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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret it's hard to believe it's been 10 years since we witness the devastating power of Hurricane Katrina which flooded the city of New Orleans and the surrounding communities and left so much death and destruction in its wake.

Margaret Flinter: And I thought most about of course what happen in terms of healthcare infrastructure in the city when Katrina hit in 2005. Health centers, hospitals, clinics were destroyed even the renowned beloved charity hospital a public facility that had been the anchor in that city for the port for centuries was forced to close.

Mark Masselli: And without the paper records of so many the cities residence were lost permanently as well and it's hard to envision the rebuilding of so much loss the infrastructure Margaret but there has been some remarkable strides in the rebuilding of the region's health system in the past 10 years.

Margaret Flinter: It's kind of phoenix rising from the ashes story, where prior to the storm many of the regions port receive most of their care, their primary care if you want to call that in the emergency room setting, that was the way things were done then. But now there's a whole new culture and infrastructure of primary care in the community that has evolved and that is just a huge step forward for the region's residence. The combination of a dramatic infusion of cash from the state and federal governments and private foundations and an energy of the provider community that came together has resulted in new hospitals, new health centers, new clinics and an enormous state of the art facility that has replaced the old charity hospital so they do growth outside of so much loss.

Mark Masselli: Absolutely and speaking of huge steps that were taking forward, the regions health system have switch to an electronic health record system that's not only protected from natural disasters but it's offering patients and providers more integrated and coordinated care throughout the region. Vast improvement over the old system and might well be a model for the rest of the country to look at.

Margaret Flinter: That's right Mark, and electronic health records and coordinated care are both very powerful tools and eliminating medical errors but also and really just improving outcomes through better coordination. And that's something that our guest today is very passionate about Dr. Tejal Gandhi is the President and CEO of the National Patient Safety Foundation, her organization is committed to reducing medical errors that lead to an estimated 100,000 preventable deaths per year.

Mark Masselli: The patient safety movement is growing as well as the movement the keep medical professional safe from accidents and harm as well. And we're really looking forward to Dr. Gandhi's insights.

Margaret Flinter: And Lori Robertson will stop by the managing editor of FactCheck.org she is always on the hunt for misstatements spoken about health policy in the public domain.

Mark Masselli: And no matter what the topic you can hear all of our shows by going to CHC Radio.com 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'll get to our interview with Dr. Tejal Gandhi of the National Patient Safety Foundation 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 Healthcare Headlines. It's back to school time, a number of states around the country are pushing campaigns to ensure that all children heading back to class for the three Rs also add that V for vaccines. Last year California saw a severe outbreak of measles and is denying personal exemptions for parents moving forward while unvaccinated rates in the general population are relatively low about 1.7%. There are states with much higher rates such as Idaho which has a 6% rate of unvaccinated students. Some 10 states are seeking measures that would eliminate a personal exemption right by parents to avoid vaccinating their children before putting them in the school population.

The frequency of mammogram has come out for debate in recent years and do largely to the conflicting notions about how often a preventive measure should be taken. Conventional wisdom had been for annual mammograms after age 40 but recently those guidelines have been altered. US preventive services taskforce recommended mammograms every two years for women over 50 with average risk. According to a recent NPR food and health analytics poll most women poll felt it was wise to follow the more conservative line of thinking with 60% of the respondents advocating for annual mammograms after age 40.

The prevention taskforce says there's little evidence to support regular annual mammograms and women under 50 or over 75 saying there could be more harm done by increased radiation exposure and unnecessary biopsies and surgery. But it ultimately it should be a decision between patient and doctor.

And (inaudible 4:44) by any other name the FDA is ordering several cigarette manufacturers to quit calling their cigarettes additive free or natural. The FDA has been given expanded powers to regulate tobacco consumption and was concerned about a marketing campaign calling certain cigarette brands natural is a way of insinuating their somehow safer than other alternatives, it's a landmark decision by the FDA the first time the FDA has taken this kind of steps since it got those expanded powers to regulate tobacco products. I'm Marianne O'Hare with these Healthcare Headlines.

(Music)

Mark Masselli: We're speaking today with Dr. Tejal Gandhi President and CEO of the National Patient Safety Foundation in the NPSF Lucian Leape Institute which is dedicated to creating a world where patients and those who care for them are free from harm. Dr. Gandhi is an internist and associate professor of medicine at Harvard Medical School. She was the Executive Director of Quality and Safety at Brigham and Women's Hospital for 10 years. She earned her master's in public health as well as her medical jury from Harvard, Dr. Gandhi welcome to Conversations on Healthcare.

