

(Music)

Mark Masselli: This is Conversations on Health Care; I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, I hope you had a nice 4th of July weekend. It feels like there is a lot to celebrate these days as the health care overhaul begins. In the last three months administration officials have issued rules allowing young adults to stay on their parents' policy and forbid the denial of coverage to children with pre-existing conditions. They have also notified nearly four million small businesses of a new tax credit to help foot the cost of insurance and they began accepting applications for a separate program that will reimburse employers for some of the cost of providing health benefits to early retirees and speaking of the retirees, the government sent out checks of \$250 to all Medicare beneficiaries who pay a high price for their medications.

Margaret Flinter: Well Mark, that's a lot of tangible progress in Health Care Reform in a few months. I did have a great 4th of July and as you know I was in Washington for most of it but I think the focus was much more on the weather which was hot, the fireworks which were spectacular and the crowds which were big than Health Care Reform. But the holiday's over, the fall elections are on the horizon and of course health care will be back in the spotlight. And one thing the administration will probably be tramper is its technology that's making information available to consumers. We saw the big launch last week of HealthCare.gov, the new website where consumers can get information about both public and private health insurance options in their states and that launch coincided with many states successfully enrolling people in temporary high risk insurance pools. I hear the phones are very busy.

Mark Masselli: They really are. And that HealthCare.gov has become the 10th most popular Google search phrase according to Politico's Mike Allen. Margaret, did you get a chance to check out that new site I did and it is easy to navigate and with a few clicks you can get your personalized options about where to go and purchase affordable health care coverage for you and your family?

Margaret Flinter: I did check it out and tried some different scenarios. It feels to me like we are at the cusp of a new era in transparency and making information available to consumers that they can really use to make decisions.

Mark Masselli: And even if you are not shopping around for insurance I suggest checking it out to get information about the new health care law. It's a great interactive timeline that tells you what new laws are kicking in and exactly when.

Margaret Flinter: And Mark, we are also very excited about today's guest. You know we had been planning an episode on the Veteran Affairs Healthcare System since we began the show back last September. We have excellent VA system here in Connecticut and of course we participate every year in the Veteran Stand Down for Homeless Vets here in Connecticut. But I am pleased today to announce we have Under Secretary of Health for the VA Dr. Robert Petzel here today to speak with us about the VA system and the quality revolution it went through in the 1990s and what the VA system today can teach us about transforming health care. And of course we will be talking with him about the new demands that need to be addressed for today's returning women and men from Iraq and Afghanistan.

Mark Masselli: No matter what the story, you can hear all of our shows on our website Chcradio.com. You can subscribe to iTunes to get our show regularly downloaded or if you would like to hang on to our every word and read a transcript of one of our shows, come visit us at Chcradio.com.

Margaret Flinter: And as always, if you have feedback, email us at Chcradio.com, we would love to hear from you. Now, before we speak with Dr. Petzel, let's check in with our producer Loren Bonner for the headline news.

Loren Bonner: I am Loren Bonner with this week's headline news. President Obama has appointed Dr. Donald Berwick to head the Centers for Medicare & Medicaid Services. In a surprise announcement late Tuesday night, the President said he was going to bypass Congress and act on the recess appointment because according to his spokesperson, many Republicans and Congress have made it clear in recent weeks that they were going to stall the nomination as long as they could solely to score political points. Although Berwick is known as an inspiring leader and has been endorsed by many major medical societies, he would have faced a long difficult struggle to win this senate confirmation. Recess appointments are good until the end of the next session of Congress or late 2011. The much anticipated website to help consumers learn about their coverage options launched last week. Healthcare.gov is being called a one stop shop for health care. The website is loaded with basic information about plan availability, eligibility, benefits from the federal government and 5500 plan offerings from more than 1000 insurance companies. The Health Department's Chief Technology Officer Todd Park said this is revolutionary for the American consumer.

Todd Park: It is the first website to collect both public and private health coverage options from across the country in a single place and even more coolly to automatically sort through that huge catalog based on short series of questions that you answer, they come up with a menu that's right for you.

