(Music)

Mark Masselli: This is conversations on healthcare. I am Mark Masselli.

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, today, we have got a great opportunity to hear about healthcare reform from two different sides of the coin, policy and practice. US Senator, Chris Dodd will join us for our newsmaker conversation segment. Senator Dodd who chaired the Health Education, Labor and Pension Committee this summer is back in the spotlight.

Margaret Flinter: Yes, he is. He has been working with Majority Leader Harry Reid and Senator Max Baucus to develop a bill that merges the interest of the senate finance and health committees and now they will be including the public option in the bill that goes to the floor of the senate.

Mark Masselli: Great news.

Margaret Flinter: So we look forward to hearing more from Senator Dodd on that front.

Mark Masselli: We look forward to that and on the flip side we are going to our neighboring state to see if the Massachusetts Healthcare Reform initiate can help inform the national dialogue. We will speak with Jon Kingsdale, the Executive Director of the state's independent heath insurance connector authority. Three years ago, the state enacted a law to mandate insurance for all. Margaret, it has gotten pretty close to its goal. Only 2.6% of its residents remain uninsured.

Margaret Flinter: Wow! That is about close to the levels in most European nations who already have developed universal coverage. Let's hear what he says works and what still needs to happen to achieve true universal coverage.

Mark Masselli: But first, we would like to share our comment that we got from one of last week's listeners. We heard from David Aylward, the first Executive Director of the mHealth Alliance, a partnership recently formed by the United Nations Foundation to facilitate global innovation in the field of mobile health. David was interested in last week's show on telehealth, in our conversations with Dr. Blumenthal, President Obama's National Coordinator for Health Information Technology. David wanted

to know how the federal government is connecting key data from electronic health records to the 911 and EMS System. He says this initiative would help create public demand and use of the EHRs if the data was used to help save lives in emergencies.

Margaret Flinter: What a great idea! And David, we will be forwarding your comments to Dr. Blumenthal's office and we will also be tracking your progress for a future show. If you have feedback on our show, e-mail us at conversations@chc1.com. We love to hear from you. Now let's get to an update on healthcare headlines from our producer Lucy Nalpathanchil.

Lucy Nalpathanchil: I am Lucy Nalpathanchil with this week's headline news. As Margaret mentioned, the public option will be debated on the senate floor that's because Senate Majority Leader Harry Reid has announced he will include a government run insurance plan and merge finance and health committee bills. Reid's announcement to bring back the public option comes with a catch. The senate provision will allow states to opt out of participating in the government run insurance plan. This plan serves as a compromise between liberals who want a single-payer system and moderates who support a smaller government role in healthcare reform. Republicans have vowed a filibuster, so Reid must gain support from all democrats and two independents in the senate to have the necessary 60 votes to include the public option in the final senate bill. US Senator, Chris Dodd has been working with Majority Leader Reid over the last several weeks. Mark and Margaret asked Senator Dodd about the next steps in hammering out a final bill.

Mark Masselli: Senator, thank you for speaking with us today.

Senator Dodd: Well, thank you both very much. I am delighted to be with you.

Margaret Flinter: Great! Welcome Senator Dodd. You have been such a key and pivotal player in the work of health reform this year. Can you give us a sense of the progress towards the final bill and also a sense of timing? What can Americans expect in the coming weeks?

Senator Dodd: The office called the Congressional Budget Office which does something to every bill around that they have called scoring. They actually try to determine what each provision would cost or what each provision would raise in revenues as some do; and then determine what the overall cost would be to the American taxpayer. And so while we

have scores on both of the bill, the bill that I managed this summer and the bill out of the finance committee, when you merge them and there are some differences that are merging here as a result of the merger then you want to get a score on those, the Congressional Budget Office, that could take several more days. You don't want to rush this, you want to get it done obviously, but you want to really go to floor of the United States Senate having good numbers, numbers that you can rely on and good policy positions to present to your colleagues, not that it won't be controversial, I expect this to be a lengthy debate on the floor of the senate for the next easily two months as there are people who opposed to this and many are in the republican side of the aisle are going to be raising probably hundreds of amendments to this bill, so it could be a lengthy process.