Dr. Tejal Gandhi: Pleasure to be here thank you.

Mark Masselli: You know, the National Patient Safety Foundation was created in the late 1990s on a fairly simple premise that seems in synced with the intent of the hippocratic oath to prevent harm and improve patient safety. And yet as we've learned from the ground breaking 1999 IOM report to errors human medical mistakes have led to an estimated 90,000 deaths per year in this country with even higher estimates more recently. Could you give our listeners an overview of just how far we've come since the release of the IOM report when patient safety was not even part of the national healthcare discussion.

Dr. Tejal Gandhi: I think that's an accurate description and that when the IOM report came out in 1999. Most people in the public were not aware really of medical errors but also the health profession. So the IOM report really did open up a whole new field of patient safety. And since then we have come a long way most are if not all hospitals for example have patient safety programs and patient safety teams and people really who are dedicated to trying to prevent medical errors. A creditors like the joint commission has specific requirements around patient safety and look for that. And clinicians, nurses, doctors are being trained on patient safety even at the medical school level certainly at the residency level. Some of the key areas that we've seen some improvement are for example reducing infections which again back in 1999 a lot of infections were felt to be just part of doing business in healthcare and there has been progress there.

And also in changing culture which we can talk about a little bit more but really creating a culture where it's the expectation that people will talk about mistakes in order to learn from them, which is a pretty significant cultural shift and we're now trying to measure that culture and really make sure that we're creating that kind of culture across healthcare.

Margaret Flinter: Well Dr. Gandhi in these few short years this organization of stake holders has elevated patient safety to the status of a science as well as a discipline. And I know that you've created forums for sharing and dissemination of best practices from around the country and the world that have led to better patient safety and the healthcare setting. But tell us more who are the partners and stake holders working with you in this shared goal of advancing patient safety and what have you learned?

Dr. Tejal Gandhi: Well, you know, NPSF was always prided itself on really being the big tent where everyone can come to the table and work on patient safety together. So when I say everyone I mean patients first and foremost healthcare organizations, clinicians, regulators and government and also people form industry vendors who are creating new technologies for example. And so having all of those people at the table is really critical to advancing the movement. We will not make progress on safety as people are afraid to talk to about errors and so leading systems have really created cultures where it's the expectation of everyone in the organization to learn from errors to improve based on things that have happened to include patients in those learning discussion and make sure that changes are made that aren't really systematic changes.

We need to have robust systems to learn from errors. There's no point in reporting an error if an organization isn't set up to really learn and improve based on that error. And we have started to take learnings from other industries like aviation and nuclear power. And again to design systems with ways to prevent error as oppose to just asking clinicians to work harder and be more careful.

And then the last lesson learned is the fact that we have to really focus on patient engagement and having partnerships with patients to create safer care. The Lucian Leap Institute that is the NPFS think tank put out a report on this just in the last year about how critical it is to partner with patients to improve care what that looks like is shared decision making, really making sure patients understand what their options are and that the plan is being created with the patient as a complete partner. But also having patients sit on hospital committees and quality improvement activities and patients on boards of hospitals to make sure that patient voice is really heard.

Mark Masselli: You know, I was thinking as you are talking there about one of guest that was on Dr. Pronovost how everybody in the team has to be able -- the sort of the Toyota experience I got to be able to stop the assembly line going and but let's drill

down a little on the impact on patient safety and the center for disease control and prevention recently released a report featuring stats on the reduction of hospital infections and complied with data submitted by more than 12,000 acute care hospitals across the nation addressing infection rates. And there's been some really good news there could you tell us more about those results?

Dr. Tejal Gandhi: Well we've definitely made progress according to recent CDC estimates on infection such as blood stream infection, catheter associated urinary tract infections and ventilator associated pneumonias and so on. In the past it was felt that these were not preventable types of infection and so that shift in mindset that these are preventable has been huge as well as really creating better best practices to say well how do we prevent them and that, you know, you mentioned Dr. Pronovost in his work around central line is actually that's been really critical to showing the way for how hospitals and particularly in terms of care units can reduce rates of these kinds of infection.

We've had a real struggle in patient safety to measure errors but in infections we can measure infections. And so just having that measurement present is a driver for improvement. Other key drivers have been the fact that a creditors such as the joint commission look for certain activities related to infection prevention. And so there is financial penalties tied to having high infection rate through Medicare. And so I think this confluence of factors is certainly the reason for why we've made progress on infection.

