

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

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, I am out in Colorado with some friends one who is going to be a United States Senator and another who is going to be the Governor of Colorado and there was a lot of build up of money spent and I think there has been shift in the House of Representatives. I am not sure there was the sea change that people predicted.

Margaret Flinter: Well congratulations to those fine folks from Colorado and of course we are very proud to say that they both have strong connections to Connecticut and to Healthcare to Wesleyan University and to Middletown so congratulations to Governor Hickenlooper and Senator Bennett.

Mark Masselli: Yeah it's very-very good news and it was late night across country I know we are still counting ballots in Connecticut and they are still counting ballots in Washington State so first of all it was little closer than people thought in some areas and blowups in others so clearly there will be a change in the House of Representatives and there is concern on terms of Healthcare Reform. Not that there will be huge changes in the legislation but there might be an effort to limit funding.

Margaret Flinter: Well, you know I agree with you, a huge change but I think I would stop sure to saying a seismic change maybe the fact that the democrats retain control of the senate certainly boards well for things moving forward. And you know Mark, there is so much that's already been put into motion as I look around what's been accomplished already most of the states working and setting up their Health Insurance Exchanges, the prevention bill already funding, new directions in preparing health professionals for the future, the HIT, the preexisting conditions, so a lot going forward much of which we have covered over the past year and much of which we have interviewed people who we are hearing about on the National News last night, we have interviewed on the show over the past year.

Mark Masselli: That is true we are going to keep an eye on all of the changes that will start happening in January when the new Congress has sworn in but we will also be keeping our eyes on the State Houses as they start to implement this. And I think as the temperature cools down a little bit people understand at the end of the day we still have a problem that we need to collect in healthcare and I think the Reform Bill does a good job at it and yet they always use the community (inaudible 2.29) to make it even better.

Margaret Flinter: Well, by the time we get back to Connecticut we may know who is the next Governor of Connecticut. We don't know that as of this moment as

the show is getting ready to go on AIR but hopefully we will find that out soon. We know the states will be continued to be laboratories for innovation and that will be over the coming months again focusing both on reform and innovation on Conversations on Healthcare.

Mark Masselli: Margaret, let's turn now to today's guest Rosemary Gibson, who was a National Leader in Patient Safety and Quality Healthcare. She has also written books her most recent is called The Treatment Trap: How the Overuse of Medical Care is Wrecking Your Health and What You can do to Prevent it. You may also recall her first book Wall of Silence: The Untold Story of the Medical Mistakes that Kill and Injure Millions of Americans. We are happy she can join us today.

Margaret Flinter: And no matter what the story, you can hear all of our shows on our website www.chcradio.com. Subscribe to iTunes and 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 www.chcradio.com and you can become a fan of Conversations on Healthcare on Facebook and even follow us on Twitter.

Mark Masselli: And as always, if you have feedback, email us at www.chcradio.com we would love to hear from you. Now before we speak with Rosemary Gibson, let's check in with our producer Loren Bonner with 4Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. Republicans gain control of the house after Tuesday's midterm elections but democrats remain in control of the senate. It was a big loss for democrats and their signature legislative accomplishment health reform. Some of the laws biggest supporters lost while the House Democrats who had opposed the law one seats. Arizona and Oklahoma passed ballot initiatives pushing back against the individual mandate but a similar Colorado measure failed. Exit polls from Tuesday night showed Health Reform as the second most important issue for voters after the economy. Federal Officials from the Department of Health have announced a new grant program intended to help states make implementing health reform a little easier. HHSS early innovates contest will reward states that lead the way developing the Information Technology infrastructure needed to operate the Health Insurance Exchanges that will be available in 2014. The IT Systems in the exchange will be handling a variety of complex transactions like helping consumers find the right health plan determining eligibility enrolling people and plans and administering subsidy payments. The grant contest comes in response to state's concerns over the enormous task of developing the IT systems in just three years and mid-tight state budgets. HHS said it will award grants to five entities. This could be individual states or coalition of states. The winning systems will be used as models for other states to follow. The two year grants will be awarded in mid February 2011. A panel convened by the Institute

of Medicine will be meeting this month to begin considering what kind of preventative care for women should be covered at no cost under the new healthcare law. The big question is whether birth control should be considered preventative care. Dr. Jeffrey Peipert from Washington University's Department of Obstetrics and Gynecology says he is glad to hear the Healthcare Reform Bill as is written includes free contraceptives for women.

