Dr, Ed Ellison

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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret we have seen a spade of public health concerns dominate the news of lake, the water crisis in Flint, Michigan is still unfolding.

Margaret Flinter: Well that's right Mark and there is still a state of emergency in Flint, Michigan. They had switched the source for Flint's water supply in a move to save money but the result – the river's much more toxic water was fed through antiquated pipes into homes and businesses in the region during the trigger period and that caused Lead to leach into the area's tap water and that has created a major health crisis.

Mark Masselli: The damage may have been done, even small amounts of Lead can cause permanent brain damage in children.

Margaret Flinter: Well the truth is Mark that we may not know for years just how much damage has been done. Many children who are exposed to toxic levels of Lead don't show immediate symptoms but serious problems can emerge later as they get older and much will need to be done to mitigate those health and perhaps developmental issues as well as re-earn the public's trust. So in the meantime most of the residents, they are living and bathing with bottled water.

Mark Masselli: And mosquito borne zika virus has been cutting a wide path through South and Central America as well as the Caribbean sparking health warnings from the CDC, now the World Health Organization and the National Institute of Allergy and Infectious Diseases.

Margaret Flinter: The World Health Organization is warning women of child bearing years to avoid these regions or if they must go, to take extra precautions.

Mark Masselli: It poses a very real threat to pregnant women and their offspring, and it's something for health clinicians here to keep an eye on Margaret.

Margaret Flinter: Speaking of health clinicians the way they will train in work to meet 21st century health needs is changing and that is something that our guest today is very well versed in. Dr. Edward Ellison is leading a team from the Kaiser Permanente Health System in creating a new medical school and a new kind of medical school.

Mark Masselli: Focusing on team care, patient centered care, value-based care and better outcomes for the entire population.

Margaret Flinter: We will also have a visit from Lori Robertson, the Managing Editor of FactCheck.org, always on the hunt for misstatements spoken about health policy in the public domain.

Mark Masselli: And as always if you have comments, please find us on Facebook or Twitter; we love hearing from you.

Margaret Flinter: We will get to our interview with Dr. Ed Ellison 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. The third open-enrollment under the Affordable Care Act has come to a close without much fanfare. The administration had been hoping to entice more Hispanics to sign up for coverage during this third go-around, across the country 20.9% of Hispanics are uninsured in the US compared to 12.7% of Blacks and 9.1% of Whites. Meanwhile, the national uninsured rate is at an all time low.

Meanwhile a Kaiser Foundation poll shows in spite of public rhetoric against the healthcare law, most people are satisfied with the healthcare they are receiving. The Kaiser Family Foundation poll revealed 71% of insured adults younger than 65 considered the healthcare services they received to be either excellent or good values given its cost, and even though many insurance plans limit networks of hospitals and doctors as well as procedures that are covered.

The World Health Organization is urging women of child bearing age to avoid much of South and Central America in the wake of the zika virus outbreak. WHO officials determined there is still much that’s not known about the virus and whether it's directly linked to serious spikes in microcephaly, babies being born with smaller heads and brains. Officials are cautioning if women of child bearing years must travel to the region, they should take extra precautions.

And teens are smoking less but feeling more anxious than their predecessors according to a recent study by the Substance Abuse and Mental Health Services Administration. The annual survey of teen behavioral health issues show the percentage of adolescents who smoked or binged drank in 2014 actually dropped while pot use went up about a few tens of a percent. The 2015 Behavioral Health Barometer did show a jump in the number of teen suffering from depression. However, the report noting 11.4% of adolescents 12-17 had at least one major depressive episode, about an estimated 2.8 million adolescents. The report noting the need for better screening of depression and better treatment options for teens as well. I am Marianne O'Hare with these healthcare headlines.

(Music)

Dr, Ed Ellison

Mark Masselli: We are speaking today with Dr. Edward Ellison, Executive Medical Director and Chairman of the board for the Southern California Permanente Medical Group. Dr. Ellison is also the national sponsor of recently announced Kaiser Permanente School of Medicine. Dr Ellison is a Family Medicine Physician who has served in various roles at Kaiser since 1984. He earned his undergraduate degree at Duke, his medical degree at the University of Virginia. Dr. Ellison, welcome to Conversations on Healthcare.

Dr. Edward Ellison: Thank you so much for having me, it's a pleasure.

Mark Masselli: Yeah. Kaiser I think was a national leader in the development of integrated health systems driven by coordinated care, can you tell our listeners about Kaiser's evolution from a young upstart health organization to this national model of the value-based care delivery?