Margaret Flinter: Well Dr. Gandhi it's another area that we seen some dramatic improvements is in the whole area of medication safety. And it occurs to me the movement really also coincides with the development and the implementation and finally the widespread use of electronic health records and electronic prescribing systems. What's been the most successful based on your research in reducing average drug events?

Dr. Tejal Gandhi: Well it's a great question and I think your point about the confluent of electronic health records with the IOM report is a good one and that it really has brought potential for how we can improve systems in healthcare by having thing more electronic. And computerized physician order entry which is basically electronic prescribing in hospitals and electronic prescribing systems in the outpatient setting have made substantial reductions in those prescribing errors.

You also mention drug interactions and the electronic systems have the potential to prevent errors but they have to be used in an optimal way. And so we still may not getting the full benefit of even those kinds of systems. If for example we are a learning clinicians about every drug interaction that exist because it comes to the point where

there are so many alerts that people just end up starting to ignore them because they can't get their work done because there are so many alerts. And there's been a real science around alert fatigue that has started emerge that says we can't alert on every single things I mean we need to prioritize. There's lots of other ways that medication errors can happen and subsequently leading to a preventable adverse drug event that could be pharmacy dispensing errors. In pharmacy for example there's much better electronic dispensing system even the use of robots for example to help reduce dispensing errors. And then at the bed side in hospitals there's been really good evidence that barcode systems, you know, an electronic list of all the medications that are due and then being able to match that with barcode technology at the bedside to make sure it's the right patient, the right drug, the right this the right time. Those systems have really shown significant reductions in those administration error, so lots of different technologies that have demonstrated value in the medication process.

Mark Masselli: We're speaking today with Dr. Tejal Gandhi President of the National Patient Safety Foundation and the NPFS Lucian Leap Institute which are dedicated to transforming healthcare systems to better improve patient safety. Dr. Gandhi is an internist and associate professor medicine at Harvard Medical School. She was the executive director of quality and safety at Brigham in Women's Hospital for 10 years. Dr. Gandhi you've been in the trenches of patient safety for some time now and the Affordable Care Act has a numerous provisions in place intended to foster improve patient safety and better health outcomes by incentivizing system transformation. And the Department of Health and Human Service has launched billion dollar campaign called the partnership for patients to work towards reducing patient, how are these policy directors and government initiatives enhancing the work that you're doing at the foundation?

Dr. Tejal Gandhi: Well it absolutely enhancing the work we do at the foundation by having increased focus for hospitals and health systems on trying to improve patient safety. The partnerships with patients and particularly the hospital engagement network have created collaborative networks of organizations that are working together to share best practices and improve patient safety in the networks of hospitals and health systems have been trying to reduce infections and reduce readmissions and so on. So they've really created way for organizations to share with each other and learn from each other which I think is really how we're going to move forward.

The other way that the partnership with patients has with NPSF is that we for example put out the white paper in last year about partnering with patients for safe care. And they helped promote that across these collaborative organizations by having a webinar and making sure their constituents are seeing the work of NPSF. So, you know, we hope to continue to partner with groups like that to really spread the knowledge that we have at NPSF.

Margaret Flinter: Dr. Gandhi the National Patient Safety Foundation has led the effort to create a new medical specialty in patient safety by developing a certification system which I will be interested in hearing more about is this a board level certification in addition to one's primary specialty. Is it exclusive to physicians or other health professions also developing certification in this area, tell us more about that?

Dr. Tejal Gandhi: It's really intended for people who have been in the trenches doing patient safety work for several years. You really need to have practical experience, we are trying to demonstrate that to be in the field of patient safety there are certain core competencies that people need to have basically trying to elevate patient safety as a field. You know, I'm thinking about when I used to run a quality and safety program at Brigham women we still -- we're trying to hire people to work in our quality and safety department. And so if somebody have this kind of credential it just demonstrates again that this person really have a high level of competency compared to somebody who did not have the credential. So I mean certifications are relatively early program and I would expect that this would be the kind of credentials that every organization around the country should have someone with this kind of credential in their safety department.

Mark Masselli: You know, Dr. Gandhi tell us a little more about the national patient safety foundation in the Lucian Leap Institute, who are some of your strategic partners and what's next on your agenda in terms of objectives you have?