Dr. Jeffrey Peipert: It's hard for me to believe that many insurance companies will cover Viagra but they won't cover something like contraception. I think family planning and conception are essential components of any healthcare reform.

Loren Bonner: For many medico and public health experts, there is no debate. But the US Catholic Bishops have weighed in and they strongly oppose any requirement to cover contraceptives or sterilization as preventative care arguing that pregnancy is a healthy condition not an illness. One option on the table is allowing insurance plans why discretion on meeting the coverage requirement but how the Obama Administration will apply the law remains to be seen. The Department of Health will make a final decision in August 2011.

This week on Conversations on Healthcare, we were discussing the overuse of medical treatment. A recent study conducted by the Institute for Social Research at the University of Michigan found that patients hear far more from doctors about the pros than the cons of medications, tests and surgeries. In addition physicians tend to offer opinions not options and rarely do they mention to patients that they can decide not to do anything. The studied surveyed more than 3000 patients age 40 and older and asked the subjects about decisions they made with healthcare providers within the past two years regarding common medical issues like screening test for breast cancer, taking prescription drugs for high cholesterol or having surgery for knee or hip replacement. The study found that doctors, nurses and others were much more likely to talk of the advantages of a treatment or test while skipping the negatives. For instance only 20% of the patient who discuss breast cancer screening so they heard anything about possible downsides such as false positive results, while 50% say they heard a lot about the pros of screening. Health policy experts consider it vital that patients fully understand both the benefits and the risks of medicine and that they have the right to say no to suggested treatment. Let's turn now to our interview with Rosemary Gibson who can tell us more about the overuse of medical treatment in our healthcare system and what can be done about it.

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with Rosemary Gibson a National Leader in Patient Safety and Healthcare Quality and author of the book The Treatment Trap. How the overuse of medical care is wrecking your health and what you can do to prevent it. Welcome Rosemary. The Institute of Medicine has acknowledged this uniquely American phenomenon in healthcare over years. I think the IOM defines the overuse as situations in which the potential for harm of healthcare services exceeds the

possible benefit and while the overuse of drugs is often what comes to mind first you point to a number of common medical procedures that are overused, and may lead to more harm than good. Can you start by telling us what lead you to this subject and are there particular areas in healthcare where you have found the problem of overuse particularly striking?

Rosemary Gibson: I got into this work after reading a report from the Commonwealth Fund. It surveyed Americans and 32% of people said they have had medical care they thought was unnecessary. I thought that was a very interesting statistics. So, I started asking people to questions have you ever had medical care you thought was unnecessary? Have you ever declined the treatment options that you thought were bit over the top and did you find it medically appropriate alternative? The response to these questions has been extraordinary. It turns out that there is a very large segment population. They are typically, they have good insurance, they are fairly well educated, they do their homework, they are finding that they are receiving medical care that really they think is not good for them and that could cause more harm than good. And these are people who are giving great thought, they are not doing this cavalierly. They are getting second opinions, third opinions really doing their homework. So that's how I got into this. The areas where there was significant overuse ranges certainly from medication overuses off the charts. The overuse of surgery is especially pronounced, consumer reports that back surgery was the most overused surgery in the country and it's continuing to increase.

Margaret Flinter: Rosemary you are an early pioneer and advocate in patient's safety and quality of care and certainly the issue of overuse is completely intertwined with patient's safety because virtually every treatment or procedure carries risk to the patients or the potential at least for an error or bad reaction. We have talked on other shows with guests about share decision making, making sure the patient and the family is involved in making decisions and choices about treatments and procedures. Is this a useful strategy do you think in approaching this problem of overuse?

Rosemary Gibson: I think shared decision making is a wonderful approach that should take place in every conversation about every decision. The question is how do we get from where we are now to where we need to be, and there is long road to go there. There are some wonderful tools out there for decision aids but they are not directly accessible to the public. We have got to find a way to make these tools to enable this conversation, you know their videos of you know real life patients who have made decisions, who talk about the treatment options, the risks, benefits so it's a wonderful thing is we have got to find a way to get them to people when they need them, when they have to make a major medical decision.

Mark Masselli: Rosemary in addition to the book being a guide you give 20 smart steps for consumers. You can also share a very compelling story of an individual on elderly gentleman doctor I think Mr. Good who is admitted for knee

surgery that perhaps wasn't really necessary and unfortunately died from complications and it seems to me that a major problem there was coordination amongst specialist and perhaps the lack of involvement of a primary care provider who really knew the patient and we have been talking a lot about patient centered medical homes. Do you think this model has a role to play in reducing overuse?