Loren Bonner: The administration will continue to add to the site as implementation moves forward. For example, pricing information will become

available for private plans along with more information about benefits and cost sharing. Eventually, this site will serve as a portal for the state based health insurance exchanges that are planned for 2014. Enrollment for the temporary pools began last week; 29 States plus the District of Columbia will be running their own and 21 States will have the federal government do it for them. Besides the much anticipated website, another overhaul initiative received recognition last week. HHS announced that it has begun accepting applications for the early retiree reinsurance program created by the new health care law. HHS Secretary Kathleen Sebelius says many employers are eager for the help to keep their retiree insurance plans in place.

Kathleen Sebellius: 30 employers were so enthusiastic about the plan that they brought their applications in person hand-walked them in. So I think it indicates that employers have really been paying attention, this is a very important program and it helps people who are younger than Medicare eligibility age to really make sure that their insurance coverage stays affordable.

Loren Bonner: The law sets aside \$5 billion that businesses, unions and state and local governments can use to cover the health care costs of their retirees and the retiree's family. However, the early retiree reinsurance program is only expected to cover a fraction of those who wish to use it. A new report by the Employee Benefit Research Institute found that if the subsidy reached all early retirees and their dependants, half the money would be exhausted in the first year of the program.

(Music)

Loren Bonner: This week on Conversations on Health Care we are looking to the veterans health administration as a model system of care. The psychological stress becomes more prevalent among returning veterans from Iraq and Afghanistan, VA hospitals around the country are figuring out better ways to understand, diagnose and treat mental health disorders for returning soldiers. According to a study by researchers at Stanford University, 1/3rd of the 1.9 million men and women who have served in Iraq and Afghanistan, have suffered from Post-Traumatic Stress Disorder or PTSD. It's the most prevalent mental health problem for today's veteran. At San Francisco's VA Medical Center, Dr. Karen Seal, a leading PTSD researcher, started the operation Iraqi Freedom Integrated Care Clinic which provides primary care, mental health and social services to Iraq and Afghanistan veterans in one single setting. Dr. Seal is trying to encourage veterans to see a therapist since most shy away from it. One study she conducted for the Journal of Traumatic Stress found that among vets who did receive a PTSD diagnosis through a VA clinic, 90% didn't complete a course of treatment. The Integrated Care Clinic opened in 2007 and today almost 100 vets come in to receive treatment. A team of three doctors including Dr. Seal, combat specialists, physical therapists, pain experts and neuropsychologists work together to help vets feel better and to cop with their illness better. Dr. Seal

believes primary care doctors need help treating a younger clientele with different stresses than wars past. Currently, her clinic is working on making an instructional video to help primary care doctors learn what to do when a young veteran exhibit signs of PTSD. The clinic is also studying computerized cognitive processing therapy a series of brain fitness exercises. With the help of the clinic and Dr. Seals's research, the San Francisco VA has added several dozen mental health clinicians in the last few years and it's also helping them become a national hub for PTSD research.

(Music)

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dr. Robert Petzel, Under Secretary of Health in the Veterans Health Administration in the Department of Veterans Affairs. Welcome doctor. You have directed several VA medical centers in the Midwest before you were appointed Under Secretary of Health in 2009 so you have witnessed a transformation in quality at the Veterans Health Administration during the '90s that made it the revered health system it is today. In studies published in peer-reviewed journals, the VA beats other health care providers on virtually every measure of quality, patient safety adherence to evidence based medicine, coordination of care, cost effectiveness and patient satisfaction. What propelled the VA quality revolution and have you been able to sustain those gains?

Dr. Robert Petzel: That's an excellent question Mark. There were a number of things I think that were responsible for this back in the middle 90s. Number one is there was this tremendous sense of urgency. The VA did not have a very good reputation for quality at the time so that everybody was poised to do something. Congress was supportive, the administration was supportive. The elements I think that led to this were several. One is that there was a decentralization of authority if you will and decision making out of Washington into what we call the networks, the 22 regional networks that the Veterans Health Administration had just established. Two is that we began to develop a set of matrix, a set of ways to measure quality and safety well ahead of the rest of the country; this was something that was really quite new. A third is that a series of clinical practice guidelines that is our guidance as to what should be done and how care should be delivered in certain circumstances particularly with chronic diseases were promulgated within the Veterans Health Administration. Fourth is that we developed a performance management system where senior executives within the Veterans Health Administration were held responsible for achieving certain levels of performance in terms of quality as well as number of other things. I think the fifth thing is that there was definitely committed leadership who believed that this organization could establish itself as an organization of excellence. So in my mind those were the major things that contributed. Have we been able to sustain this, yes we have and the question on it of course is why have we been or how have we been able to. Again I think there are a numbers of reasons and probably most importantly is that people within the organization now do believe

indeed that we are an organization characterized by excellence. There is a tremendous amount of pride in that and a tremendous amount of pride in maintaining that reputation.

