

Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, Secretary of Health and Human Services, Sylvia Burwell has issued an interesting challenge. A competition to see which developer can produce a medical bill designed that actually is user-friendly.

Margaret Flinter: They are looking for a design that delivers a medical bill that's clearer, less complex and easier to understand in a way that will improve the patient's financial experience, that is a [Inaudible 00:00:29] as anyone who has ever tried to understand an explanation of benefits or bill notes.

Mark Masselli: The problem is that so many practices switch to electronic medical records in recent years and they were designed to accommodate far more coding complexity. Unfortunately they have become too complex for many consumers to understand.

Margaret Flinter: I am sure there are many people looking forward to the outcome of this competition. Mark, I know I am.

Mark Masselli: There is another healthcare experience that's become increasingly complex, the prescribing of pain medications. And it elicited a demand from some Harvard medical students, a more effective curriculum to prepare them to confront this deadly problem that's become so prevalent in this country.

Margaret Flinter: I understand the students actually organized their own training sessions on not only how to treat opioid addiction, how to recognize different kinds of pain and the best way to manage it. I think it's very impressive that the students themselves recognized what a crisis this is and have both demanded and created better training.

Mark Masselli: Addiction and mental health issues are very much on the mind of our guest today Margaret, Paul Gionfriddo, a long time friend and mental health activist and CEO of Mental Health America an organization dedicated to making mental health services a part of comprehensive primary care.

Margaret Flinter: And no matter what the topic, you can hear all of our shows by going to chcradio.com.

Paul Gionfriddo - CEO of Mental Health America

Mark Masselli: And 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 will get to our interview with Paul Gionfriddo of Mental Health America 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 am Marianne O'Hare with these healthcare headlines. The CDC and National Institute of Allergy and Infectious Diseases and NIH are keeping their eyes on close to 300 women in the US and American territories who are pregnant and had been exposed to the zika virus. A 157 pregnant women in the continental US and 122 in its territories have tested positive for the virus which causes severe birth defects and also miscarriages. Of the 544 cases of zika reported in the US so far, most have been acquired through mosquito bite but there are 10 cases of infection reported to have happened through sexual transmission.

Meanwhile the President has also asked for \$1.1 billion to help combat the opioid crisis which is grown dramatically in recent years. According to a recent study published in Health Affairs it's behind a significant jump in hospital use and costs in 2002 300,000 hospitalizations were directly related to opioid issues, in 2012 there were 520,000 opioid related hospitalizations.

The FDA's new food nutrition labels are now on packages at a store near you [Inaudible 00:03:17] and in some cases more blocked labels have had a large things like the total calories and serving sizes and there is an added component that had the sugar lobby in a latter [PH] a new line that shows the amount of added sugars to a food item. The administration fought back and won the battle that consumers need to understand how much non-nutritional sugar is being added to a food so they can make choices based on awareness of nutrient density of the product.

Americans are less enchanted with their marketplace insurance plans as time goes on. According to a Kaiser Family Foundation study high deductibles and higher out-of-pocket cost are leading to increased dissatisfaction with the plans. Study showed that in 2014 27% of Americans poll were dissatisfied with the plans, in 2016 that number jumped to 40%. However there is still overall satisfaction with the insurance coverage, 68% still in favor of having it you can find the whole study at kff.org.

And the world is living longer, World Health Organization released a report showing the average life expectancy has grown by five years around the world led by a jumping life expectancy in sub-Saharan Africa of some 10 years due to largely a better malaria control and expanded HIV treatments. The Japanese women have a highest life expectancy 87 years whereas Swiss man having the highest male life expectancy at around 81 years all that mountain air and Swiss cheese. I am Marianne O'Hare with these healthcare headlines.

(Music)

Mark Masselli: We are speaking today with Paul Gionfriddo President and CEO of Mental Health America, the nation's oldest community-based nonprofit organization committed to improving mental health in this country. Mr. Gionfriddo was appointed in 2013 to the National Advisory Council at the Substance Abuse and Mental Health Service Administration. He has also served as president of Quantum Foundation as Executive Director of Indigent Care in Austin, Texas at the Connecticut State Legislature, and as mayor of Middletown, Connecticut. He has written extensively on behavioral health issues including his critically acclaimed book *Losing Tim: How Our Health and Education Systems Failed My Son with Schizophrenia*. He is a graduate of Wesleyan University and a good friend of ours. Paul, welcome to Conversations on Healthcare.

Paul Gionfriddo: Thank you for inviting me to be on.

Mark Masselli: You know we are in the middle of National Mental Health Awareness Month and when you look at the stats you realize no one is immune. It's estimated that 1 in 5 Americans will have some diagnosable mental health issue in any given year and yet many simply don't get help they need. I wonder if you could tell our listeners about the impact of unmet behavioral health needs in this country and why diagnosis and treatment pose such a challenge?

