(Music)

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

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, Happy New Year and a Happy New Year to all of our listeners at Conversations on Health Care. Certainly as the New Year begins we look forward to that sort of continued evolution of health care reform. It's a new Congress and many new governors, still are managing very fragile economies, take over the helm of their respective states and of Congress. And there are lots of provisions in the Health Care Reform Bill that are moving forward on implementation and we still hear talk of efforts to repeal Health Care Reform but I am not so sure that message will resonate with the public right now.

Margaret Flinter: I think you are right, and I know that certainly the desire is there for repeal and I think there will have to be discussion of it but the practical reality is that it's just not in the cards given the nature of the senate and who is president. So we will see the GOP Strategy on communicating with the public about this. But I think the most interesting work will be on the path forward not on repeal, and all of a sudden, 2014 and the promise of health exchange and subsidies for individuals for health insurance just doesn't seem so far away.

Mark Masselli: No, it's right around the corner and yeah it's still right around the corner. House Republicans have indicated that they will next week put forward a bill to repeal Health Care Reform and they clearly have the votes to do that in the House. But as you said, it will find a difficult path through the senate and of course President Obama has the final say and will veto any effort to repeal. So I think you are right, we have to focus on things that work and ways that we can improve upon the bill. And I think everyone said there are things that they would like to help modify and improve and make it a better bill.

Margaret Flinter: Sure. And one of our goals this year on Conversations, one of our New Year's resolutions, will be to bring a variety of perspectives to our listeners. Let's hear from policy makers and innovators, from clinicians, and from both sides of the political aisle get the best thinking out there on reform and innovation. Everybody has something to contribute to this one.

Mark Masselli: Let's turn to today's guest charged with reporting on the strategy for improving quality in health care and making recommendations on ways to improve health care service delivery, patient health outcomes and population health. AHRQ stands for the Agency for Healthcare Research and Quality and has been working for decades on improving quality and effectiveness. We are happy to have Dr. Carolyn Clancy who heads up AHRQ and is with us today to talk more about AHRQ's mission and work.

Margaret Flinter: And no matter what the story, you can hear all of our shows on our website www.chcradio.com. Subscribe to iTunes to get our show regularly downloaded, or if you 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 don't forget, you can become a fan of Conversations on Health Care on Facebook and 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. Before we speak with Carolyn Clancy, let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. Republicans have taken over as the new house majority in Congress and repealing the health care law is their top priority. Although a repeal is far from certain with Democrats controlling the senate and President Obama having the final say, incoming Chairman of the House Energy and Commerce Committee Congressman Fred Upton from Michigan speaking on Fox News says he is not concerned about the President's ability to veto a change to the health care bill.

Fred Upton: I don't think we are going to be that far off from having the votes to actually override a veto.

Loren Bonner: But with no guarantee of a repeal, Upton says Republicans have a plan B, dismantling health care reform piece by piece starting with the individual mandate requiring all Americans to carry insurance and a 1099 Provision that was designed to fund the new health care law. House republicans have set January 12th as their date of vote on a repeal of the health care overhaul. The Office of the National Coordinator for Health Information Technology has issued a final rule to establish the permanent certification program for health information technology. The new rule will establish more transparency and efficiency for certification of electronic health records to health care providers. The Recovery Act set aside funds for doctors and hospitals who wanted to adopt EHR technology quickly. And in order to receive the payment, health care professionals had to meet the meaningful use standards, measures for providers to show that they are using electronic health records to improve health care outcomes in several different categories. This summer, ONC issued the rules governing how to qualify for financial incentives under Medicare and Medicaid for meaningful use of electronic health records. This final rule completes ONC's phased-in approach to certification.

This week on Conversations on Health Care, we are discussing how the Agency for Healthcare Research and Quality or AHRQ is working to improve America's health through better quality health care, safety, and efficiency. In addition to pertinent information and research findings for clinicians and providers, policy

makers and payers, AHRQ is also a resource for consumers and patients to be better informed and more engaged with their health care. To cite just one example, AHRQ has been urging Americans to play a more active role in their health care through a series of public service announcements. Here is one of the PSAs that encourages patients to ask questions at the doctor's office. It highlights how most of us are actually good at it, in this case, when ordering at a restaurant.