Mark Masselli: Speaking of controversy, the most recent polls, CNN and The Washington Post ABC show that the majority of Americans support a public option; around 60% of Americans say it should be a fundamental component in of the bill, but it wasn't included in the legislation passed by the Senate Finance Committee. Why is there such a disconnect and what are the fears of those opposed to the public option?

Senator Dodd: We have public options in Medicaid and Medicare and VA Care and what they call Tricare. So it's already established how valuable that could be for sectors of our population. The public option here although really stang about and said, do you want to keep cost down, which all do, I presume we all understand how important it is given the escalating cost, healthcare cost rises five times faster than wages in our country. And if we do nothing by the way; if we do that, which goes of arguing for this, say just leave this alone, leave it for a later day. We are told by experts that that cost $12000 a year in the next seven years and Connecticut across the country would jump to close to $25000 a year and premium cost with the private carriers. Obviously that is unacceptable. We can't sustain that. So the public option brings down cost, the one we know that, and secondly, provides options. I am a federal employee. I get about 23 options a year, it's part of the Federal Employees Health Benefit package. Now I am not suggesting I want to get 23 options, although frankly I like having those options. In many states, in many jurisdictions one or two insurance companies so dominate the market that there are no choices or very limited choices. The public option will provide people with additional choice and that is as American as apple pie.

Margaret Flinter: Senator speaking of changes, one really quite radical change that looks like part of the final bill is the elimination of preexisting conditions as grounds for denying coverage. Now from our perspective as healthcare organizers and providers, this alone has the potential to reduce a lot of misery and suffering by families who have been priced out of health insurance when they need healthcare the most. That was a big step to take and it seems clear that the tradeoff for the insurers would be to require almost everybody to have health insurance. Can you comment on how you achieve this?

Senator Dodd: Yeah, it is absolutely critical, you are right, because we do require that people have health insurance and again we are all benefited by that when people do. As a result of more people be involved and having insurance, getting it when you are hopefully not ill and not sick in anyway, then obviously that allows money to build up so that when claims do occur, they are the resource to take care of them and by doing so, we can have the market reforms that allow free screenings, free physicals, doing away with what you call the preexisting condition, which is correct and that is they can't all of a sudden drop you or raise your rate without any reason whatsoever because you all of a sudden have a condition. That is when you sparingly increase the number of people and it spreads out the risks then obviously that's what it makes it possible to have this elimination of the prohibition on portability in preexisting conditions, so everyone benefits from that and as you do that that also brings down cost as well. And when you have things like screenings and physicals, as many of you may know, I went through that prostate surgery this summer, I discovered early that I had a very spike PSA rating which is one indicator of prostate cancer. So I had that operation that was not inexpensive to get an operation, open surgery and get it done. But had I not discovered it and had it gone on longer, had it gotten to my lymph nodes or my blood or my bones; that operation could have easily cost a quarter of a million dollars rather than the very reduced cost, it was because I caught it early. So having screenings, having physicals is a great way not only to serve your health and keep you alive and keep you healthy but also reduce cost tremendously.

Mark Masselli: Senator the President has said that he believes that this health bill needs to be bipartisan reflecting all Americans. You've had extraordinary success in bringing about bipartisan support. You did it in the past which was the Family and Medical Leave Act and in helping families save there Home Act; not only bipartisan support, but very conservative support. What's going to take to get the final health reform

legislation with all members of both parties joining in and is it possible in this political climate?

Senator Dodd: Well I hope so and maybe your last point is the most important, we are you know this politics is always involved, it would be foolish to suggest otherwise. But I think there has been so much misinformation about a lot of this that it's polarizing people and that hurts. Part of the job in the coming days will be to reach out and listen to each other. We finished our bill in July, it ended up having a partisan vote at the end, it was 13 to 10 votes in the health committee on which I was acting as the acting chairman. But I must tell you as well, we considered 300 amendments over five weeks in 23 sessions during that time. A 161 of those 300 amendments were offered by my friends and the public inside of the aisle that we accepted more than half of the amendments to adopt in that bill, very good ideas. But they contributed substantially to the product. We are a better bill today because they offered those amendments. Again I am not suggesting they like everything in the bill, nor did I for that matter. He is the chairman of the committee. And I was disappointed we didn't come out of that committee as some partisans support going forward. So my hope is we will do that. But it is the means to the end, it's not the end in itself and too often I think we confuse those two.

