

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, we have been keeping a close eye on health reform implementation at both the state and federal level most of the year, as well as the political debate around healthcare reform but it's been a while since we checked in on the progress of the country and private practices are making in converting to electronic medical records. We introduced the term meaningful use to our listeners, Margaret what are you hearing about the transformations that are going on in this area?

Margaret Flinter: Well, my overall assessment is that the adoption of electronic health records as complicated as we once thought that was is a lot easier than the adoption of some of healthcare reform. I think it's going pretty well and I think that in July when the centers for Medicare and Medicaid services began to make some minor tweaks to their rules about meaningful use, everybody really got on board. Remember meaningful use are really measures for providers to show that they are using electronic health records not just to keep information electronically that they used to keep in a chart but to communicate with everybody else involved in healthcare so we can improve outcomes for patients. And do you know there has been a survey I saw recently of IT executives that show the majority of the people who actually create and sell the electronic health records are going to be ready to meet those meaningful used rules in the next year. But the majority of practices are saying they probably won't be ready till 2012.

Mark Masselli: I think they are worried about the value it we will add to its patients but I think in the long run it will be something that will improve outcomes. The president's council of advisors on science and technology also just released a report urging the federal government to be more aggressive in pushing electronic health records. The goal is to have electronic medical records available for each and every American by 2014.

Margaret Flinter: Well that's great and of course we hope that every American will have access to healthcare by 2014 as well.

Mark Masselli: We do.

Margaret Flinter: And I am confident that David Blumenthal the National Coordinator for Health IT will be successful in implementing these recommendations certainly as quickly and efficiently as possible. He put it pretty simply recently when he said that council members were essentially telling the ONC congratulations on what you have done but you have got a whole lot more to do. And he drew the metaphor of a mountain climber who scales one peak only to find there are many more head before he reaches the summit.

Mark Masselli: You know he is very insightful and it's probably time we invite Dr. Blumenthal back on our show and give us more of an update.

Margaret Flinter: I think so and speaking of guest let's turn today to Maureen Bisognano the new President for the Institute of Healthcare Improvement. She is here with us today and we look forward to speaking with her about the any goals for IHI going forward as well as about the many projects and initiatives that IHI is leading to improve patient healthcare around the world.

Mark Masselli: But no matter what the story you can hear all of our shows on our website [chcradio.com](http://chcradio.com). You can subscribe to iTunes to get our show regularly downloaded or if you would like to hang onto to our every word and read a transcript of one of our shows, come visit us at [chcradio.com](http://chcradio.com). You can become a fan of Conversations on Health Care on Facebook and also follow us on Twitter.

Margaret Flinter: And as always if you have feedback, email us at [chcradio.com](http://chcradio.com), we love to hear from you. Now before we speak with Maureen Bisognano, let's check in with our producer Loren Bonner with the Headline News. And we will also be hearing from some of our past guests who have joined us this year they will be giving us their healthcare reading recommendations just in time for the holidays.

Mark Masselli: Look forward to hearing them.

Loren Bonner: I am Loren Bonner with this week's Headline News. The Obama Administration announced New Insurance rate review rules that it says will bring transparency and oversight to insurance premiums and help reign in the kind of excessive and unreasonable rate increases that have made insurance unaffordable for so many families. The Department of Health says it would require health insurance companies to disclose and justify any increases of 10% or more in the premiums they charge next year. Jay Angoff is the Director of The Office of Consumer Information and Insurance Oversight for HHS.

Jay Angoff: I don't want to either overstate though or understate the significance of this rule. On the one hand the proposed rule does not give HHS the authority to disapprove rates. On the other hand it does do something which is arguably even more important. It requires insurers to make public both their proposed increases and the assumptions on which those increases are based.

Loren Bonner: Under the proposed regulations states with effective rate review systems would conduct the reviews and if a state lacks the resources or authority to do so, HHS would step in. Meanwhile, the Department of Health will continue to make resources available to states to strengthen their rate review processes. A Florida judge heard arguments from 20 state attorney generals who joined the lawsuit challenging President Obama's Health Reform Legislation. That issue in

the law is the requirement for individuals to purchase health insurance at the beginning of next year and for states to broaden their current Medicaid plans. Florida's Attorney General Bill McCollum led the charge.

Bill McCollum: Both the individual mandate and the question with regard to Medicaid is a violation of state sovereignty and I think that connection was made well today in both arguments.

