Dr. Christine Cassel

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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret another year has flown by, 2015 was action packed in the health care arena. It's a good time to look back at some of the year's industry's highlights.

Margaret Flinter: The Health Care law survived another Supreme Court challenge in June that upheld the legality of the Affordable Care Act's premium subsidies and averted a health insurance market meltdown really.

Mark Masselli: The high cost of pharmaceuticals top the list of health industry stories this year whether it's the $85,000 price tag to treat just one patient with Hep C it's indicative of a much larger problem. Drug costs are skyrocketing and its leading cost of inflation in the health care sector.

Margaret Flinter: Lawmakers, health industry activists, providers, payers all are jumping on the bandwagon of transparency calling for something to be done to contain this extreme high cost to pharmaceuticals. And I think that's the trend that's likely to continue into 2016 as we see more transparency around health care cost, not just in pharmaceuticals but across the board.

Mark Masselli: And Margaret another big story that actually was a non-story. It's the long awaited switch to ICD-10 billing codes, the switch was dubbed Health Care's Y2K and indeed that's how it played out the new coding going into effect in October and for the most part the transition has been a smooth one.

Margaret Flinter: 2015 was also a year of mergers and acquisitions among many health systems and insurance companies around the country, and I also note that more medical schools have been announced, Kaiser Permanente is leveraging its integrated high quality care model to create a new kind of medical school they are focused training next generation clinicians to be able to advance population health and promote sustainable health cost at the same time.

Mark Masselli: You know Kaiser CEO Bernard Tyson says creating a medical school to prepare clinicians for the Kaiser method of care delivery makes sense, especially as the US health system shifts towards value based coordinated care.

Margaret Flinter: And Dr. Christine Cassel, CEO of the National Quality Forum has announced that she will leave her poster run this new Kaiser Permanente School of Medicine because of that recent announcement we thought we would revisit her conversation with her from earlier this year.

Mark Masselli: And also we hear from Lori Robertson, she always is on the hunt for misstatements spoken about health policy in the public domain. But no matter what the topic, you can hear all of our shows by going to chcradio.com.

Margaret Flinter: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter because we love to hear from you. We will get to our interview with Dr. Christine Cassel 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. Opioids and overuse is reached crisis level proportions in this country with 250 million opioid prescriptions being doled out in the past 10 years. And more than a 150,000 opioid overdoses reported is a growing call for the medical profession to curb those prescriptions and the Centers for Medicare & Medicaid is getting involved.

CMS plans to more closely track the use of opioids by adults and antipsychotics among children and adolescents. About 28,600 people died in 2014 alone. The CDC says the figure is the highest on record and is tripled since the year 2000. The measure is intended to indicate inappropriate prescribing or fragmented care. The American Pharmacist Association said, the new Medicaid measures could help identify patterns of opioid misuse.

2015 also saw a dramatic rise in cyber security issues and health industry hacks with millions of Americans' health information having been compromised. The Health Care information technology sector is haling health care specific cyber security provisions that have made their way into the massive Omnibus legislation congress recently passed. The $1.1 trillion spending in tax extender bill includes language that closely follows the recommendations from HIMSS, the Health Care Information and Management Systems Society as well as other groups pushing for greater government support to combat cyber threats, the legislation creates a health care industry cyber security task force.

Concussions are a real health threat in this country House and Energy Commerce Committee chair Fred Upton is proposing an initiative to study the depth of the prevalence of concussion and whether the current treatment protocols are sufficient enough to mitigate the aftermath of concussion, Upton calling concussion a true public health threat.

Meanwhile $16 million grant has been given to brain researchers to seek a way to diagnose chronic traumatic encephalopathy which currently can't be determined until the patient has died. The new study aims to develop ways to spot the disease in the living. The National Institutes of Health is fully funding the CTE study saying it didn't want NFL money influencing the outcome of the research in anyway. I am Marianne O'Hare with these health care headlines.

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Mark Masselli: We are 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 health care quality through measurement, an internist and specialist in 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 is a former president of the American College of Physicians and has published extensively her most recent book is Medicare Matters. She is consistently named on Modern Health Care's 100 most influential list. Dr. Cassel, welcome to Conversations on Health Care.

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

Mark Masselli: Yeah. And the quality forum was set out to create a best in class standards and metrics that could be used to improve the nation's quality of health care, could you share with our listeners about how far we have 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 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 but that's how long ago it was. So we have come a long way and NQF has been right at the center of helping to set standards for what measures are actually accurate but I would say we have a long way to go. But NQF's role has been all along to 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 have seen a dramatic reduction almost 20% reduction in hospital acquired conditions like infections, 50,000 lives saved and $12 billion. So that would now 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 level of improvements actually even more dramatic in maternity care and reducing unnecessary hospitalizations and readmissions so I think the place to really look for results in this area is within the 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 you have said that to create a truly gold standard for quality measures you have got to have all stakeholders at the table, how do you arrive at quality measures in a way that satisfies all the stakeholders that are at the table?

Dr. Christine Cassel: Well it's 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 an 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 experts and multi-stakeholder committees, so helping us come to consensus. We are 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 are able to do through our consensus process is get to the most practical results.

Mark Masselli: You have 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: 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, it's interesting you know when I first came to NQF literally 50% of the people I talked to said that that we are drowning in measures. The other 50% are saying we don't have enough measures. From the doctors' perspective if you are a neurosurgeon we actually don't have good measures to measure what you do.

And if you are 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 called this a Goldilocks problem, we have too many measures and not enough measures and we don't have the right measures. 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 Mayo Clinic, Cleveland Clinic, Geisinger, Denver Health, Kaiser, Intermountain, Mass General and Partners and each of them, they report these national metrics to the federal government and to state payers Medicaid and the private payers as well and lot of people are just literally learning from one another the science of quality improvement. And that includes putting in place reminders, checklists that for safety and every single time they go into the operating rooms because that's how you prevent errors from happening.

