Mark Masselli: This is Conversations on Healthcare, I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret we've reached an important milestone in the 18 month long Ebola epidemic.

Margaret Flinter: Well more than 28,000 residence in that region were afflicted with Ebola with many of the worse hit areas not having healthcare infrastructure in place and it took months before the global health community could really ramp up to get meaningful help to the region.

Mark Masselli: Ebola has claimed the lives of more than 11,000 people during the past 18 months. But it could have been a lot worse.

Margaret Flinter: Well it has been a disaster for the three West African countries Sierra Leone, Guinea and Liberia. Global health official suggest asked the G7 Summit leadership to provide funds for an Ebola ready response team in the event of future outbreaks.

Mark Masselli: They're hoping to put in place and organized and train rapid response team if or when other epidemics emerge.

Margaret Flinter: Well global health experts were able to develop some pretty reliable best practices in a short period of time how to contain those infected, protect healthcare workers and educating the communities about how to stay safe. All these were key to eventually containing the epidemic so, so many lesson learnt here Mark.

Mark Masselli: Learning from measurements is something our guest today is quite passionate about Margaret. Dr. Christine Cassel is President and CEO of the National Quality Forum a nonprofit coalition of healthcare stakeholders seeking to improve healthcare through better measurements.

Margaret Flinter: And Lori Robertson managing editor of FactCheck.org stops by and she is 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 CHC Radio. If you have comments please email us at CHCRadio@chc1.com or find us on Facebook or Twitter, we'd love hearing from you.

Margaret Flinter: Really get to our interview with Dr. Christine Cassel in just a moment.

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

(Music)

Marianne O'Hare: I'm Marianne O'Hare with these healthcare headlines. Healthcare is three trillion dollar a year industry in this country and increasingly prescription drugs are playing a big role. And the result of a recent Kaiser Family Foundation poll should come as no surprise. 72% of Americans feel the federal government should step in and do something to control the sometimes outrageous cost for prescription drugs. A vast majority also believe it should be easier to purchase the cheaper drug equivalence in Canada.

Parity in the bedroom the FDA has approved a new drug develop to target low libido in women. The so called women's Viagra comes with some warnings though some of the side effects include a severe drop in blood pressure especially when accompanied with alcohol. The pill is to be taken daily and is said to moderately increase desire in women.

As if you needed another incentive to breast feed according to a 30 year study it appears breast feeding offers another benefit improve cardiovascular health over a lifetime. The study looked it over 800 women who breast fed for a month or less as oppose to those who breast fed for 10 months or more longer participants had almost 20% less plague build up in their carotid artery. The study is the August issue of obstetrician gynecology. I'm Marianne O'Hare with these healthcare lines.

(Music)

Mark Masselli: We're speaking today with Dr. Christine Cassel President and CEO of the National Quality Forum a nonprofit membership organization that works to help improve health and healthcare quality through measurement. An internist and specialist to geriatric medicine Dr. Cassel served as President and CEO of the American Board of Internal Medicine. She serves on the President's Council of Advisors on science and technology. Dr. Cassel was a former President of the American College of Physicians and has published extensively, her most recent book is Medicare Matters. She's consistently named modern healthcare's 100 most influential list. Dr. Cassel welcome to Conversations on Healthcare.

Dr. Christine Cassel: Thank you Mark it's a pleasure to be here.

Mark Masselli: Yeah and the Quality Forum now a 16 years old set out to create a best in class standards and metrics that could be used to improve the nation's quality of healthcare. Could you share with our listeners about how far we've actually come since the National Quality Forum was established?

Dr. Christine Cassel: Well if you think back to 1999, it was a time where we had very little open information for consumers or frankly even for providers about the quality of care. If you think about it even Google had just barely been created around that time so ---

Mark Masselli: Hard to believe.

Dr. Christine Cassel: Yeah it's hard to imagine that, that's how long ago. So we've come a long way and NQF has been right in the center of helping to set standards for what measures are actually accurate. But I would say we have a long way to go, I think of it as kind of a airplane we've been texting down the runway and we've just gotten liftoff but we aren't nearly at cruising altitude yet.