Paul Gionfriddo: Well for the longest time we have treated mental health concerns and conditions as public safety problems and not as public health problems. As a result I when we deinstitutionalized population in 1980s we re-institutionalized that population and when we closed our state mental health beds and facilities we reopened them with county jails, that puts a real damper on people's willingness to seek help and to take out into the open the kinds symptoms they have got. What Mental Health Month has been about is taking a month where people can talk about mental health openly, people can talk about what it feels like to have a mental illness openly. And we can begin to move

Paul Gionfriddo - CEO of Mental Health America

from this public safety model to a public health model and get services that are integrated into the regular healthcare delivery system.

Margaret Flinter: Well Paul, you have focused so much effort on improving mental health and now you are at the helm of the nation's oldest organization dedicated to promoting earlier diagnosis and improving access to mental health services. So talk with us about the key goals of Mental Health America and how efforts like your B4Stage4 program are really positioned to help achieve these goals?

Paul Gionfriddo: Yeah. What Mental Health America stands for is four things: prevention for all, early identification and intervention for those at risk, integrated health, behavioral health and other services such as education services, housing supports and employment supports for those who need them. So we made mental health concerns and conditions the only chronic diseases we wait until Stage 4 to treat so a year and a half ago we launched our B4Stage4 initiative which is designed to move people's attention upstream in the process to help people think about intervening at Stage 1 or Stage 2 not waiting till the crisis has occurred. And we have put a lot of our resources by launching an online screening program to make ubiquitous screening the goal of everyone in America because we believe kids should be screened for mental health concerns as frequently as they are screened for vision or hearing. We think adults should be screened as frequently as they are screened for blood pressure and the US Preventive Services Task Force agrees with us they think everybody over the age of 11 got to be screened annually for mental health.

Mark Masselli: Well Paul you just announced this ambitious initiative with the Walgreen change and the goal is to provide behavioral health screening for at least 3 million people through Walgreens' national network of stores in the coming years. How will folks who receive diagnosis get interventions they need in a timely fashion?

Paul Gionfriddo: Millions of people come to us via our website and through social media and millions of people every day visit Walgreens' website. So initially we put this together to operate in this virtual environment where people go to mhascreening.org, they are able to screening anonymously using the very same clinical tools that the doctor might use. Walgreens has now put a link from their website on to our screening page so that we can get more people to screen. What we are providing for Walgreens is a set of online tools and resources that people will be able to use post-screening to learn more about the conditions they have got. And what Walgreens is going to be able to provide are some more linkages to their chat with a pharmacist program for example our local affiliates – we have 100 of them around country – will be in a position to take

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referrals as well and get people connected to local providers and other support services in their communities so we will have a fully fleshed out screening to supports program.

Margaret Flinter: I am interested in this breakthrough system that Walgreens is using and that may be part of what you are referring to that facilitates interaction with clinicians online and includes a medication adherence tool. Talk about how emerging technologies like this are making a large-scale program possible in the way that would have been very difficult to achieve in the past and what's unique about this one?

Paul Gionfriddo: Yeah. In the past we were pretty much tied to physical locations. If they wanted to get adherence tools, they would pretty much have to go to someone or some place. In recent years the online environments have changed this dramatically and there are a lot of services that are moving into digital space, the best ones is Fitbit which give you instantaneous feedback about certain things that are going on in your body like your heart rate, the number of steps you are taking and things like that. We are trying to take advantage of the fact that young people especially are interested in using these kinds of tools. Three quarters of the people who use our screening tools are under the age of 25, two-thirds of those tell us they have never been diagnosed with anything, pretty hard to get somebody to adhere to treatment and they have never received a diagnosis and they aren't really in treatment. So what we are trying to get them to do is take a next step with some of these tools and actually be willing to talk further about it, be willing to take their results to a clinician at Stage 1 in the process where recovery comes a lot easier.

Mark Masselli: We are speaking today with Paul Gionfriddo President and CEO of Mental Health America, the nation's oldest community-based not-for-profit organization, committed to improving mental health in this country. Mr. Gionfriddo also served on the National Advisory Council at the Substance Abuse and Mental Health Service Administration at HHS. Paul you have written about your own personal experience navigating the mental health system in your book *Losing Tim: How Our Health and Education Systems Failed My Son with Schizophrenia* and you even noted as a young lawmaker, you inadvertently supported laws that made screen treatment options more difficult for families to access. I wonder if you could pull those together and share with us the story about Tim and the navigation that you had to go through with the Connecticut system and also give us an update on how Tim is doing.