Mark Masselli: This is Conversation on the Health Care and we are speaking with the United States Senator Chris Dodd about Health care Reform.

Margaret Flinter: Senator, supposing this does pass by the end of the year, what kinds of changes will the average American see in their health care and when do you think they will see it?

Senator Chris Dodd: Well, again, we haven't finalized the bill, right, I've got to be careful of saying exactly what's in this because we are still working on this. But the idea we think is done immediately like closing that donut hole for older Americans or at least a good part of it, providing for those paying for immediate brief screenings and physicals (Inaudible) to identify problems they may have or have a sense of security moving forward, a lot of these provisions will take some time over a series of years before it can kick in everything because it will. We are fundamentally offering and changing something that's been around now for 70 or 80 years. We try to keep the program alive so if you like what you have, you like the insurance you have with your private carrier, we are not mandating that you leave that. We are trying to help small

employers as well because if they get treated barely with the cost of health care, they are paying 80% more of a health care cost than other larger employers, we are trying to eliminate that. Individuals, self-employed people, they are allowed for pooling so that they can obviously get reduced cost and spread out the risk there they can have health insurance more available to them.

Margaret Flinter: Senator Chris Dodd, Thank you so much for speaking with Conversations on Health Care today.

Senator Chris Dodd: Thank you both.

As we wait to see how federal lawmakers shape Health Care Reform for the nation, some say the State of Massachusetts could be a model for reform. In 2006, the state passed landmark legislation to achieve new universal coverage for all residents. The plan includes an individual insurance mandate and called on the public and private sectors to share in the financial responsibility of the plan. It also expanded the state's Medicaid program. Three years later, some of our Massachusetts residents and graduate student 26-year-old Eric Grey is one of the residents who is benefitting from the plan. He works as an independent contractor for an education agency and doesn't have insurance through his employer.

Eric Grey: It would be far more expensive if I had this buyer plan directly from one of those providers than it's through the Mass Health Connectors.

Margaret Flinter: The Massachusetts Health Connector is the independent state authority that promotes the reform plan. It helps residents choose between two options; the Commonwealth Care plan which is a subsidized government insurance program for individuals with income below 300% of the federal poverty level, or Commonwealth Choice, an insurance exchange of private plans for residents to choose from. Grey has an insurance plan from the exchange that he chose by applying online.

Eric Grey: It's sort of a one-stop shop for all the different plans from the different companies and they have the HMOs, the PPOs and very easy for me to find something that fit my budget and got the coverage that I wanted.

Over the last three years, the state has enrolled an estimated 430,000 people who were previously uninsured. Lindsey Tucker, Health Reform Policy Manager with the Consumer Advocacy Group Health Care for All, points to this number as an example of success.

Lindsey Tucker: We are no longer in any way of the experiment. We are over 97% insured in our states and we have approval ratings that are the envy of any politician, well above 60% of the public support the law.

Margaret Flinter: There have been problems with the reform plan for; 1, the cost of health care in Massachusetts continues to increase, and 2, all those new insured residents have put pressure on an already squeezed primary care system. Dr. Allan Goroll is the Professor of Medicine at Harvard Medical School and Chair of Massachusetts Coalition for Primary Care Reform. He says a reform plan must also strive to improve the quality of care.

Dr. Allan Goroll: If we are really going to fix health care in the country, and I think this is being recognized in Federal Legislation, we have to strengthen the primary care base at the same time or even before we expand health insurance to everybody.

The state has taken notice of these challenges and just last summer, a special state commission was created to work on long-term cost control provisions. Massachusetts has also passed incentive programs to expand the primary care workforce such as tuition reimbursement for medical students who enter primary care. Overall, there is widespread approval from the public, government leaders and physicians for the plan to continue. A recent poll by the Robert Wood Johnson Foundation and Harvard School of Public Health found that 70% of Massachusetts physicians support the law and 75% want the law to remain in place. To find out more about Massachusetts Reform Plan, Mark and Margaret spoke with Jon Kingsdale, Executive Director of the state's health connector, an independent authority that promotes coverage of the uninsured.