Loren Bonner: Judge Roger Vinson who heard arguments has yet to issue a ruling but the states involved in the lawsuit appear confident that he will rule in their favor. Well as 2010 it comes to a close we thought we reach out to a few of the guests we have had on the show to see what healthcare books they recommend this holiday season.

I am going to lean a little bit towards the literary side of medicine if that's okay. The books that I have most enjoyed this year, one is *Tinkers* by Paul Harding, it's a beautiful book that really gives an inside literary look at the experience of epilepsy and the experience of dying. The second book that I have enjoyed very much is *Cutting for Stone* by Abraham Verghese and this is a novel, fiction, but it really gives you an inside review of medicine, in this case surgery and how people become doctors, how they become healers and the experience of being the patient. He gives also the experience of the Foreign Medical Graduate when they are displaced to America how that is, and it's just a gripping and wonderful book to read.

I chose a book about health rather than health care and the reason is because this is a season of giving one of the best gifts we can possibly give to ourselves and to each other is the gift of health. The book that's one of my favorites is called *Healing with Whole Foods* by Paul Pitchford and it's not just a book that you pick up and read but it really is a reference book. And this book describes how it is that we can add to our health in so many different ways.

So there are two books that jumped out of me in the world of health, and one is *Here as a Human Being* by Misha Angrist. It's a new book that delves into the world of genetics and personal genetics. The other one that I was interested in is one that just came out it's called *the 4-Hour Body* and it's by Tim Ferriss. He is an adventurer of source. It's an unusual health book in the sense that it's kind of a self help book on steroid, in fact almost literally. Tim has spent a last couple of years doing all sorts of amazing and profound experiments into his own body, kind of demonstration of the resilience of the human body and one that I think your listeners might appreciate in terms of kind of the evasiveness of Tim Ferriss's in stretching what we think is possible with our own corpuscles.

Well I actually think that most important things I have read recently are these two long articles, which were just published online in the *New England Journal of Medicine* by Michael Porter on what is value and how to measure outcomes.

There are a couple of print things coming out in the next few days but these were published online couple of weeks ago and I think that they are very important strategy documents laying out a direction force in the future. I also felt that Atul Guwande his book *The Checklist Manifesto* a bestseller there is a good reason for bestsellers very, very valuable. And the final thing I have mention is a terrific book from Kaiser by Louise Liang called *Connected for Health*, talking about how that excellent organization has really wired their system to try to improve care.

Loren Bonner: That was Dr. Danielle Ofri, Rosemary Gibson, Thomas Getz and Dr. Thomas Lee all authors themselves. This year we interviewed Dr. Ofri about her book *Medicine and Translation*, Rosemary about her book *The Treatment Trap* and Thomas about his book, *The Decision Tree: Taking Control of Your Health in the New Era of Personalized Medicine*. Dr. Lee's latest book is called *Chaos in Organization in Healthcare* and make sure to check out some of the other books and authors from this year that we featured on the show, T. R. Reid's *The Healing of America, a Global Quest for Better, Cheaper and Fairer Health Care* and senator Tom Daschle's new book *Getting It Done: How Obama and Congress Finally Broke this Stalemate to Make Way for Health Care Reforms*.

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Margaret Flinter: This week on *Conversations on Health Care* we are discussing *Quality Improvement in Health Care* within organization that has been leading this movement on a global scale for decades. The Institute for Healthcare Improvement initiates many projects that engaged the medical community and several facets of patient safety and quality health care. Let's turn now to our interview with Maureen Bisognano who can tell us more about the quality initiatives IHI is leading. I also want to let listeners know that I am logged on to Twitter during this interview so if you would like to see what I am capturing and add some tweets of your own you can find the discussion using hashtag CHC Radio that's hashtag CHC Radio.

**(Music)**

Mark Masselli: This is *Conversations on Health Care* and today we are speaking with the Institute for Healthcare Improvements new President Maureen Bisognano, welcome Maureen. Dr. Don Berwick founded IHI in the late 80s and through the work of your entire team the organization has made tremendous strides over the decades in safety, quality and in fundamentally transforming care at the bed side. This has been a year of major changes for the Institute of Healthcare Improvement. Of course Dr. Berwick was tapped by President Obama, the head of the Center for Medicare and Medicaid Services and you have taken over as President at IHI and National Health Reform has been launched so it's been a very exciting year. But tell us what's the next phase for IHI.