Margaret Flinter: The VA system as you said relies on evidence based guidelines and protocols both for preventive health services and for chronic disease management and I am sure for acute care as well. But, central to the preventive and chronic disease services is the reliance on a primary care provider for each patient and a robust electronic health record and of course these are two of the key elements of high performance care that the federal health reform bill emphasizes. All through the spring one of the questions asked was will investing in these measures now reduce health care costs down the road? Can you share any outcome data from the VA that might inform the country now as we begin to make similar large investments in these areas? Have you been able to show reduced expenditures as a result of these transformations?

Dr. Robert Petzel: Yes, we have. There are a couple of examples of that. There was a recent article published as a result of a study done by a group from Harvard of our computerized medical record looking at both the cost of implementing it and cost of operating it as well as the potential savings that we achieved. And their conclusion was that over the last 10 years we have saved about \$2.2 billion as a result of the computerized medical record. The capacity to follow data overtime, the capacity to make decisions that are based on evidence has led to probably fewer hospitalizations, fewer clinic visits and other things that have saved money. We are a very good example of what can be achieved with an electronic medical record. We are now developing what I would call a new model of care for our primary care providers trying to integrate all of the elements that we have available, tele-home health, telemedicine, case management, primary care visits, group visits, the services that are available in the community and provide a patient centered continuously improving team care delivered health experience for our patients in primary care. And I think that when this is developed it's going to be an excellent example of how a system ought to be organized and how it ought to be delivering care.

Mark Masselli: Dr. Petzel in 1999 the VA formed the National Center For Patient Safety to enhance safety standards. We have had Dr. Peter Pronovost on our show who pioneered the checklist to reduce infections and errors. Have you implemented this type of checklist and seen similar result in decreased mortality and complications?

Dr. Robert Petzel: Yes. We have had Peter actually talk to us on a number of occasions and we have in our Intensive Care Units particularly where central lines are generally put in we have implemented the Central Line Bundle it's called which is a description of the process and the procedures that one ought to use and we have shown a dramatic diminution of central line infections over the last several years as a result of that. In addition to that there are number of other

thing, the ventilator bundle is a guideline for how to wean patients off of ventilators and we have dramatically decreased the hospital acquired pulmonary infections in our Intensive Care Units as a result of that.

Margaret Flinter: I have been very impressed with the provider and team level reports that I have seen from the VA that look at everything from patient satisfaction to access to both the process measures what we did and also the outcome measures how well the patient did. And you have referenced it as really holding managers and the senior execs accountable but my question is have you seen it also as fundamental to driving change in the individual provider behavior and not just the provider but everybody else on the team the nurses, medical assistants, receptionist, behaviorists?

Dr. Robert Petzel: We do an excellent job of providing very comprehensive data at the network level, at the national level and at the facility level. We have work to do yet to make sure that we make that data available to the individual team, individual provider because I think it's fundamentally important. If you are going to ask people to continuously improve the way they do their work which is what we are doing then you have to provide them with data about the four domains of health care value, cost, quality, access and satisfaction and we are not as far along in my mind as we need to be. Now the matrix that we have and that we use for performance management could be viewed as having sort of two fundamental functions one of them is to provide for accountability that is you want to see how well the organization perhaps individual people are doing in their work but in my mind the more important thing these are able to help us with is to drive the organization forward.

Mark Masselli: Today we are speaking with Dr. Robert Petzel, Under Secretary of Health in the Veterans Health Administration at the Department of the Veterans Affairs. It's true that advances in medical technology have saved more lives of those injured in combat but it's also true that many of those men and women live in serious trauma that debilitates them psychologically. What more needs to be done to expand mental health counseling and services for vets?