Rosemary Gibson: If there is a well functioning medical home with primary care providers that this gentleman who we call Mr. Good in the treatment trap went to instead of going directly to a surgeon, an orthopedic surgeon there is no questions that that surgery would never have taken place because it was entirely inappropriate given his medical condition. So the medical home concept if played out as envisioned is an absolutely critical step forward. If we look at all that major countries in the world they have found that the basis for their healthcare system is primary care and 70% to 80% of physicians are primary care doctors. In this country is the opposite, most are specialists. The good news is with healthcare reform is that the nurse practitioners are going to be playing even greater role in nurse managed care to provide primary care for patient. It's exactly the direction where we need to be going, primary care is an antidote to all of this overuse that's causing more harm than good.

Margaret Flinter: Rosemary in the Treatment Trap and as you just suggested certain treatments or procedures are particularly overused and can do harm back surgeries is one, coronary, bypass surgery and other and of course in the past year we have been treated to wildly different recommendations on the value as well as the frequency for mammogram screening. So if the public understands anything it's probably that there are very few absolutes in healthcare and what we know today may be contradicted by new research or new science tomorrow. Given that it's no surprise that patients want to rely on their doctors and healthcare providers for expert recommendations but who do their healthcare providers rely on and what's the role of comparative effectiveness research in all of this for healthcare professionals.

Rosemary Gibson: Two things, first of all one way that I started communicating to the public on this which we talk about in the treatment trap is using a traffic light as an example the types of decisions we have to make. Green Light Care is care you always want to get. Yellow Light Care is like the mammogram issue for women in their 40s, should I or shouldn't I, there is some uncertainty. Women have different tolerance just for risk, different histories in their family. So all of those things need to be taken into account and then finally there is Red Light care and that's the care you should never get. Healthcare professionals can and primary care providers in particular can go a very long way to guiding people to where they should go to get the care that's appropriate for them. Comparative effectiveness research can provide extraordinary information on what works and what doesn't in contrary to what's been written out there that the public is concerned about evidence based medicine. I will bet that there is not a single

patient when they are relying on agreeing before they are going into an operating room who doesn't want their physician or surgeon whomever their team to they want them only to do those things for which there is evidence. But I think comparative effectiveness research will only go so far where I believe we need to go is registry. And what that is if you are having back surgery your physician along with other physicians will track the outcomes over a period of time of that surgery for you and hundreds and hundreds of other patients. So we find out what works. This is an approach that was used to treat and learn what does work for childhood cancer and account for the fact that we have made so much progress in a relatively short period of time for children. That approach that has worked with them and it's worked for cystic fibrosis and we should apply that in addition to comparative effectiveness research to healthcare today.

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with Rosemary Gibson author of *The Treatment Trap, How The Overuse Of Medical Care Is Wrecking Your Health and What You Can Do to Prevent It*. Rosemary the subject of overuse raises a number of issues that were considered during the crafting of the patient protection in Affordable Care Act and are still being debated now that legislation is passed. The legislation addresses patient's safety, quality and effectiveness of care. In the public's mind though there seems to be a persistent worry that the government or perhaps government insurance is will established the rules for what a patient can and can't have done under insurance versus it being the prerogative of their doctor. You followed the healthcare debates closely was the subject of overuse specifically considered in the development of this legislation.

Rosemary Gibson: That's a very interesting question. Early on in the dialogue President Obama used the term overuse, Peter Orszag – the Head of the Office of Management and Budget used the term but after a while you didn't hear it anymore and I think that's important because it's not politically correct among the established interest in the medical industrial complex. It shows a flaw in it and also while there have been some wonderful patient safety components of the health reform legislation they are still small steps, and we are just beginning to put our toe in the water. We have got to move a lot faster if you want to provide high quality care to people in a way that's affordable. So got to start it but we still have a long way to go.

Margaret Flinter: Rosemary in your career you have no stranger to challenging issues in healthcare. You have been a leader in advancing the concepts and the use of palliative care and as program officer at the Robert Wood Johnson Foundation one of the leaders of their strategy to bring palliative care into the main stream and certainly that has required an enormous investment in education and training not just at the research and academic health center level but really at the level of community hospitals and individual healthcare providers and practices. There are some similarities here with the issue of overuse but we need a similar strategy around training and education at the front line level and

where do you see this and how do you see this being incorporated into training in practice of the next generation as well as the current one.

