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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, last week, we had a great opportunity to hear from Senator Chris Dodd.

Margaret Flinter: He was really articulate on the broad issues of reform and on the value of having a public option as a component of any health reform bill.

Mark Masselli: You are right and the return of the public option to the healthcare reform effort should help bring the debate back to lowering cost for consumers. I am missing element lately in the larger conversation.

Margaret Flinter: Yeah. And Senator Dodd also reminded us that we already have a public option in the United States in a lot of ways through Medicaid, Medicare, VA and the Tricare programs for the military.

Mark Masselli: He is right, but the reform debate has taken another step forward as the Speaker of the House Nancy Pelosi who was our show last month unveiled the House's plan for a compromise on healthcare legislation. She says the bill would offer new insurance for tens of millions of Americans and lower cost for those who already have coverage.

Margaret Flinter: We have read the new version of the bill and we will be keeping a close eye on it over the next few weeks.

Mark Masselli: That we will.

Margaret Flinter: Last week, we also learned a lot from Jon Kingsdale, Executive Director of Massachusetts independent Health Insurance Connector Authority. They have gotten a right in Massachusetts when it comes to covering the uninsured and they are pretty close to goal, only 2.6% of residents remain uninsured today.

Mark Masselli: Margaret you are right, how far Massachusetts has come in such a short time. I only wish the national reform bill would move as fast, but it won't be until 2019 before the bill reaches that percentage.

Margaret Flinter: Well that seems like a long time, Mark. But today I am looking forward to hearing the perspective of our guest Jennie Chin Hansen of San Francisco, currently serving as the President of AARP Member Association with 40 million members over age 50.

Mark Masselli: There is a lot more in the health reform debate than just coverage and I am sure we will hear about the concerns and hopes AARP has for all Americans.

Margaret Flinter: I am sure we will. You know along with her time at AARP, Jennie Chin Hansen has had a long career providing very innovative, integrated and comprehensive primary and long-term care services in the community for elders.

Mark Masselli: But first we would like to share a comment that we got from one of last week's listeners. We heard from the folks from San Mateo County, California, they seem to be having problems with forwarding our podcast to friends.

Margaret Flinter: We are sorry, you had a problem, but we have a solution, we have added a website for the show and it can be found at [www.chcradio.com](http://www.chcradio.com), click to hear all of our shows and you can just forward that link to your friends.

Mark Masselli: Sounds like party time.

Margaret Flinter: I don't know if I'd go that far.

Mark Masselli: And just in case, you weren't hanging onto our every word, we now have transcripts of each show as well as some interesting links to our featured guest.

Margaret Flinter: And hopefully soon also a blog, so we can continue this dialogue off the air.

Mark Masselli: And if you have feedback on our show, e-mail us at [conversation@chc1.com](mailto:conversation@chc1.com).

Margaret Flinter: And one more thing, we want to thank our initial producer Lucy Nalpathanchil, Lucy helped us get conversations off the ground and we wish her well in her future projects.

Mark Masselli: Thank you Lucy. Now let's get an update on healthcare headlines.

Margaret Flinter: This week House of Speaker Nancy Pelosi and Majority Leader Steny Hoyer released House Bill H.R. 3962, the Affordable Healthcare for America Act. Speaker Pelosi held the rally on the west front of the Capitol flanked by her committee chair people.

Nancy Pelosi: Today we are about to deliver on the promise of making affordable quality healthcare available for all Americans and we are putting it online for all Americans to see.