So recently a number of hospitals have done amazing things in reducing readmissions by following up with their patients and some even giving the 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 are speaking today with Dr. Christine Cassel president and CEO of the National Quality Forum, national collaboration of stakeholders indeed improving health and health care 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 are seeing this shift from volume to value. HHS and secretary Burwell recently announced 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 a national if we call the learning and action network that's trying to align the efforts of the private sector and the public sector. NQF has been very clear in our measurement science work to say, you are not going to be able to just use cost alone and still have consumers know that they are getting value because value is cost plus quality. It's really about getting rid of the waste and the necessary cost in health care and paying for what really does benefit the patient.

Some physicians and some health care systems and hospitals are way far along, they have 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 it's the whole new way of thinking about how you collect information and

how you organize your teams and how you interact with your patients 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, I never realized that I wasn't checking lipids in my diabetics because we didn't have the data systems to make that visible to folks before.

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 were the CEO of the American Board of Internal Medicine and the ABIM Foundation and three years ago ABIM launched the Choosing Wisely campaign that call for providers as well as patients to curtail the overuse of dozens of costly often unnecessary common procedures and medications, share with us what kind of impact has the Choosing Wisely campaign had.

Dr. Christine Cassel: It was in a way something that came from the profession itself who were beginning to look at all of the concerns about the rising costs 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 had those expectation too.

Margaret Flinter: Right.

Dr. Christine Cassel: I think the insight that we had at ABIM Foundation was so often when you began talking about cost of care and reducing overuse people are worried about rationing and so let's just have them the medical experts and patients groups 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 have seen it's kind of entered the vernacular this is coincided in interesting way with the rise of more high deductible 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 pockets.

Mark Masselli: There is certainly a world renowned expert at geriatric medicine and Medicare as we know celebrated its 50th anniversary, your book Medicare Matters-What Geriatric Medicine Can Teach American Health Care you note that the Medicare is perhaps the most important health care 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 discipline of geriatric medicine.

Dr. Christine Cassel: 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 aging. The distinction between treating a disease and treating a patient with multiple, multiple chronic conditions and all of it is patient focused which is of course something we want

all health care to be now. And that's why geriatric medicine can teach American Health Care 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 guideline would have. It's also totally committed to coordination of care so having multiple specialists very interactive with one another so 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 and 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 therapists and others. But I think the innovations you know Medicare has also been an innovator in terms of data for reporting. So I think that all of the creative approach is to driving care that's more coordinated in some ways come from those roots within the early days of Medicare and the specialty of geriatric medicine.

Margaret Flinter: Well Dr. Cassel, I know that in your role at the National Quality Forum the issue of inter-professional practice must arise but also you must have represented the other clinical professions in particular that played important role in the health care delivery system; the PAs and the nurse practitioners and the health psychologists and others. Tell us maybe just a little bit about how the National Quality Forum has really transformed who is at the table in terms of inter-professional perspective.

Dr. Christine Cassel: Well we have a large number of medical specialty societies who are members of 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 uses data and make sure that they deliver the accurate medication to the right patient at the right time we have 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 more and more I think we should be recording team outcomes and system outcomes rather than the individual. And that's going to of course depend on changing of payment and models and things like that.

Mark Masselli: We have 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 @NatQualityForum. Dr. Cassel, thank you so much for joining us on Conversations on Health Care today.

Dr. Christine Cassel: You are most welcome, I have enjoyed it.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: What is the coming year mean for those who don't purchase health insurance, higher penalties under the Affordable Care Act, the Health Care law called for penalties for those who don't have health insurance with some exemptions mainly based on income or economic hardship. And the amount of the penalty was phased in over three years beginning in 2014. That means the penalties hit their highest point next year.

For 2016 the penalty will be either a flat fee or a percentage of family income whichever amount is greater. The flat fee is $695 per adult plus another $347.50 per un-insured child that maximum penalty per family is $2,085. For those paying a greater amount under percentage of income that penalty is 2.5% of family income above the certain threshold that's about $10,000 for an individual and about $20,000 for a family. So for instance an individual earning a $40,000 a year would pay about $750 for not having health insurance based on the percentage fee but an individual earning $30,000 would pay the flat $695.

The increase for 2016 means a doubling of the flat fees and a bump up of a half of the percent in the percentage penalties. The nonpartisan Kaiser Family Foundation estimates that the average household penalty in 2016 for those who could have purchased insurance on the ACA marketplaces would be $969 and the average household penalty for those who could have purchased such a plan but not with the help of subsidies would be $1,450. The penalty is prorated if you had insurance for part of the year 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 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 everyday lives. Of the 6.6 million births per year in this country, over half are unattended 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 striking was the word of mouth amongst these young women to each other and the network of support that was built to access this program through these clinics really did result in the significant decreases in unintended pregnancies and abortion.

Mark Masselli: Dr. Larry Wolk medical director of the Colorado Department of Health and Environment he says the results were nothing short of astounding.

Dr. Larry Wolk: The results in decrease is 40% plus or minus in both categories pregnancy and abortion those reductions maybe even more dramatic when you extend this out over an additional year to more than 50 even approaching 60% reductions.

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

Dr. Larry Wolk: We have seen a significant decrease in the number of young moms and kids applying for and meeting public assistance whether that's public insurance, whether that's through the WIC program you know we hope that in longer terms this will translate into better social and economic outcomes for these folks.

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

Dr. Larry Wolk: We have seen a decrease in sexually transmitted infections and the rates are now below the national averages.

Mark Masselli: 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 Health Care, I am Margaret Flinter.

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

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