Dr. Tejal Gandhi: We partner with everyone from a creditors and government agencies to industry and vendors to healthcare systems, hospital, individual members of NPSF. The NPSF Lucian Leap Institute is kind of our north start that tells us what activities we need to focus on and so the areas that the NPSF Lucian Leap Institute has been focusing on are transforming medical education to include more quality and safety work. Worker safety, we focus so much on patient safety which we really obviously need to do. But if the people working in healthcare are having physical and psychological harm themselves it would be very hard for them to deliver safe care to patients. So we have decided that worker safety is really a precondition to patient safety.

The fourth area is patient engagement and the last is transparency and again we need to make sure that we're sharing best practices more broadly to make sure that everyone is learning and improving.

Margaret Flinter: We've been speaking today with Dr. Tejal Gandhi President of the National Patient Safety Foundation and the Lucian Leap Institute which is dedicated to creating a world where patients and those who care for them are free from harm. You can learn more about her work by going to www.npsf.org Dr. Gandhi thank you so much for joining us on Conversations on Healthcare today.

Dr. Tejal Gandhi: Thank you so much for having me.

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Mark Masselli: At Conversations on Healthcare we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org a 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: Well Senator Marco Rubio who is running for the republican nomination for president recently described a hypothetical Detroit business owner with 10 employees who was facing higher cost under the Affordable Care Act. Rubio said the fictional man was considering moving one employee to part time to save, quote, a significant amount under Obama Care. But a business of that size isn't subject to the loss requirement to offer insurance to full time workers or pay a penalty that only applies to businesses with 50 or more full time equivalent employees. And the fictional employee in question would likely qualified for Medicaid.

It's difficult to fact check a hypothetical in which there are many details we simply can't fill in. We don't know if this employer offered health insurance before the ACA or wanted to add the benefit now. But we can say that a business with 10 employees isn't subject to penalties under the loss for not providing insurance. Rubio said this employer was thinking of cutting the hours of his receptionist to part time to save money under the ACA. But businesses with fewer than 50 employees who do offer insurance are not required to offer it to all full time employee at least not under current IRS regulation. Cutting the receptionist hours to part time wouldn't make a difference for a small employer.

The employer in this scenario could tell his workers to seek coverage on their own on the federal market place where they could qualified for subsidies. In fact the receptionist Rubio described would qualify for Medicaid. She's a hypothetical single mother of two who earns $9.50 an hour and works about 40 hours a week, that's less than $20,000 a year. Well under the 27,000 $724 threshold for a family of three to qualify for Medicaid 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 Healthcare.

(Music)

Mark Masselli: Each week conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Of the 6.6 million births per year in this country over half are unintended. And among teens those rates are even higher, Colorado has been conducting an experiment for several years to examine what might happen if sexually active teens and poor women were offered the option of long term birth control such as IUDs or implants. The first question to answer would they take the offer?

Dr. Larry Wolk: What was so striking was the word of mouth amongst these young women to each other and the network of support that was built amongst these young women to access this program through these clinics and to help the tens of thousands of women over the course of the 4 to 5 years really did then result in this significant decreases in unintended pregnancies and abortion.

Mark Masselli: Dr. Larry Wolk is Medical Director of the Colorado Department of Health and Environment. He says the results were nothing sort of astounding.

Dr. Larry Wolk: The result in decrease is 40% plus or minus in both categories pregnancy and abortion over these 4 to 5 years. And I'll give you a sneak peak preview into preliminary data for 2014 for which it looks like those reductions maybe even more dramatic when you extend this out over an additional year to more than 50 even approaching 60% reductions in those unintended pregnancies and abortions.

Mark Masselli: And the result showed not only a dramatic decrease in unintended pregnancies, there was a significant economic benefit to the state as well.

Dr. Larry Wolk: We've seen a significant decrease in the number of young moms and kids applying for and needing public assistance whether that's public insurance, whether that's through the week program. You know, we hope that then longer terms this will translate into better social and economic outcomes for these folks and for us as a state and our state populations.

Mark Masselli: And in spite of what conventional wisdom might lead one to assume the incidence of sexually transmitted diseases dropped in this population as well.

Dr. Larry Wolk: We've been doing background surveillance of our sexually transmitted diseases here in Colorado and amongst young women 15 to 24. We've seen a decrease in sexually transmitted infections and the rates are now below the national averages.

Mark Masselli: Many other state health departments are already consulting with Colorado on the successful outcome of their experiment. A free long term contraception program offered to at-risk teens and women trying to avoid the economic hardship of

unplanned pregnancies leading to a number of positive health and economic outcomes for all involved, now that's a bright idea.

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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.