Maureen Bisognano: Well thank you. It has been a very busy and exciting year, not only in the United States but for health care in many other countries as well. I think the economic downturn several years ago have prompted people to think very differently about the design and the delivery of health care. Health care reform in the US and this kind of financial and quality pressures in other countries have created an incredible demand for different ways that IHI works. So in the year to come we are going to be working in two major areas out. One is we are going to be working on collaborations and bringing people together to create these new designs that will actually improve health care quality, improve patient satisfaction and engagement. At the same time they lower costs and drive waste out of the system. And then the second area is to think very broadly about why the health care system exists. At IHI we used to call that the Triple Aim and we believe that health care providers in the past took a fairly narrow perspective on what their role was. We are looking to expand that view of our responsibility in health care to the Triple Aim which means first, improving the health of the population; second, providing great care when someone needs it and third, controlling cost per capita.

Margaret Flinter: And I have heard Dr. Berwick speak about that Triple Aim many times and that's a very clear and compelling mission. You know Maureen it seems to me that a big part of the job of the leaders and staff at IHI must be going out into the field visiting those hospitals, clinics, healthcare providers and patients around the country may be the world to get an idea of what's working and what's not. And when you do that you are really looking at health care providers who have been trained in really many of different generations of training, right people who may be graduates within the last few years or as far back as 40 years, what do you see out there in terms of changes that impress you and leave you optimistic?

Maureen Bisognano: I will give you a few examples. I was in \_\_\_\_\_ 13:40 Shipping, Sweden a few months back and they are really putting the patient at the focus of their new designs. They have an imaginary patient that they call Aster and when they get all the health care providers in the room they use this patient to understand where Aster is getting great care and where she may fall into the cracks between the hospital and the primary care system. It's been a very effective way for them to take a look at the whole health of the population. In Scotland they have created a very ambitious I think national aim to become the safest country for healthcare in the world and they are doing it. There every hospital and every physician in the country is engaged in working to understand where patients may be harmed in the system and they are using the liability science and improvement science to drive out those causes of harm. At Bellin Health Green Bay Wisconsin they have decided to work on the Triple Aim as a whole and they took their employees as the starting place as they have worked on improving the health of their employees. What they are finding is that the employee population is now becoming healthier and if that happens they are

productive and more satisfied in their work careers but also the costs of healthcare are going down.

Mark Masselli: Maureen, IHI places a great emphasis on leadership in healthcare and training healthcare providers with the skills for improvement. We have heard lots about IHI's Open School online resource center for medical students with a focus on learning about medical errors and care improvement techniques. What are some of the other ways that IHI is working to train the next generation healthcare providers and perhaps retrain some of the current providers?

Maureen Bisognano: Well it's an interesting question because I think actually the next generation is training us those of us who have been in the healthcare field for 25 years or more. The Open School is amazing and when we started that the idea came to us three years ago and we opened the Open School about two and a half years ago. But what happened was the students got in and started to study the sciences that you described safety, reliability and improvement and they came to IHI. As an example three of them called me last summer and said that they wanted to come on a month-off that they had from school one was from Wales, one was from Rhode Island and one from California. And they moved into IHI they have started working with Dr. Atul Gawande on checklist. They actually together wrote a book called Check a Box. Save a Life and they started teaching health care leaders about how to improve safety. So it really is coming full circle. But in addition, we have a lots of new ways to work with people and with the students they have created this idea of chapters and there are now chapters in countries all over the world. We are medical students and nursing students, pharmacy students and healthcare administration students all get in the same room. And they look at a healthcare problem from all of the different perspective. It's really quite exciting to see this multi-professional approach emerging from the ground up.

Margaret Flinter: And there is so much to learn from that next generation and also from what's going around and around the world and speaking of around the world I know that Dr. Berwick in the past in the whole IHI team have engaged with the National Health Service in Great Britain in an exchange of learning and ideas. We have just been reading about the pretty radical changes to the National Health Service over there they are coming up abolishing the primary care trust and really turning over enormous control to the country's GPs or general practitioners I would be very curious to hear your thoughts on this. Is it more about cost, quality, access or do you think these promises are greater focused on prevention, primary care and a relationship with your primary care provider?

Maureen Bisognano: Well I think you have raised a great point about the relationship with the primary care provider and I think that's the driving point. A lot remains to be seen about what the results will be from these changes. But in

my optimistic days I guess I think that healthcare designs really do need to be local. What we are finding here in the US and also in the NHS in England is that innovations that are mandated from a national level and then try to be deployed across the country take a very long time to spread. We don't have that kind of time. We have got an urgency about making care safer and driving cost out in months and in years, not decades. So in that case I think fostering local innovation is probably the best way to go.

