the models. Doctors have said that they actually like the concept when the model is fair and reasonable they like being paid to help keep patients healthy. And they also found out that though they want to embrace these new payment models they required an infrastructure and they require adequate lease sources that's both financial and then human resources order to achieve these goals. But that the current programs frequently do not provide those resources so and the final

thing I would say is that a one physician sums it all up that it's like there's so much lack of coordination across these that he said that it was like 50 people shouting their priorities to you at the same time. So we need to streamline and harmonize quality metrics, we need to make sure that there is timely accurate and actionable data. And we need to make sure that these new payment delivery models provide physicians and their practices the resources like I said both the financial and human in order to make them successful.

Margaret Flinter: Now Dr. Stack now you conducted a recent town hall meeting called Cutting the Red Tape where you certainly heard a number of concerns from providers about this issue. I understand the AMA has asked HHS Health and Human Services to push back on meaningful use stage three, share this with our listeners what does this mean in short?

Dr. Steven J. Stack: The government requirements related the EHR technology. If interfered with face to face discussions with patients they've created new cost that divert resources away from patient care improvements. The much anticipated benefits being able to share important patient health information electronically among and between providers in different settings has gone utterly unfulfilled. In another landmark study physicians found electronic health records to be the current most frustrating and profound obstacle to providing quality patient care. And it's resulted in a lot of physician, dissatisfaction, emotional fatigue having said that one of my other favorite quotes is a referred physician digital omnivores.

We are some of the fastest and the most widespread doctors of new and early technology such as smart phones and tablet computers. So we have ask the administration to hold off on the final stage of the meaningful use program because the jump between stages one and two is already been so substantial. So many of those physicians at the town hall in Atlanta commented that they had adopted one person -- I think it was 1984 they had first adopted an electronic health record that is more than 20 years before the federal government created the meaningful use program. And yet these people are struggling to work within the current construct of meaningful use in the current world of EHRs.

One of those people even wrote their own personal electronic health record himself and he's not reverted back to it and is taking a 1% (inaudible 13:11) from the government his own software helped him to be far more efficient and effective for his patient. So there's always a risk of sounding overly negative, there is no doubt that we need to move forward with effective and well-done health IT we have to take this massive one fifth of the economy and organize it in a more effective way that enables us to better learn from it and to better share it when it's appropriate between physicians and other clinicians and our patients. And so one of the reasons we're doing town halls is to try to get the

grass root physician the opportunity to share just how constructively engage they have been, the incredible amount of time, effort and money they have invested trying to make this succeed and why it's so important for policy makers and others to hear their concerns.

Mark Masselli: We're speaking today with Dr. Steven J. Stake President of the American Medical Association. Dr. Stack is a board certified emergency physician. So, you know, I do want to pull the threat a little more on this because you also said earlier that you are trying to think about the next generation of providers and have 11 medical schools working on that and I wonder how much technology is going to loom in that sort of new training.

Dr. Steven J. Stack: Right now there's more than 80% of physicians in United States using electronic health records, kudos for that I mean so at this point now we think that the federal government should focus on prioritizing all of its efforts to interoperability to making these digital silos which we have sadly created actually interconnect and communicate with each other. We also think that technological innovation will be enhanced if the regulations from the federal government are reduced.

So the vendors for electronic health records and the physicians in the hospitals are now empowered to work together to make those system (inaudible 15:08) them in the way they need to. We want to make sure that patients are informed, we don't think that some of the rigidly mandated ways that we've been told we must structure those data through patient portals and other things are either what some of our patients are asking for or are being produced by vendors in a way that is useable and easy for patients and physicians. So we really want to make those things better and we think allowing natural innovation to occur would be a far better mechanism for that.

In our medical education work we do have some schools who are working very specifically to use real patient data, to run simulated health care environments where the students manage and treat our virtual patients if you will using real data and learn how to most effectively make use of electronic health record technology. Health IT is far bigger than just electronic health records and that we all can confuse or conflict the two so with wearables like Fitbits and smart phones and other devices that collect patient generated data there is an enormous tidal wave of change ahead where we will have this incredible influx of data, we're going to have to find ways to find among that massive amount of data what helps patients and physicians work together to provide better care. But we have to be very careful, just within the last two weeks there is a breach effecting maybe four and a half million patients whose health records are compromise. The office of personal management for federal government had -- was it 22 million people?

Mark Masselli: Right.

Margaret Flinter: Right.

Dr. Steven J. Stack: Data was compromise and so for all of us who have to have 15 passwords the data's incredibly secure from those of us who need it but necessarily not secured from those who shouldn't have access to it. So we got to find a rational way to make that safer.