Mark Masselli: Jon, thanks so much for speaking with us today.

Jon Kingsdale: Oh, my pleasure.

Margaret Flinter: Welcome Jon. How has this past year's state and national economic crisis impacted the reform effort for you in Massachusetts?

Jon Kingsdale: We have actually weathered it pretty well. When I say we have weathered, that I mean health care reform has and we have been able to maintain a good coverage for most of the folks who were beneficiaries in state reform. We just had a state survey result that showed virtually unchanged level of coverage, so again more than 97% of residents in Massachusetts are covered. But we are certainly under pressure to save money wherever we can and I think frankly the biggest impact has been on some of the Medicaid payment rate because with the maintenance of effort, requirement of the federal stimulus package is very little that Medicaid program. Again, outside a reform, just the state's Medicaid program can do is save money other than to look at payment rate. So, that's actually been a significant issue.

Mark Masselli: Massachusetts has the lowest percentage of uninsured residents in the country at 2.6%. First of all, congratulations. You have credited that success to the individual mandate, tell us why the mandate plays such a powerful role in Massachusetts' success and by extension, I assume in the national reform efforts?

Jon Kingsdale: The mandate really has two separate and critically important consequences. One of course is it gets folks' attention and it motivates a lot of people to sign up for insurance. And the second sort of consequence of it though is that it's actually by bringing folks into their risk pool, into the insurance who consider themselves healthy, who are maybe an accident or a diagnosis away from needing significant medical care but are willing to take that risk, we have actually been able to reform the insurance market in such ways that actual bring prices down for individuals who buy insurance. So we literally had a 20%-plus reduction overnight in the price of buying insurance directly on your own as a result of reforms that include the mandate.

Margaret Flinter: We have been following your efforts to now address cost through your new special cost commission. But what can you tell us about better health outcomes or any savings that Massachusetts has realized through decreased admissions to hospital for preventable conditions for instance?

John Kingsdale: Well, I wish, Margaret, I can tell you more. We know that a significant increase in the number of residents here who report a routine source of care, a primary care clinician as a consequence of reform, we know that we've got reduced financial barriers to appointments, billing prescriptions, access to care. But for somebody to

be able to see a detectable change in overall health status of the population when frankly 90% of health status is a function of income and environment and inheritance and so forth. Because we have got another 6%, 7% or 8% of our population insured that's going to take years frankly. So I can't give you, I can't say the statistics of this you know folks in Massachusetts are living longer or infant mortality is down or I think.

Mark Masselli: John Under the law residents must have insurance through their employer or by enrolling in the state's subsidized plan, commonwealth care or through the private insurance exchange, commonwealth choice but what about the person who can't get it through their employer or doesn't qualify for a sub set or just can't afford to purchase insurance on their own.

Jon Kingsdale: Well that's a real problem and you know we would like to be at 99% or 100% insured I think a lot of European countries have you know universal insurance but still 1% or 2% are uninsured and at 2.6%, 2.7% for this past year that rate is very, very good, but it's not a 100% and we got to figure out a way think when perhaps when the economy recovers see if we can't use a strained analogy, put the ball across last 2 or 3 yards to remain on a field.

Margaret Flinter: You know we talked about primary care a moment ago and the fact that as more people became insured they begin to utilize health services and this is a good thing we want people to choose of primary care provider if they haven't had one and to use that primary care provider for their health care but didn't this pent up demand if you well, put a lot of stress on the system and show that there really just weren't enough primary care providers especially may be as you got out into more of your western part of the state, how has Massachusetts addressed this.

Jon Kingsdale: Good question, because the shortage of primary care is a national problem but there are particular pockets of shortage in Berkshires then in the Cape Ann, the island. And one other great things about reform has been that one frankly we get public policy on the move so that leaders and providers and government officials are concerned to make something that they have invested a lot of resources in old experiment work they have actually been even more open than normally to looking at consequential issues such as the cost issue, which we are paying a lot of attention to, and the issue of access to primary care so we are seeing two very concrete changes already and I expect those to be more in Massachusetts.