Dr. Edward Ellison: Back in the great depression, really the first Permanente physician was Dr. Sidney Garfield prior to deliver care to the workers who were building the California aqueduct. So he was trying to think about how can I staff my clinic and how the supplies I need and he took on the idea of pre-payment, he went to the workers and said, for a modest fee each week if you pay me I will provide all the care that you need and I thought that was a great idea and with that he was able to assemble a clinic, a staff to take care of the workers. And then as he was walking across the work site one day, he saw there were nails on the ground so the idea of prevention was born. And when World War II came along and Henry Kaiser was asked to build battleship for the very rapid pace, then he asked his good friend Sidney Garfield to come and provide care for the workers at the shipyards.

And so that marriage of Permanente physician and Henry Kaiser and his resources brought about this care delivery model that was based on prevention and prepaid care. The entity is developed so that we had a nonprofit hospital health plan, a system which is the Kaiser side of the houses, and then what makes our system and our model really special I believe is that we do have the separation so the Hospital/Health Plan is a nonprofit which means the revenues go back into caring for the members and then independent autonomous self-governing medical groups so the physicians are in charge of making the care delivery decisions, the quality decisions. It's that alignment of vision and values that allows us to succeed in a different, that the care is physician led and yet the physicians are very much part of a team and the team is integral to caring for that patient, that our care is technology enabled connected by this electronic health record, that we are also focused on the communities that we serve, respecting the care across the continuum helps us to ensure the best outcome from everything, put all those things together it provides the care model that I believe answers a lot of the questions that are

asked today about how can healthcare evolve to better serve our country and the people of our country.

Margaret Flinter: Well Dr. Ellison now you have got another kind of template for the organization. Your CEO, Bernard Tyson has announced the formation of a new medical school one that's based entirely on the Kaiser Permanente model of care saying the time has come to rethink the way we prepare medical students for a value-based care system. So talk to us about what you and your colleagues in the organization identified as really missing from the current way that medical training is happening in this country and why you felt an entirely new approach was called for?

Dr. Edward Ellison: Well I think we all recognized that we are going to probably the most seismically significant change in healthcare in our country's history. And the answer for that change is not about running faster on a wheel, physicians are struggling, burnout is at an epidemic proportion propositions and so it's really about transforming care. And we need to prepare physicians for this new world, for this ability to practice in the environment that I was describing a few minutes ago, one that does understand the physician's role as both leader and team member, one that does utilize technology and yet also understands elements of culture responsive care and social determinants of care. So it's a situation where we are working together to help **[Inaudible 00:08:51]** understand how we can both transform medical education and the training of physicians to meet this need for the future.

We have brought together to the last number of years, recognized medical educators from across the country some of whom are from some of the most prestigious medical schools in the country to help advise us and help us think about how we might do this because we did feel we had a lot to bring to the table in this regard and they were very encouraging to us. They said, look we are all in this together and we all need to think about how we can transform and we can do it from where we stand, and you as part of this coordinated integrated model of care delivery bring a unique perspective so that's really how we came about thinking in the first place that we had a lot to bring to physician education it was the time was ripe and again those elements of being patient centered, evidence based, physician lead as well as part of a team, being culture responsive and using technology and understanding the social determinants of care and how we implement those elements into how we serve a diverse population, how do we create increased diversity among medical schools to better reflect the populations that we serve so all of those elements together seem to fit well with our learnings and our model something that we could contribute on the national stage to ongoing medical education.

Mark Masselli: You know we have a lot of nice hand in global relationship and as you just mentioned you have really gone out and brought some of the best and brightest

people in the country together as you have been thinking about medical education and certainly in the area of quality improvement. We had Dr. Christine Cassel, a guest on our show recently and she left her leadership post at the National Quality Forum to become the planning dean of the Kaiser Permanente School of Medicine and could you tell our listeners why Dr. Cassel was such a good fit for the post?

Dr. Edward Ellison: Well as we all know it is about quality. It's about making launch better and improving quality. So Dr. Cassel has great perspectives not only as her leadership role formerly in the National Quality Forum but as you know with the American Board of Internal Medicine, American College of Physicians and she is also formerly the dean of the School of Medicine and vice president for medical affairs at Oregon Health and Science University so she has that background. On a more personal level, we know Chris from her role as a former board member for Kaiser Foundation Health Plan Hospitals. And so she understands, she knows the organization so she brings that national perspective as well as an understanding connectivity to Kaiser Permanente. We have a poor planning team for the School of Medicine that also has representations from Permanente, multiple Permanente physician leaders who are very engaged in medical education and so Chris is joining that team and it's a great evidence of collaboration that is what our organization is about.