Margaret Flinter: And what did Americans who went online to read HR 3962 see? A 1900-page document that reflects many of the debates and discussions held since the release of the earlier versions of the bill. It creates a new marketplace, the National Health Insurance Exchange with an option for states that agree to meet federal standards to run their own exchange. It establishes a public health insurance option that public option available with the exchange ensuring choice, competition, and accountability. The bill says that the public option has to survive on its own premiums and it won't be eligible for a federal bailout. The option will have to negotiate rates with providers and participation, both by consumers and providers is completely voluntary. Speaker Pelosi said "The bill is fiscally sound, it will not add a dime to the deficit as it expands coverage, implements key insurance reforms and promotes prevention and wellness across the health system." It will cover 96% of all Americans. What happens next? HR 3962 has now gone to the House Rules Committee for review and is expected to be released for Florida Bay possibly as early as this week. Meanwhile Senate Majority Leader Reid has sent the merged finance and health bills to the Congressional Budget Office for scoring. One thing seems clear, we are no longer in the general and often emotionally charged phase of this process. We are onto the greater details with specific areas of contention well understood. We will be keeping you apprised of the details over the coming weeks.

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Margaret Flinter: This week we are exploring the Intersection of aging health reform and innovations. With more than a quarter of all Americans

over the age of 50, it's a critical topic for all of us. And there is perhaps no better vantage point for considering the issues of both health reform and innovation than from that of seniors in America. One thing nobody debates, it's in everybody's interest to look for cost effective and innovative ways to help seniors remain vital and healthy. We want seniors to manage their chronic illnesses, stay out of the hospital and be at home for as long as possible. Today, we will be talking with Jennie Chin Hansen, President of AARP. First some background on AARP. With 40 million members, it's an influential and organized voice for senior citizens. Ironically, it can chase its genesis back to a very current issue, Trouble Finding Health Insurance. In 1958 retired high school Principal Dr. Ethel Percy Andrus was in search of a source of health insurance for retired school teachers and couldn't find any. She went on to form AARP. The organization's founding principals haven't changed, promoting independence and dignity for older persons, enhancing quality of life and encouraging older people to serve, not be served. But the world that members live in has changed a lot and so have the priorities for health reform and for innovation. Now the AARP priorities in the health reform debate according to Barry Rand AARP's CEO, are closing the doughnut hole as the gap in Medicare prescription coverage is known and preventing readmissions to hospitals through new support services, that's another, ensuring that nothing comes between the patient and the doctor. But part of the original vision of Dr. Andrus was that one of productivity and healthy aging. The CDC reports that life expectancy for Americans has reached new levels. On average, we can expect to live till 78 and researchers confirmed the positive impact of activity, social engagement and sustained mental activity. One community based innovation to support productive and healthy aging is in rural Northern Colorado, it's called Aging Well and it was started by the region's visiting nurse association. Sue Birch is the CEO of the Northwest Colorado Visiting Nursing Agency and its Aging Well program.

Sue Birch: Aging Well is a program of Northwest Colorado VNA and our newly formed federally qualified health center. We are redefining health of elderly people 50 and up and we are taking our health services Aging Well programming into social gathering places of the people that we serve here in Northwest Colorado. So we are in coffee houses and community centers, American Legion Post assisted living centers, nursing home, so we are going into very non-traditional settings and doing a lot of work around wellness and prevention.

Margaret Flinter: Sue, tell us about the interventions that Aging Well uses?

Sue Birch: We are doing things like evidence based and best practice physical activity programs. We are really transforming the community into a culture shift around embracing health and wellness and healthy aging and being vibrant.

Margaret Flinter: Senator Mark Udall who is the Senate Committee on Aging is impressed with the program and especially with the results.

Senator Mark Udall: The Aging Well program that's been getting results. It focuses on prevention and it connects rural Coloradans over age 50 with services and information to help them remain active, healthy, in their homes and out of the hospital. Aging Well has been a great success. Listing of these numbers from a recent survey, 98% of participants reported improved fitness, 60% visited their doctor less often and 18% had reduced their medication needs. This saves dollars and improves lives.