Mark Masselli: Maureen, states in the federal governments have a challenge ahead in implementing health reforms. Some of the courts don't get in the way and organizations like IHI have a role to play. How is the new law a platform for improving quality of healthcare and changing the delivery system and for implementing some of those local models you have talked about and see how they might translate nationally?

Maureen Bisognano: Well our philosophy here at IHI is that we need three things in order for improvement to happen. Will, ideas and execution so I can creating kind of a national learning system in a sense where people can talk with one another about what best practice looks like, where they can share and build new ideas and when they can work through execution barriers together I think maybe a helpful way forward.

Margaret Flinter: This is Conversations on Health Care. Today we are speaking with the Institute for Healthcare Improvement's President, Maureen Bisognano. Maureen, there is certainly a lot of movement and interest in the meaningful use of electronic health records by health care providers and a big federal effort to help providers move from those old paper based records to electronic records and I think in the last few years the pace of acceleration of adoption of records is certainly escalated. But the challenge remains the solo and small group practices. I understand IHI has created a taskforce around the electronic health records and can you tell us more about this and in particular how is IHI working with those private practices and small practices around the country?

Maureen Bisognano: We have got a new task force that is really addressing this interface between especially small groups and the electronic records. As we all know this incredible potential and I have the benefit of seeing the impact of the electronic record in the daily care visits in some places in the United States. But we also know that on average small practices are so overwhelmed with daily work that being able to figure out how to extract and use the data in a meaningful way is going to require new skills and competencies. So our taskforce right now is figuring out how we will we do that best. One example might be how can we help a small practice to understand the population health outcomes. They certainly would know what a particular patient's hemoglobin A1c was result from the mammogram but how do they understand the population of all of the patient that they serve. How do they understand what their health us doing as a whole

and how changes in their practice might improve the health of all of their patients as a panel?

Mark Masselli: Maureen your reach at IHI to improve health care is global so we know you have a real handle on what's going out there and so we would like to ask all of our guests when they look around the country and the world what do they see in terms of innovations and who should our listeners be at Conversations be keeping an eye on. I guess rather than innovations I am going to say where is that combination of real ideas and execution of there that is building an efficient, effective and an elegant health system in your mind?

Maureen Bisognano: Well I could point to places in countries all over the world from Virginia Mason obviously if you have got cost pressures I would go and look at the work that Virginia Mason is doing to utilize lean methods to redesign care, they would see much better clinical outcomes at much lower cost. I was recently in Appleton, Wisconsin and visited a building that's called Encircle Health. A building that was built by independent primary care physicians and specialists each one of them is their own unique and free standing entity but they created a building so that the patient can come to one place and get care from primary care providers, get their mammogram, see a specialist, get their lab results and get their prescriptions filled and when they leave the building they have one plan of care. All the independent providers got together and redesigned their own practices to integrate on behalf of the patient. So I guess a few principles emerge one is seeing outside the box. I was having breakfast with Rosabeth Moss Kanter last week and she said to me it's not good enough anymore for healthcare providers to see outside the box. She said you need to see outside the building. And I guess that's where I would push it.

Margaret Flinter: And today we have been speaking with Maureen Bisognano – President of the Institute for Healthcare Improvement. Maureen thank you so much for joining us today and for the great work you are doing.

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

Margaret Flinter: This week's bright idea highlights a university program that's creating healthcare leaders who are ready to address the changes and challenges to our current healthcare system. Arizona State University College of Nursing created the first Masters of Healthcare Innovation Program in the county. The program encourages not just nursing students to apply but students from across discipline. And applicants are asked to come with a current or future healthcare issue that they would like to work on during the course of study. Since the program launched in 2006 graduates are already making progress in their Real World Applications. One such student recent graduate Aron Carovath is making a lasting impact through her senior year capstone project the main part of the program that requires students to design and evaluate the healthcare issue



that they set out to study when they are accepted. Aron worked with the Phoenix Children's Hospital, reproductive anomalies clinic which takes a multi-disciplinary approach to care and serves as a medical home for children with reproductive disorders. Aron developed a plan to maximize patients' long term quality of life and to minimize the stress that they and their families experience. She also helped the clinic adapt new data collection forms create a bilingual patient education preference survey, get a registry approved and even created a business plan for this clinic and a plan for improving the website. A university program that's creating out of the box thinkers and a new generation of healthcare leaders in a variety of fields, now that's a bright idea.

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

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

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