Paul Gionfriddo: Yeah. Tim right now is 31 years old and for the last 10 years he has been mostly homeless on the streets of San Francisco. Recently he has come back into services a little bit he has had some housing, we actually got a chance to visit him about six weeks ago and he was doing very well and hoping at this point to stay in

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services but all too frequently when he has come back in housing first he is tended to be evicted from that housing and then we lose track of him for weeks and months at a time again. Part of the reason he is evicted is because he just doesn't follow the rules because he has got Schizophrenia and can't. What I think we made as our biggest mistake in the 1980s was not understanding that while the people who were coming out of our state hospital were adults there people who were going into them were kids. Half of all mental illnesses emerged by the age of 14 and these are childhood diseases, childhood problems and we never build a system of supports around our children. What happened to Tim is what happens to a lot of kids like that they get into the school system and the schools have no idea what to do with them, even though they are legally required to provide individualized services and programs for those kids. So I think that that's the mistake we made as a matter of public policy in the course of the last 30 years so we are continuing to see policies in America that are going to continue to put more people like Tim out on the street and we at Mental Health America really try to put in place policies that will recognize early, it will get services to kids in the schools, in their communities early on and that will change the trajectories of these kids' lives.

Margaret Flinter: Well Paul, families often encounter the toughest challenges once kids age out of the system and aren't eligible for some of those supportive programs they may have had and certainly as the state budgets are floundering we see families finding it tougher and tougher to find safe homes and dependable programs for their adult children who grapple with complex mental health issues. And in fact The Atlantic just had a very powerful article describing the nation's jails and prisons as the largest mental health hospitals in the country. I wonder if we could talk a little more about solutions, where are the solutions for these young adults and older adults? Now, you know Tim is an example and Tim's got the most supportive family in the world trying to help him but lots of folks don't so what are the solutions to really help these people?

Paul Gionfriddo: Well I think the simplest solution is – in a way the most obvious one – we have asked the members of Congress to include a provision in federal reform legislation which remains in the house bill at this point that would [Inaudible 00:14:13] incarceration of nonviolent offenders with serious mental illness within 10 years. States could do that as well because there is plenty of money and plenty of resources out there but we have got to stop putting people in jail and we have got to stop using the jails as treatment programs for adults. If we did that, we would free up literally millions and millions of dollars that we would be able to put into the building of the community-based mental health systems that we promised to people back in the 1980s. And it's as simple as that I think, let's get them out of the jail and let's move the money from the jail to follow people back on the communities put clinical support folks, peers, clinicians into the mix as opposed to just judges and lawyers and police officers.

Mark Masselli: You know Paul you have talked about getting behavioral health services to children early on we have also been very committed to sort of redefining the primary care space and have made available to the schools throughout our state the opportunity to have a behaviorist full-time in their school but also in the primary care space you know the embedded behaviorist in primary care. We really need to take advantage of the care delivery system and try to have people re-imagine the way delivery might happen. And we note that the Affordable Care Act is out there trying to promote models aimed at of better outcomes, what do you see as interesting initiatives in the primary care space that people in the country should be keeping an eye on?

Paul Gionfriddo: What I think that people need to be doing is first and foremost making certain that primary care clinicians are educated to and informed about the need for integration in health and behavioral services. These are responsibilities fall on them anyway whether they are pediatricians or adult service providers. Similarly, the behavioral health providers need to understand better about how to integrate their work into primary care and into educational settings in others. I really do think we have to break down a lot of the barriers between the schools and the educators who understand that their primary purpose is to educate kids but don't always understand that some kids aren't available to learn unless you deal with their health issues as well.

And I think that involves providing supports into the educational system but if we then turn around have a special ed system that says if you are going to provide those supports you have got to pay for them, most schools are going to continue to be reluctant to do that. So I think we also need to reform some of or special education laws and may be take a look at allowing mandatory parts of individualized education programs be covered not by the Education Department but by their kid's private health insurances if it's otherwise available to provide some of those services and supports.

I think we just have to re-imagine the system and say this is about health not about safety. And we have to throw out what we have done which is in school suspension and expulsion with adults putting them into jails and prisons and we have to say, okay purpose is to keep kids in their families, keep kids in their schools, the purpose is to keep adults with their families, to keep them in their jobs. And whether that's the service that's provided on site or if it's case of kids may be provided by a mentor there are a lot of tools. So I say in the book, it's a chain of neglect where we don't do anything, there are a lot of ways to break the chain, we only have to do it one place though and that's what will change things. And we just have to get everybody in the country who haven't even envisioned the idea of integrating services yet in any meaningful way to just start thinking about it.