(Audio Clip)

Loren Bonner: But not so much when it comes to speaking up at the doctor's office.

(Audio Clip)

Loren Bonner: And those 10 questions everyone should ask their provider are what is this test for, how many times have you done this procedure, when will I get the results, why do I need this treatment, are there any alternatives, what are the possible complications, which hospital is best for my needs, how do you spell the name of that drug, are there any side effects and will this medicine interact with medicines that I am already taking. We would be remiss if we didn't point listeners to www.ahrq.gov where this information and much more is easily accessible. There is even a tool on AHRQ's website that helps people build questions for their individual medical situations. Let's turn now to our interview with the Director of AHRQ, Dr. Carolyn Clancy, to learn more.

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Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dr. Carolyn Clancy, Director of the Department of Health and Human Services Agency for Healthcare Research and Quality whose mission is to improve quality, safety, efficiency and effectiveness of health care for all Americans. Welcome Dr. Clancy.

Dr. Carolyn Clancy: Thank you.

Mark Masselli: You know you have devoted the past 20 years of your career to advancing health care quality and research through your work at the agency for healthcare research and quality where you served as director since 2008. In your earlier career as a primary care internist you developed a keen interest in medical decision making. AHRQ is well known and respected within the health care circles but probably less known to our listeners at Conversation the general public. Can you share with our listeners a bit about the mission of AHRQ and its role it plays in American health care and what are your key priorities as we enter the first full year of health reform implementation?

Dr. Carolyn Clancy: Sure. That's a big question but one I am very excited to tell you about. It was created with strong bipartisan support in late 1989 in response to the growing evidence about variations in practice. So, for example, early work had found that if you lived in one county in Vermont or other parts of Northern New England, you were more likely to reach age 50 with an intact uterus than if you lived in the county next door. But at the time no one had actually looked at this kind of phenomenon and in general the researchers felt that one key component of the reason for these variations related to clinical uncertainty, it wasn't clear what the right thing to do was because we didn't have a good science base. So what members of Congress put here were potential sources of cost without benefit, in other words if we are investing more in health care for some people and they are not better off, then what's wrong with this picture. So that was how the agency was born.

Margaret Flinter: And Dr. Clancy, AHRQ is one of many arms of the Department of Health and Human Services and one of many federal agencies, it's devoted to improving some aspect or many aspects of health care. I would think you have to collaborate closely with a number of leaders from NIH to SAMSA to the Center for Medicare and Medicaid to the health professions divisions in order to accomplish your goal. Can you tell us a little bit about these collaborations; how do you work across the whole federal enterprise to advance your mission and your work?

Dr. Carolyn Clancy: We do work very closely with Medicare and Medicaid since they pay for lot of health care. We work very closely with SAMSA particularly because we know that behavioral health conditions can complicate almost any kind of ongoing medical care. There is a big focus now on integrating behavioral and regular medical care particularly in the primary care setting. We work with NIH on developing better science and the list goes on and on. So it means that partner and collaborator is AHRQ's middle name I guess and one very, very interesting part of the Affordable Care Act is it actually directs the Secretary of Health and Human Services to develop a national strategy for quality. There has been a lot of activity in improving quality and safety in the past say 20 years. You know you can see report cards on health plans, you can look at how hospitals are doing and so on and so forth. But we haven't exactly had a strategy and now we will, and we have to be very concrete and explicit about how all of these various roles fit together to create a whole greater--

Mark Masseli: You know Dr. Clancy, we want to talk little bit about quality and safety before health care reform passed. Congress took an important step and invested through the federal stimulus bill to support Comparative Effectiveness Research which is the study of what treatment works best when you compare one or more ways of treating the same condition. Could you explain how Comparative Effectiveness aims to not only solve many of the day-to-day practice problems but also target the amount of waste in our health care system?