Margaret Flinter: Dr. Ellison so concept of team work, team based care, team vitality these evolve certainly entered the lexicon of 21st century healthcare and maybe even medical education, tell us what you are going to do, what the Kaiser School of Medicine approach is going to be to really embed this concept of team work, and with team work comes certainly inter-professional collaboration.

Dr. Edward Ellison: At Kaiser Permanente we absolutely view medicine as a team based sport, all voices matter in caring for patients, we all have something that we can do to help elevate the care of the member. So for example, we have systems in place such as the Proactive Office Encounter where at every touch point that a patient comes into our system, we have to identify if they have care gaps that need to be closed perhaps, they are overdue for mammography or the colonoscopy and so we are able to engage the entire healthcare team and helping to advise the member of this need and to arrange for that care to be delivered.

One of my favorite stories about that is a patient name, Mary Gonzalez [PH] who came into see her Allergist and the receptionist noted that Mary was overdue for her mammogram. So Mary was, well I will get to it, I will get to it. The receptionist was insistent said, no we are going to schedule that mammogram for you now, and so they found an early cancer and fortunately because of that Mary was cured. And so we have many many examples of how the team all comes together using this information that

allows us to understand where each patient is in their own journey. And in primary care and specialty care we know that utilizing advance practice providers and nurse practitioners and PAs using RNs, medical assistants, social workers, physical therapist, pharmacists that we all have a role to play.

It's also a great way to distribute the care appropriately across the continuum so we maximize all of our talents in a coordinated way it improves the outcomes and it also helps us to leverage everyone's skills and talents, especially in a day and age when we know that there are shortages particularly for physicians and particular primary care physicians.

Mark Masselli: We are speaking today with Dr. Edward Ellison, Executive Medical Director and Chairman of the board for the Southern California Permanente Medical Group. He is also national sponsor of the recently announced Kaiser Permanente School of Medicine. Dr. Ellison talk about something that will surely be primary tool for care delivery for healthcare providers in the future and that technology and you know this is a new generation of people communicating in different ways, tell our listeners about how training students to navigate health information technology are going to play a role in the curriculum and the cultivation of the next generation of primary care providers?

Dr. Edward Ellison: You are right. The millennials, the generation coming out today is so savvy with all aspects of technology and our members, our patients are also very savvy and increasingly looking for what they want, when they want, how they want it, right. So when you can apply systems of care and electronic health records so that every touch point allows you to know that patient's history, what their needs are in that current moment, to bring all that together it's very powerful. Putting these tools in the hands of physicians who understand how to apply them and systems with care and as part of a team magnifies the ability to use that data in a really powerful way.

But what's also exciting is what it means to the patient. So as a Kaiser Permanente member for example we have an online system called kp.org where you can book appointments and you could look up your lab results, you can email your doctor. And so it begins to put more powers and opportunity in the hands of the patients. I am a member also, right so I had had my labs done and when I am in my way home from the lab, I get an email that says, your lab results are ready and I can go online and check it without even having to contact the doctor's office and so that's pretty powerful. We can connect specialist to primary care physician and take care of the patient's need without having to refer to the specialist for the right condition so it's more convenient for the member, better use of everyone's time.

But I also want us to think about innovation in a different way. We know that the most powerful change is behavior change and if you can understand how better to meet the patient from where they stand, those are ways in which we can help to impact the patient for the better in the way that they manage their health. Those are places that we can begin to impact understand your needs and help to engage you in ways that will improve your health and engage those around you in supporting you.

Margaret Flinter: Well Dr. Ellison so as I think about your medical school I can't help but wonder what else are you thinking about in terms of education and training for the other people on your team, are you envisioning developing schools of nursing, social work, what are the kinds of education training are you thinking about as part of building this team of people?

Dr. Edward Ellison: So we have residency programs already within our system of care. We graduate more than 600 residents of our own. We have thousands more who come into affiliate programs. We have a number of our physicians who are clinical faculty at medical schools in our communities across the country. We have nursing students, nurse practitioner students who rotate with us. That whole focus on education and resource is very much part of who we are.

Mark Masselli: How are you focused in on making sure that you have diverse primary care practitioners who represent the various populations that you serve?