Margaret Flinter: You know, shift just a little bit to so that I think the AMA is not shy about budding heads with policy makers on issues that are of importance to your members and to the organization. And a recent issue was the ongoing SGR formula the Sustainable Growth issue which was finally resolved after more than a decade, so congratulations for that. And then another such issue is the switch to the ICD-10 codes for medical billing which we've been actively lobbying against for quite some time successfully winning a delay last year for the plan start date, but this year I understand the AMA has come to an agreement with the centers for Medicare and Medicaid choosing to recommend compliance with this year's October 1 start date. Tell us a little bit about the AMA reason both for the push back also the nature of the compromise that you were able to achieve.

Dr. Steven J. Stack: I've had a real privilege to work with physicians other participants in the health care system and policy makers. They're committed civil servants trying to do the best they can. Not that this is ever personal this is all about the issues and differences of opinion and trying to get most effective way to outcome I think most of a share. So ICD-10 is a good example of this, the AMA has raise concerns that there is an ordinate amount of detail and complexity that the code said explodes by over 400%. And there are certain elements of the detail on there that make it a particularly challenging paradigm shift for how we're going to have to document certain thing.

The collaboration we've had with CMS which I think is a wonderful example of how policy makers and the professional can work together, acknowledges that there's this complexity. And for a period of time for the first year of the implementation the physicians will still be required to use the new code (inaudible 18:41) and to code in the right family of codes but enhance specificity where most people do acknowledge there's a lot of complexity and uncertainty will not in and of itself be a reason to deny a client. So if you see a physician -- you have a chest pain we still have the document, you have chest -- we have to code that correctly that you have chest pain. But we may not have to put that you have acute chest pain secondary to chronic, hypertensions secondary to water skiing after fell off a ladder or -- that's I've seen kind of examples that people come up when they came together bizarre circumstance. And so over the first 12 months of this we'll continue to partner and work with CMS and with the private fair

community to try to find what is a good and new reasonable study stake but not drown out physician practices with economic distress because if denied claims which would make it difficult for them to keep their doors open and care for patients. And so I think it's a wonderful partnership we've had and we hope and we'll strive mightily to try to make that transition this October 1st as smooth as possible for everybody involve.

Mark Masselli: We've been speaking with Dr. Steven J. Stack President of the American Medical Association, you can follow their work by going to AMA-ASSN.org or you can follow him on Twitter at Steven Stack MD. Dr. Stack thank you so much for joining us on Conversations on Health Care today.

Dr. Steven J. Stack: Thank you it's been a great privilege and pleasure.

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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 health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics, Lori what have you got for us this week?

Lori Robertson: On the subject of medicinal marijuana republican presidential candidate Carly Fiorina said that "we don't understand how it interacts with other drug, but there is information about marijuana's interactions with other medication". Prescribing information for approved versions of medicinal marijuana does include drug interaction details. However there is less information available on medicinal marijuana compared with other medications because it's legal status more difficult to study in clinical trials.

The prescribing information for one pill form of medicinal marijuana includes warnings about potential interactions such as depressive effects when used with any central nervous system depressant. Another pill form warns that it should be used with caution by those also using sedative hypnotics or psychoactive drugs (inaudible 21:29) have looked at the effect of medicinal marijuana specifically on patients undergoing cancer treatment that was the context of Fiorina's remarks she was diagnosed with breast cancer in 2009.

One study published in 2007 found that (inaudible 21:45) of medicinal marijuana doesn't significantly influence how certain cancer drugs function. Other study from 2011 found that medicinal marijuana combined with a drug use to treat brain tumors produce a strong anti-tumor effects and for HIV/AIDS patients a 2003 study found no adverse effects on patients from medicinal marijuana. And that's my fact check for this week, I'm 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.

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Mark Masselli: Each week conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives. Depression is extremely common among adolescents in this country but it's often hard to differentiate between typically teen angst and a clinical condition that requires more immediate intervention. Suicide is the third leading cause of death among 10 to 24 year olds a population that almost ubiquitously uses texting as a form of communication. Nancy Lublin is founder and CEO of Crisis Text Line an instant texting service design to encourage teens in crisis to reach out for help which they receive instantly. All they have to do is text the numbers 741741.

Nancy Lublin: So if you're someone who is in pain you text us and then the counselor on the other side is not working from a phone they're on a screen that almost looks kind of like Facebook or Gmail. When messages come in with certain keywords in them they automatically get tagged as high risk. So we don't take them chronologically, if you're at risk for suicide you're automatically bumped up in the queue and you're like a code red, you got flagged on our system. And the supervisor would determine whether or not this person with the eminent harm.

Mark Masselli: Since she founded Crisis Text the word had spread like wild fire. They receive an average of 15,000 text per day from kids experiencing everything from typical teen dilemmas such as a fight a boyfriend, to kids contemplating suicide, those in most danger are encouraged to take action through a serious of channels. Crisis text line an instant age appropriate intervention available free of charge and 24/7 to give kids in crisis a lifeline, and leave them the help they need, now that's a bright idea.

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

Mark Masselli: And I'm 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.