Dr. Carolyn Clancy: Comparative Effectiveness or what we are now calling Patient-Centered Outcomes Research, by being is a way to actually more precisely apply what we know from biomedical science. If we know which patients are likely to benefit the most from say a new kind of treatment whether that's surgery or medication, a kind of innovative new device and so forth, and which will do actually as well and maybe even better with more traditional modes of treatment then one thing that we can actually do is reduce the amount of guess work that goes into it where you are trying 8 or 10 treatments before you find the one that works for you. So the good news is in 2010 going into 2011 it's a great time to be alive because there are so many options for diagnosis, for treatment and it's no surprise that the US leads the world in biomedical innovation and we don't want to stop that for a minute. But knowing how to apply it more precisely that's what Patient-Centered Outcomes Research is all about.

Margaret Flinter: Well I think it's a great time to be alive ought to become the mantra under the Agency for Healthcare Research and Quality, that's terrific. And kind of along those lines I have read that AHRQ has recently teamed up with the Ad council to get people to play more active role in their own health care through a series of public service advertisements. Tell us little bit about your goal in doing this and how are you going to know if you have been successful, what are your kind of matrix for success there?

Dr. Carolyn Clancy: You know 50-60 years ago many people didn't live long enough to have chronic illnesses, they would drop dead in the prime of life from a heart attack and so forth. And now we have got much better treatments but we still don't do the best job, we don't do as good as we know in improving care for people with chronic illnesses. And part of that equation has to involve informed activated patients because after all who is living with the illness and trying to do the best to manage it so that they don't actually have to think about health care all the time. Now I hope you will notice that it rolled right off of my tongue to talk about informed, activated patients. In fact, the study in the mid '90s found that people have very few questions in health care, in fact one study that involved very detailed observations found that on average people ask 1.4 questions from the time they arrive in a doctor's office to the time they leave, and that included questions about parking. Now, you can't be a partner in this enterprise if you are not engaging and asking questions. And we learned overtime that this was kind of scary for people. So we began working with the Ad Council several years ago trying to point out that this is not only important but it's actually kind of fun. Because when we asked people do you think about questions that you should be asking when you go to the doctor, everybody said yes. If you say, would you write them down, there is a long pause, no not exactly. People more or less imagine that when they get there it will all come flooding back. And fact health care can be kind of chaotic. So we have actually got on our website what we call a question builder so the kinds of things you can be thinking about so that you literally walk in there with a list of questions because you are far more likely to remember it. So the ads range from doctors and nurses and other health

professionals singing and dancing about questions that they answer to slightly edgier ads. And one of my favorites is an ad where a real estate agent is wishing a family good luck with their new house and so forth and she said, I know that you will have many happy years here, and then she looks at the house where there is a middle age man and says except for you because you are going to be dead in two years because you failed to go to the doctor and find out about not getting a preventable disease that killed your father. Well that got people's attention alright. So right now we are monitoring how many people look at the website, how often do they download this question builder and so forth and are now looking into other ways to evaluate this.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dr. Carolyn Clancy, Director of the Agency for Healthcare Research and Quality. Dr. Clancy, along with AHRQ's effort to engage the public and increase performance measures, you have been helping communities develop ways to create incentives for quality and better preventative services. It's sometimes a stretch I think for the public to imagine the federal agency to have a local impact particularly in health care. Can you discuss your strategy on creating change at the local level?

Dr. Carolyn Clancy: Let me just say I think at the end of the day I am from Massachusetts so I can always quote Tip O'Neill, is my view, "All health care like all politics is local". So starting several years ago we actually put out an announcement for communities who wanted to work with us to improve care where they are. We don't have that kind of reach but we do have a lot of very important and helpful tools and methods and so forth that they can use but the engagement is what they have to do. So we support a learning network so that these communities can learn from each other.

Margaret Flinter: Dr. Clancy, we run a statewide community health center that's committed first and foremost to clinical excellence but it's also committed to increasing knowledge about primary care through research and development. And we look at the Agency for Healthcare Research and Quality as an organization that supports research at the practice level not just through the academic organizations which are very important of course but also directly through practice-based research, and that sees to me one of the unique attributes of your organization. Is this commitment something that grew out of your own earlier work in practice and in academia and might you share with our listeners a few examples of what you think of as transformative research at the practice level?