Rosemary Gibson: Oh it's a great question. Well first of all I think we need some good research and let me tell you the listeners about this extraordinary story that came out in New England Journal of Medicine it was done very recently at the Massachusetts General Hospital. These were patients with metastatic lung cancer. And there were two groups of people those who had regular oncology care and those who had regular oncology care but also early palliative care, early attention to their symptoms, expression of their wishes for care and also they had less aggressive treatment. It turns out that the people who have less aggressive care and early palliative care these are people with metastatic lung cancer. They lived nearly three months longer than those people who have standard oncology care. In other words on the flip side of it as those of it on standard oncology care they died sooner. What we need is more research that points out the harm from overuse. Not just in this arena but in other aspects whether it's back surgery and there have been some studies coming out on that but how to change culture. I think we are going to need to have some and Medicare started to this with some performance measures for overusing diagnostic imaging like CT scans and we saw that new NCI study came out showing that that's causing 29,000 excess cancers a year just from the overuse of CT scans and the estimate 15000 deaths. So I think we need a combination of strategies of education and training it's informing the public through getting these stories out in the media through the Associated Press picked up by newspapers around the country and also we need to share decision making. All of these components are needed to begin to change the system. That's all we did with patient safety in Wall of Silence that I did on putting a human face on adverse events we began to make progress on patient safety through all of those means educating the public, engaging the media and educating and training physicians and nurses and other healthcare professionals and patient safety.

Mark Masselli: Rosemary when you look around the country and the world what you see in terms of innovation and who should our listeners at Conversations on Healthcare be keeping an eye on?

Respondent: Well I am excited about the role of nurse practitioners going forward. I think they have the power to transform healthcare and to bring sort of the commonsense approach to it particularly in primary care. I think it is going to be a wonderful thing. There are fewer and fewer physicians going into primary care and that opens up the opportunity for nurse practitioners to come in and do what they are trained well to do to provide high quality care to the people. What I am intrigued by also is the role of thoughtful consumers who are beginning to change things. I look at the StopHospitalInfections.org campaign led by Consumers Union their Safe Patient Project. I believe that that campaign started in 2004 has been the key factor that has put hospital infections out there as a public issue, call for public reporting and accountability and led to Secretary

Sebelius saying we need about a 30% reduction by 2015 or so in hospital acquired infections. That's a great thing but that only happened because the public organized a push forward. I don't think the change can come from within healthcare. It has to come externally, the pressure as Issac Newton said an object at rest, remains at rest until an external force is applied that's what healthcare needs today. And that's what we try to say in The Treatment Trap.

Margaret Flinter: Today we have been speaking with Rosemary Gibson, national leader in patient safety and healthcare quality and author of the book The Treatment Trap, How The Overuse Of Medical Care Is Reckoning Your Health And What You Can Do To Prevent It. Rosemary, thank you so much for joining us on Conversations today.

Rosemary Gibson: Oh thank you so much let me say Treatment Trap we donate proceeds to patient groups because it's the right thing to do and the book is available on Amazon.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities in everyday lives.

Margaret Flinter: This week's bright idea focuses on a Sacramento, California program. It's bringing together doctors and high school students to learn about Culturally Competent Healthcare. The cultural awareness in community health education Outreach Project is a partnership between Kaiser Permanente and students in Valley High Schools, Health TECH Academy. The goals are twofold educating physicians about cultures impact on healthcare and healthcare delivery, but also increasing the local community's access to culturally specific medical information. Kaiser Permanente physicians meet with Health TECH Academy students every month providing support and information while the students themselves develop community presentations on a whole variety of culturally specific medical problems. This year students were divided into five groups, Mong, African American, Filipino and Latino. One of their first tasks involved a community survey. Based on their findings about their own community's common healthcare problems and prevailing attitudes towards healthcare each group then chose a specific topic to research. For example one of the Latino groups is studying diabetes, a disease that affected many of their relatives. In addition to giving students first hand experience for searching community health problems and recommending changes, the program also provides local community members with healthcare information in a uniquely accessible way. At the end of the school year students will deliver their presentations in a variety of community settings including town hall meetings and health fairs. Well equipped with a year's worth of research they will also share what they have learned in more informal setting like at the family dinner table or in the car while driving with their parents. Community members will learn from young people who they know and trust and who are often better than physicians at presenting complex medical information and at the same time doctors will

learn from students about how to provide better and more culturally competent healthcare. Now that's a bright idea.

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

Mark Messalli: I am Mark Messalli, peace and health.

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