Mark Masselli: This is conversations on healthcare. We are speaking with Jon Kingsdale, Executive Director of The Massachusetts Health Connector an independent authority established by the state to promote coverage of the uninsured. Jon, with attention on Capitol Hill to pass National Healthcare Reform this year some have said Massachusetts reform plan could be the model for the nation, but you noted in your testimony to the United States Senate that anything so ambitious is reforming one sixth of our economy cannot be captured in a single piece of legislation but involves some degree of trial and error learning by doing so is it fair to say that your recommendation would be to get the coverage piece first and then go to controlling cost.

Jon Kingsdale: I do think that the important thing is to get movement, to get off the dime and if access is all that they can do that that's critically important because frankly we don't have it national health cost containment policy right now. We don't have anything other than every recession we get 5 to 10 million more uninsured and I think as in we have found in Massachusetts nationally if we stop this sort of the cost containment policy that says we will just have more insured, it's actually going to add to the momentum to address cost squarely. So I hope Washington will do both but at a minimum we have to deal with the moral issues about covering people.

Margaret Flinter: And let me follow up on that question about addressing cost. One model of interest is the State of Maryland's model on controlling hospital cost. And there they have shown over really quite a long period of time now that cost control regulation has driven down hospital cost far below the national average and still maintained a strong hospital system. Is this a model of control that you think might be useful in our national reform dialog?

Jon Kingsdale: Well I am going to look internationally here for a minute you know every society that have you know universal coverage, every advanced economy has some form of national rate setting or a public program that sets grade and a lot of the issues that we deal within cost are not about over utilization. They are really about the cost of producing a day in a hospital or a visit or a pill. So whether it's rate setting or some kind of more effective competition I think all those options should be on the table and we should be looking very carefully at states like Maryland that seem to have done a very good job.

Mark Masselli: Conversations on healthcare focuses on innovations in the nation's healthcare delivery system. What future innovations excite you or whose work should we be keeping an eye on?

Jon Kingsdale: Well I think that the conversion if you will of greatest need, medical need from acute care which we have done a pretty good job in this country at addressing to chronic illness is got to capture the attention of the innovators whether it's more continuous contact by telephone and electronic medical records with folks who have long term product requirements for communication and access monitoring or group models of delivering care, folks with chronic illness I think we have got to find a way and I am very excited that we are at places like Kaiser and elsewhere finding new ways to deal with chronic illness in a population.

Margaret Flinter: Jon Kingsdale, Executive Director of the Massachusetts Health Connector, thank you for speaking with us today.

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

Lucy Nalpathanchil: This week we focus on a program that uses an interactive garden classroom to teach kids about the importance of nutrition and building community. In 1995 an abandoned lot adjacent to the Martin Luther King Jr. Middle School in Berkeley, California was transformed into a one-acre garden. It became The Edible Schoolyard, the brainchild of chef Alice Waters, for many credit was starting a local food movement through her nonprofit Chez Panisse Foundation. The garden space helped change public education by integrating gardening, cooking and the sharing of a daily lunch into the core curriculum using math, science and the humanities the Edible Schoolyard teaches 1000 middle school students each year through hands-on lessons about growing vegetables, fruits, herbs and flowers. What's the goal? The Edible Schoolyard not only teaches young people about creating and sustaining an organic garden but they also learn how to prepare, serve and eat food that's good for them. This is especially relevant when according to the US Department of Health and Human Services nearly one in three children are either overweight or obese. These life lessons are taught through cooperative work and positive interactions with their teachers, community volunteers and their peers. The interactive program reaches several hundred visitors a year and has helped launch affiliate programs in New Orleans and other cities across the country. Are you interested in planning a garden or kitchen program in your school go to www.edibleschoolyard.org, the Edible Schoolyard educating students

about the connections between food choices and the health of themselves and their communities. Now that's a bright idea.

Margaret Flinter: This is conversations on healthcare. I am Margaret Flinter.

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

Lucy Nalpathanchil: 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.