But NQF's role has been all along the one place that includes all the perspectives from stakeholders public and private as well as a very strong voice of consumers and purchasers. If you look at just the last four years we've seen a dramatic reduction almost 20% reduction in hospital acquired conditions like infections 50,000 live saved in 12 billion dollars. So that would not have happened if we hadn't been able to measure those things and then report back to people and allow them to find ways to reduce those kinds of events.

Same kinds of levels of improvements actually even more dramatic in maternity care and reducing unnecessary hospitalizations and readmission. So I think the place to really look for results in this area is within hospitals and community based institutions where people now are able to look at the quality of care and the patient experience and collaborating regionally or even nationally to figure out how to reduce problems and improve quality.

Margaret Flinter: You know, Dr. Cassel let's talk a little bit about the membership today that's at the core of the National Quality Forum. You've said to create a truly gold standard for quality measures you got to have all stakeholders at the table, how do you derive that quality measures in a way that satisfies all the stakeholders that are at the table?

Dr. Christine Cassel: Well this actually what makes NQF so unique, there really isn't another organization like this. The NQF is the really only place that comes together around of open transparent process particularly having the strong consumer voices at the table. So we have roughly 12 to 14 different ongoing standing committees, we have 850 plus volunteers on all these expert and multi stakeholder committee. So looking at the different measures and the different issues and helping us come to consensus. You know, we're seeing more and more controversial measures now because payment is so strongly attached to so many of them and that's not surprising. One of the things we're able to do through our consensus process is get to the most practical dissolve.

Mark Masselli: You've talked about these tensions that weigh heavily on the industry we had Dr. Steven Stack who is the President of the AMA describing that his membership is drowning in reporting requirements. Could you talk to our listeners about these industry challenges and the need for better science behind the measurements?

Dr. Christine Cassel: First as a physician let me just say I'm very sympathetic with Dr. Stack's point. And it is really true that the demand for better information is kind of hitting the doctors with all these different requirements and there really is a need to align the measures. To get all of the different people who are using similar measures but not exactly the same together and try to reduce the redundancy and reduce the burden what it cost to collect the data and report it.

It's interesting, you know, when I first came to NQF literally 50% of the people I talk to said that just what you're hearing that were drowning in measures it's all noise and nobody can make any sense of it. The other 50% are saying we don't have enough measure from the doctor's perspective if you're a neurosurgeon we actually don't have good measures that measure what you do. And if you're a patient and you have an unusual condition or actually not an unusual like let's say multiple sclerosis you want to know about that and we don't have good measures for that. So I call this a Goldilocks problem we have too many measures and not enough measures and we don't have the right measure so we need just the right measures and that's where measurement science comes in.

Margaret Flinter: Well Dr. Cassel what kind of system changes have come about because of having access to better data because of these quality measures. Give us maybe some examples of the system changes within that led to the better outcomes and also if you have examples of some health systems across the country that you really think are getting this data sharing right.

Dr. Christine Cassel: I can point to Male Clinic, Cleveland Clinic, (inaudible 9:47) Denver Health, Kaiser Intermountain, Mass General and Partners and many, many more and each of them they report this national metrics to the federal government and to state payers Medicaid and the private payers as well six north. And let's go find out what they are doing differently. And a lot of people are just literally learning from one another the science of quality improvement and that includes putting in place reminders checklist for safety.

And every single time we go into the operating room because that's how you prevent errors from happening. So recently a number of hospitals have done amazing things in reducing readmission. By following up with their patients and some even giving your patients an iPad to take home with them that reminds them to take their medication has

them able to communicate seamlessly with a nurse at the hospital. Lots of sort of creative ideas like that.

Mark Masselli: We're speaking today with Dr. Christine Cassel President and CEO of the National Quality Forum, national collaboration of stakeholders aimed at improving health and healthcare quality through measurement. Dr. Cassel also served as President and CEO of the American Board of Internal Medicine. Dr. Cassel let's talk about the incentive movement and we're seeing this shift from volume to value and HHS and Secretary Burwell recently announce some very ambitious goals for the coming year including ensuring that 90% of Medicare outcomes are tied to quality. Is the National Quality Forum engaged in conversations with them about this reach?