Dr. Robert Petzel: Well the Veterans Health Administration has really I think stepped up to the plate in terms of the needs of returning veterans. There is a relative percentage of people that come out of combat who have problems with PTSD, anxiety, depression, sometimes substance abuse and we have instituted first of all a series of screening programs where every returning combat veteran that sees us is screened for substance abuse, depression, PTSD and mild to moderate traumatic brain injury. Those people who screen positive on any one of those entities are then moved into a more in-depth evaluation and eventually treatment if needed. In addition to that, those people that have one of those problems are assigned a case manager who follows their progress, is available to them and sees that they are getting things that they need. I think, in my mind, what primarily needs to be done first of all is to understand the genesis of these

issues or problems arising out of the combat experience and research needs to be done or whether or not we can predict with any accuracy the kinds of people that will have problems associated with combat as opposed to those that don't seem to have. That's one. Two is that we need to do everything that we can to get these patients to us. Our biggest problem I think is the fact that not every veteran has contacted us, not every veteran seeks our help and these are young individuals who feel themselves to be invulnerable, immortal and can't understand the nature of the problems that they might potentially have and we have worked with local providers, local veteran service officers and families to help them understand the kinds of things that they could identify and maybe help bring these veterans to us if indeed they need help.

Margaret Flinter: And Dr. Petzel at a time when so many communities and practices are worried about being able to recruit and retain primary care providers I understand at least here in the northeast that's just not a problem for the VA and in fact the VA is seen as a choice career opportunity for young physicians. I am sure the opportunities for research and teaching play a role here but I wonder do you think that you have figured out how to make primary care practice a satisfying practice environment.

Dr. Robert Petzel: I think that what you just mentioned is indeed one of the factors. I think the other things apply is research education, a stable practice environment, a practice environment where you can improve your career. We are a very good place for people to have a career in terms of moving forward or doing different things. And the third thing is that I think we have made by giving them the right kinds of support and being able to pay competitive salaries we have made primary care into a more attractive practice opportunity. And it's true that in general except for some isolated places that we don't have a lot of difficulty recruiting primary care providers.

Mark Masselli: Dr. Petzel, when you look around the country and the world, what do you see in terms of innovations and who should our listeners at Conversations be keeping an eye on?

Dr. Robert Petzel: The things that I think people ought to looking for and I think ought to characterize the way we practice medicine is number one it should be patient centered. And patient centeredness means a number of things, it means that the whole system of care is setup around the needs of the patient not necessary the providers. So the hours the clinic is available, the kinds of services that it offers, the atmosphere both physical and the cultural atmosphere are all aimed around the needs of the patient. And also, patient centeredness means to me that the patients are in control of their health care that is they share in the decision making, they make the decisions, we provide them with the advice and the information but we have empowered them to the point where they have the knowledge to be able to participate in the decision making process. The couple of other things that I think are important but may be not so important from

the patient's perspective that is I think that a health system ought to be looking at value that is are they providing both quality and cost effective care. And I believe that the health system ought to be looking at the population implications of what they are doing but not just at individual patient data but also they should be following the data about the health of the population that they are treating.

Margaret Flinter: Well we have a lot of common ground there and today we have been speaking with Dr. Robert Petzel Under Secretary for Health and the Veterans Health Administration at the Department of Veteran Affairs. Dr. Petzel, thank you so much for joining us today on Conversations.

Dr. Robert Petzel: Well, it was my pleasure, thank you very much.

(Music)

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday life. This week's bright idea focuses on very green approach to healing, gardening. Horticultural therapy programs are sprouting up in a number of health care facilities around the country from hospitals to elderly care programs, crisis centers to mental health institutions. For instance at Legacy Emanuel Medical Center in Portland, Oregon Burn Center patients get wheeled out regularly to their private garden. The garden is designed to stimulate the patient's senses and provide a soothing environment. This system of five non-profit hospitals in the Portland area originally started a gardening club program for dementia patients in 1991. When they began seeing decreased anxiety and heightened concentration among these patients, they started using gardening as an integral part of the health care delivery. Today, there are nine different therapeutic gardens at the hospital. As alternative approaches like horticultural therapy become more accepted the research is also catching up. Several studies have shown how nature contributes to good health. In one study that appeared in 2008, 18 residents from an assisted living facility showed a significant increase in self rated health and happiness after participating in four horticulture classes. Horticulture therapy is also an inexpensive approach although some facilities build elaborate gardens, all that really is needed some potting, soil and seeds. On top of that practitioners say that in health care facilities they can feel stressful and sterile; gardens and plants offer important relief. It's a simple approach that can go a long way to help patients relieve stress, improve cognitive function and even redevelop fine motor skills well at the same time greening the environment. Now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care, I am Margaret Flinter.

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

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