Paul Gionfriddo - CEO of Mental Health America

Margaret Flinter: Well Paul you have served on the Advisory Council with the Substance Abuse and Mental Health Services Administration along with so many other things that you are doing. We had the Administrator Kana Enomoto on the show recently and certainly we were talking about just enormous problem of addiction right now in particular the opioid addiction. I wonder how your organization is grappling with this mix of both the mental illness issues and also the addiction issues that have just so powerfully swept across the country.

Paul Gionfriddo: I think we have something of a different take on it as well. We have seen certain drugs become gateways and thinking particularly of drugs like marijuana which for a lot of our population have been – for the lack of a better way to describe it – effective self-management of symptoms that have landed people as the gateway to jail. We need to rethink a lot of the way we fought our war on drugs here and to make available to people kinds of pharmaceuticals that they need that will actually mitigate symptoms. And not really force them into employing strategies to get pharmaceuticals that may not be quite the ones they need that are creating a lot of the crisis that frankly has been around in our country for generations now but has been confined largely to low-income communities and minority communities. And it's only in recent years that people have begun to notice that actually this is everywhere I remember when high school principal telling me when Tim was growing up that marijuana was in our high school and I want to tell him you know when I was in high school, you know marijuana was in your high school but we ignored some of these for an awful long time and I think we are paying the price.

Mark Masselli: We have been speaking with Paul Gionfriddo President and CEO of Mental Health America the nation's oldest organization dedicated to improving behavioral health services for all people in this country. You can learn more about their work by going to mentalhealthamerica.net or following them on twitter @MentalHealthAm. Paul, thank you so much for joining us today.

Paul Gionfriddo: Thank you for inviting me to be on.

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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: Donald Trump said, hairsprays not like it used to be because chemicals in it that affect the ozone layer have been banned. Many countries began phasing out the ozone-depleting substances in hairspray in the late 1980s but these regulations wouldn't affect the quality of hairspray. Trump also said using hairspray in his apartment which he said was all sealed would prevent any ozone-depleting substances from escaping into the environment, but these chemicals would still make their way out, experts told us.

Trump has been making false claims about hairspray and the ozone layer for at least five years and most recently made these statements at a rally in West Virginia. Hairspray is made up of chemicals that make hair stiff and a propellant. Before the signing of the Montreal Protocol in 1987, hairspray and other aerosols used chlorofluorocarbons as propellants CFCs are potent ozone-depleting substances.

A weakened ozone layer leads to an increase in ultraviolet radiation which then brings about higher rates of skin cancer, cataracts and immune system problems in human populations. The gravity of the issue promoted countries to phase out CFC's, hairspray now uses HFC's or hydrofluorocarbons and the ozone layer is recovering. But these regulations have nothing to do with the stiffening agent in the spray, only the propellant that propels the stiffening agent out of the can.

As for Trump's sealed apartment we interviewed both a chemist and a physicist with the National Oceanic Atmospheric Administration. They told us it makes no difference if you spray chemicals inside or outside, they will eventually make it outside moving through the lower atmosphere over month before being transported up to the stratosphere. 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](mailto:info@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. For all the people in the world without limbs acquiring prosthetics can be costly and out of reach. It's especially challenging to make prosthetics for children since they are in constant state of growth.

Rochester Institute of Technology scientist Dr. Jon Schull stumbled upon a clever and affordable solution, provided online open source templates to anyone anywhere in the world who has access to 3D printer and provide prosthetic hands for next to nothing.

Dr. Jon Schull: I have made this Google maps mashup if you have a 3D printer and you would like the help, put yourself on this map and if you know someone who needs a hand put yourself on this map.

Mark Masselli: So he founded the e-NABLE network which has massed thousands of volunteers makers and operators of 40 countries around the world providing cheap but functional prosthetics for children in need.

Dr. Jon Schull: I think we are currently pushing 5,800 identified members in our Google + community and we have the followings in the thousands more. We know that we have delivered about 800 hands and we suspect that this comparable number had been downloaded by people we can't track because we have put all of our design on the Internet.

Mark Masselli: The simple limb designs have become more sophisticated as recipients of the prosthetic devices provide feedback for designers to make more efficient devices.

Dr. Jon Schull: We are still working on the opposable thumbs we are still working on individual finger movements these things grip or un-grip, that's all they do. So they are much less functional than our biological hand and they are also less functional than a fancy myoelectric hand. But for kids it's huge because those expensive devices are technically out of reach for children who would outgrow them so it doesn't make sense for them to get a \$5,000 or \$10,000 hand. And our hands don't even pretend to look like regular hands they look like superhero or ironman hands and for that very reason they are very popular with kids.

Mark Masselli: e-NABLE, a global collaborative network of open source designs linking to makers with 3D printers to provide low cost prosthetic limbs to children and adults around the world who might otherwise not be able to afford them, 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.

Paul Gionfriddo - CEO of Mental Health America

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.