Dr. Carolyn Clancy: AHRQ is a research agency so we don't pay for care, we don't provide it and we don't regulate it so that means we don't have a direct reach into health care. So in the past let's say 8 to 10 years we have been funding more and more initiatives so that we have got partners who are actually providing that direct reach into health care. One of the most exciting things since

you mentioned primary care is a group of practice-based research networks. You know about three quarters of outpatient visits in this country are to practices with fewer than five clinicians. Now in those practices, and by the way a lot of people like small practices right, people tend to know who they are and so forth, I can understand that, but there isn't what you would call infrastructure, there is no one walking around who's got a badge on their coat that says I am the quality person, right, it's much more like a small mom and pop operation, everybody does everything. So we created these networks inspired by others and provide a lot of support for their ongoing work because of two reasons, one was it was very important to identify the pressing issues facing clinicians and patients in the trenches day-to-day; you can't know that from a distance. And secondly, it was a way for clinicians to be working with colleagues potentially in their region or state but also literally across the country on common challenges. And that sense of being part of something larger than this immediate practice has been very, very important to the clinicians who participate. So I can't even tell you every year we convene many of the leading networks and it's kind of like Woodstock you know, people are very, very excited and enthusiastic about their work. And at the end of the day this is all about figuring out how do you make the right thing the easy thing to do, and you can't know that unless you live in the practice setting or are working closely with those who do.

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

Dr. Carolyn Clancy: One of the biggest issues that I see confronting our health care system today is that often times the best practices in improving safety and quality don't get taken up by others. So we have got a growing list of really fantastic successes that our product is the research that we have funded and yet they are more or less the equivalent of one-hit wonders. So we think that any kind of innovation that gets us to a place where successes are disseminated much more rapidly is something that's urgently needed. We actually have a specific site on our website called the Innovations Exchange so that innovators can learn from each other both about what works and frankly about what doesn't. The CMS is going to be sponsoring a new innovation center which was just announced a few weeks ago so I think we will be hearing a whole lot more about that. But we desperately need to figure out how do we do a better job.

Margaret Flinter: Today, we have been speaking with Dr. Carolyn Clancy, Director of HHS Agency for Healthcare Research and Quality. Dr. Clancy, thank you so much for joining us on Conversations today.

Dr. Carolyn Clancy: Thank you.

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 focuses on the FoodCorps, a new branch of AmeriCorps that's taken on the nation's obesity crisis in schools across the country. FoodCorps is a project of the National Farm to School Network, the joint program of the Center for Food and Justice and the Community Food Security Coalition. Last year, with the help of an AmeriCorps National Planning Grant, the network began a 16-month planning process for FoodCorps for this newest addition to AmeriCorps' wide variety of national service positions. Like the traditional AmeriCorps recruits who are typically young adults, individuals will sign on for a year of service through FoodCorps working specifically in a school food system. They will develop farm to school supply chains, expand food system and nutrition education programs and build and tend school gardens. In the face of rising national obesity rates, they will strive to make healthy organic and locally grown food available to America's school children while at the same time giving them the skills to provide food for themselves and to make healthy nutrition choices on their own. At a time when almost one in five school age children is obese, the CDC has identified the farm to school programs as a beneficial part of community based obesity solutions. The National Farm to School Network has based FoodCorps' approach on several model programs around the country including the Youth Grow program in the Portland Oregon area. Over the past 10 years that program has helped seven schools create school garden programs which supply their cafeterias and provide educational resources for garden clubs for low income students. Many schools have begun similar initiatives but most lack the resources to fully implement these programs. By placing the federally supported fellows in these schools, FoodCorps will fill that void. FoodCorps is just one of many organizations taking aim at the obesity epidemic but the National Farm to School Network believes that its approach of both making healthy food available to school children and teaching them how to select and grow nutritious food is essential to equipping the next generation with the skills and resources to reverse the skyrocketing obesity rates. Now that's a bright idea.

(Music)

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

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

(Music)

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.