Dr. Christine Cassel: We are very definitely Mark engaged in conversations with them and with the private payers as well because they are moving down this road too. They all are part of national effort the learning and action network that's trying to align the efforts of the private sector and the public sector much more accelerated push to paying for value. NQF has been very clear in our measurement science work to say you're not going to be able to just use cost alone and still have consumers know that they're getting value because value is cost plus quality. It's really about getting rid of the waste and extra cost, unnecessary cost in healthcare and paying for what really does benefit the patient.

But in terms of what -- how to bring providers along because some physicians and some healthcare systems and hospitals are way far along this way, they've been doing this for a long time and they know how to think about patient centered care in a way that doesn't ask every time is this going to get paid for or not. But for many providers there's a whole new way of thinking about how you collect information, how you organize your teams and how you interact with your patients through email or telephone or other kinds of ways. Providing really good quality data that both providers and their own patients can understand and that they really believe in is dramatically motivational. If they are using data that they believe they will say oh I never realize that I wasn't checking (inaudible 13:11) diabetics because we didn't have the data systems to make that visible to folks before. So I think that's what's going to really be the key here.

Margaret Flinter: Well Dr. Cassel let's maybe take a moment to look at some areas of interest to you personally prior to heading the National Quality Forum you are the CEO of the American Board of Internal Medicine and the ABIM Foundation. And three years ago ABIM launch the Choosing Wisely campaign that call for providers as well as patients to curtail the overuse of dozens of costly often unnecessary and sometimes even dangerous common procedures and medications. Share with us what kind of impact has the Choosing Wisely campaign had been -- how do you see that movement evolving in this era of both consumer driven and also value driven healthcare?

Dr. Christine Cassel: I am so proud of having been involved in that at the very beginning. And, you know, it was in a way something that came from the profession itself who are beginning to look at all of the concern about the rising cost of care and say, you know, we own a piece of this and we can be helpful by identifying areas in our own practice that are overused. Often because patients have those expectations too, I think the insight that we had at ABIM Foundation was we need to get the doctors and the patients together to talk about this message because so often when you being talking about cost of caring, reducing overuse people are worried about rationing.

And so let's just the medical experts and patient (inaudible 14:53) we were so fortunate to have a robust partnership with consumer reports and I think that was the magic of choosing wisely. And now as you've seen it's kind of entered the vernacular, this is coincided in interesting way with the rise of more high deductable insurance programs. So I think it came just at a time when consumers needed this because often that first dollar payment is actually something that comes out of their pocket.

Mark Masselli: You know, let me give a quick shout out to one of our staff physicians Dr. Steven Smith he's one of the founders of the Choosing Wisely movement and ---

Dr. Christine Cassel: Oh yes, well Steve was there right at the very beginning and actually brought the idea initially to us along with the National Physician Alliance.

Mark Masselli: And speaking of great physicians you're certainly a world renown expert in geriatric medicine and Medicare as we know celebrated its 50th anniversary. Your book Medicare Matters what geriatric medicine can teach American healthcare, you know that Medicare is perhaps the most important healthcare program of our time and I wonder if you can share with our listeners a little bit about what we learned about the evolution of Medicare as well as the evolving disappointment for geriatric medicine.

Dr. Christine Cassel: I first would point out that those 10,000 people a day who are turning 65 are by and large not what we think of as a geriatric patient. And between the ages of 65 to 75 probably even up to 80, people are living longer and staying healthier as they age. But part of the price of getting old is that you do develop a number of age related conditions.

The specialty of geriatrics is unique because it understands the science behind ageing the distinction between treating a disease and treating a patient who has multiple, multiple chronic conditions and all of it is patient focus which is of course something we want all healthcare to be now. And that's why geriatric medicine can teach American healthcare because looking at what are our patient's values but let's have a partnership between the patient and their family and organize the care around that set of values which frankly might sometimes be putting different priorities in place than a standard medical guidelines would have.

So that's where I think the specialty of geriatrics could add a lot, it's also totally committed to coordination of care so having multiple specialist very interactive with one another so none of them are interacting at a bad way and everybody knows what everybody else is doing. And trying to keep people out of nursing homes, out of hospitals but when they are in nursing homes in hospitals being able to communicate and organize the care to be the best care it can be.