Dr. Edward Ellison: It's one of our fundamental values and that sets a tone and sets a culture and culture is everything. So Hippocrates Circle goes to middle school and high school students, particularly those from underserved communities and under-represented communities who have an interest in medicine and we link them with mentors. So the missing piece in this art for us was the medical school. We are very focused on closing gaps and disparity and we have been able to, we are not there yet but more successfully than most in the country been able to begin to close care gaps in hypertension control for example in the African American population and how does that connect also just to wellness and resilience. So it's all connected. How we pick the best care of our members so it's the medical schools and natural extension of that work. We intend for our medical students to go in the communities to visit their patient's homes, we have programs like the promoter's programs where medical students and residents go into the community, go into their patient's homes to understand how they can best meet that patient's need and to learn more about the community that they serve.

We have a national diversity inclusion council that helps us to understand how we can promote diversity inclusion across the organization, how that impacts positively, how it brings in, as we talked before the social determinants of care and by vice versa it would

be almost like a virtual cycle, I believe. We are also considering scholarships for students from under-represented and underserved communities so that we can advance the inclusion of students who might otherwise not have that opportunity to attend medical school.

Margaret Flinter: We have been speaking today with Dr. Edward Ellison, Executive Medical Director and Chairman of the board for the Southern California Kaiser Permanente Medical Group and national sponsor of the recently announced Kaiser Permanente School of Medicine. You can learn more about their work by going to the website kp.org/share or follow them on Twitter @KPShare. Dr. Ellison, thank you so much for joining us on Conversations on Healthcare today.

Dr. Edward Ellison: Thank you very much, my pleasure.

(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: Well another open-enrollment period for the marketplace plans of the Affordable Care Act comes to a close at the end of January. So let's take a look at the projections for how many would sign up, how many actually have signed up and the overall numbers on the reduction and the uninsured under President Obama.

As of June 2015 9.9 million people had secured their own insurance for the state and federal insurance marketplaces. Last October, the Secretary of Health and Human Services predicted that number would increase only a little in 2016 moving up to 10 million people. The Congressional Budget Office's projection are higher than that, it said in January that it estimated a 13 million people would have exchange or marketplace coverage per month on average in 2016. The vast majority of those, 11 million would receive subsidies CBO said, but those numbers are lower than what CBO had said in the past. It had previously projected that 21 million would have exchange plans in 2016. In its recent report CBO said that most of the unsubsidized folks whom it may no longer expect to buy exchange plans would instead buy insurance directly from an insurer. Medicaid coverage meanwhile has exceeded CBO's previous estimates. By 2025 CBO now expects about 14.5 million people to be on the Medicaid role due to the ACA that's 3 million more than what CBO had estimated just last august.

Looking at the overall numbers under President Obama, we turn to the National Health Interview Survey conducted by the Centers for Disease Control and Prevention during

the first six months of 2015 the most recent data available, about 28.5 million people of all ages said they were uninsured at the time of being interviewed, that's down from 43.8 million for all of 2008. It's a decrease in the number of uninsured of 15.3 million people since Obama first took office. The number of uninsured for 2010, the year the ACA was signed into law was actually higher than in 2008, 48.6 million people making the drop in the uninsured with the ACA higher than the reduction over Obama's entire time in office, 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.

(Music)

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Currently about 2 million people around the world are suffering from End Stage Renal Disease or Acute Kidney Failure. There are basically two options for these patients; kidney transplants which are costly and severely lacking in available donor kidneys or dialysis, also costly as well as time consuming, requiring patients to undergo blood filtering treatments at medical facilitates, lasting up to five hours per treatment, costing about $90,000 per year.

A Montreal teen science project just may pave the way for another solution. Anya Pogharian, developed a portable home dialysis kit that cost about $500 to produce far less than the $30,000 dialysis machines currently in use. Her idea inspired by her high school internship working at a Dialysis Center in Montreal.

Anya Pogharian: When you have to make it a way to the hospital which is a problem for a lot of patients, it's not necessarily easy to go three times a week to the hospital especially because maybe limited mobility.

Mark Masselli: Pogharian says hundreds of hours of research led her to build a prototype of the dialysis machine which is about the size of a typical game board but pumps and purifies blood just as large scale dialysis machines do. Her invention has earned her numerous awards and scholarships and the attention of one of Canada's key hematology labs now supporting her continued research. She hopes this device can be developed throughout the world, especially third world countries where significant percentage of the population doesn't have access to either transplant surgery or dialysis leading to early deaths of those patients.

Anya Pogharian: 10% of patients living in India and Pakistan who need the treatment cannot afford it or can't have it and anyway it's not accessible so that's really what motivated me to continue.

Mark Masselli: A relatively cheap, portable, easily assembled dialysis machine that could alleviate the cost and treatment hurdles of ongoing dialysis, keeping patients healthier longer, allowing them to be treated at home, now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am 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.