So geriatricians work very closely with nurses and social workers and physical therapist and others, but I think the innovations, you know, Medicare's also been an innovator in terms of data for reporting and in terms of now all of the advances of the ACA. So I think that all of the creative approaches to driving care that's more coordinated in some way it's come from those within the early days of Medicare and the specialty of geriatric medicine.

Margaret Flinter: Well Dr. Cassel I was glad to hear you're allude to some other members of the healthcare team there a moment ago. And I know that in your role at the National Quality Forum the issue of interprofessional practice must arise. But also that among the stakeholders although we've primarily focused in the conversations on physicians, you must have represented the other clinical professions in particular that play an important role in the healthcare delivery system the PAs and the nurse practitioners and the health psychologist and others. Tell us maybe just a little bit about how the National Quality Forum has, you know, since it was founded, you know, back in the late 90s really transform who's at the table in terms of interprofessional perspective on how from -- in clinical practice we achieve these transformations in the direction of better quality?

Dr. Christine Cassel: Well we have a large number of medical specialty societies who are members of the NQF but we also have a very large number of nursing organizations pharmacy is huge I mean when we think about how the world of pharmacy use this data and to make sure that they deliver the accurate medication to the right patient at the right time. What's interesting to me about this transition and what I called measurement science is that we've tended to focus on the doctor measures because that's who gets paid. But in fact more and more everybody is recognizing that the quality of the care that is given is can be attributed to a team either a small team or a larger system and in a group practice. And frankly my perspective as a physician and as a geriatrician is that more and more I think we should be reporting team outcomes and system outcomes rather than the individual. And that's going to of course depend on changing a payment and models and things like that.

Mark Masselli: We've been speaking with Dr. Christine Cassel President and CEO of the National Quality Forum, you can learn more about their work by going to

Qualityforum.org or you can follow them on Twitter at NAT Quality Forum. Dr. Cassel thank you so much for joining us on Conversations on Healthcare today.

Dr. Christine Cassel: You're most welcome, I've enjoyed it.

(Music)

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 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: We often hear about the high price tag of healthcare in United State, but does the US spend almost twice as much per captia on healthcare as any other country? That's what Senator Bernie Sanders said in a speech at the Iowa State Fare. But Sanders who is running for the democratic presidential nomination is wrong. The US does spend more than twice as much per capita at the average amount spent by other developed nation but it doesn't spend twice as much as everyone of them.

We consulted the most recent data from the organization for economic cooperation and development which shows the US spent $8713 per capita in 2013 on healthcare. That's more than double the OECD average of $3453 per capita. After the US, Switzerland at $6325 per capita and Norway 5862 per capita spent the most on healthcare. But the US didn't spend twice as much as either country nor that the US spend double the per capita amount of The Netherlands, Sweden or Germany.

Barack Obama made a similar claim in 2008 when he was running for president. Obama was wrong back then and Sanders is wrong to make the claim now. And 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 Healthcare.

Each week Conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives. One in six people in the world lacks access to drinking water or basic sanitation. And statistic show that diarrhea is the leading cause of death for these populations. But access to clean and potable water continues to present a real challenge, in Africa the number are staggering with 46% of the residences of Sub-Saharan Africa having no direct access to clean water. In 2005 artist

Tracy Hawkins went to Tanzania to see what she could do about it. Clay pot water filtration has been around for several hundred years where simple clay pots lined in the bottom with silver oxide can remove up to 99% of the impurities for most water sources. But no one had undertaken a dedicated program to produce and distribute these pots.

Tracy founded that the Sing'isi Pottery Project with a local activist and began making the pots with local artisans in this region of Tanzania. By 2008 she and her team were able to get a factory built so that they could increase production. The project has served multiple communities and continues to expand. Independent researchers have determine the system to be safe, effective and the best part the health of entire communities has been improve significantly once each village resident is provided with a clay filtration system. The pots are inexpensive to produce, easy to handle and the factory has also created jobs for local residences. They have since change the name of the organization to Safe Water Ceramics of East Africa and have continued plans to replicate the successful model across the region. A simple easily manufactured solution that improves access to potable water for a community that previously has few options, one that improves health, wellbeing and economic conditions at the same time, now that's a bright idea.

(Music)

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

Mark Masselli: And I'm Mark Masselli, peace and health.

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