Margaret Flinter: The first such nursing home was built in Tupelo, Mississippi by Mississippi Methodist Senior Services. The brand new houses have driveways, barbecue grills and green lawn just like any housing community, but they are nursing homes with just 10 people in each house, residents sleep in private bedrooms, share family-styled meals and have more freedom of movement than in traditional nursing homes where the staff usually decides most aspects of the residence schedule. We spoke with Greg Warnick, Executive Director of the Green House Project in Tupelo.

Greg Warnick: You know that care be elder-centered that those that the elder be given choice in autonomy and freedom and to reduce the three plays of loneliness, helplessness, and boredom and the elders having choice in saying what they want and don't want and you know those that are closest to the elders having more freedom and autonomy in that as well.

Margaret Flinter: Fifty homes have opened in 12 states and 130 more are under development. 42 senior care organizations are building the houses with technical assistance from NCB Capital Impact, a nonprofit group. And a study commissioned by the Robert Wood Johnson Foundation, found significantly higher ratings for their residents on measures like happiness and contentedness than for their more traditional counterparts. All of this is an exciting area and we are looking forward to learning more about it today.

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Margaret Flinter: This week Conversation on Healthcare turns its attention to innovations and health reform as it relates to aging. It's an area of great interest to all of us who love and respect our elders and hey, we will all belong to that group, known as seniors one day, if we are lucky.

Mark Masselli: Margaret, I don't know if you have checked your mailbox but I think there are lots of us who have already gotten that invitation to join AARP.

Margaret Flinter: Okay, so it's not they, it's we. Regardless, today we are going to hear from one of the America's leading experts on aging, Jennie Chin Hansen. Ms. Hansen was a young registered nurse when she took her insights into the need for very broad services for the elderly and created On Lok, a San Francisco organization that provides a wide range of social, medical and supportive services, all geared to helping seniors stay healthy and independent and vibrantly connected to life in their community.

Mark Masselli: Last year, she was elected to a two-year term as President of AARP. Her On Lok program becomes the prototype for a program known as PACE, the Program for All-Inclusive Care for the Elderly which replicated the On Lok model in communities across the country.

Margaret Flinter: There are many 'firsts' for her as AARP's President, among them she is the first person to hold that position who was a nurse, the first baby-boomer and she is also a gerontologist.

Mark Masselli: Jennie welcome to Conversations on Healthcare. AARP has not taken a position on the current health reform legislation but instead they have a list of key issues of concern, tell us about those.

Jennie Chin Hansen: Sure, Mark. Well you know our membership which is nearly 40 million people is comprised of people who start at the age of 50 and on up, but as a result about half of our members are younger than Medicare age that is between 50 and 64 which poses one set of concern and then the people who are age 65 and older so when I bring up the comments, it's in relative to these two large groups of our members. We have actually distilled them down at this stage that I will do a headline first and then speak to them, one especially for people who

are between 50 and 64, many of whom have also lost jobs during this particular economic period. The whole aspect of getting access to coverage that is affordable and also it doesn't preclude them from buying insurance because they have preexisting condition, so especially that affordability and the access and the ability not to be rated at such a high dollar amount that it really precludes their participation in any kind of healthcare coverage. The second group of people who are age 65 and above have you know the opportunity to have many of their medications covered under Medicare with the Part D program that passed, but we knew that program was less than optimum when it passed because there is a coverage gap for our people. From that group of our members, we recognized that the ability to what "filled the doughnut hole" as they say is absolutely important because what we do find is so many people who drop that hole, end up either not taking their medications, is splitting their medication just because of cost and that in itself all the times caused people to end up using more medical services. So between the two groups what we have find coming up very strong are these two areas. And then also to appoint that, I mean if you know and our listeners know, the ability to have an environment that you can age in place with in a more community based way which is kind of a cross-cutting aspect that's cross generational. So those are some three areas, but specific to that is you know the whole ability to have medications be affordable and that still is for both the under 65 as well as the above 65. And preserving the best of what traditional Medicare benefits are about for the people who are over 65, so these are things that are important for them.

Margaret Flinter: And Jennie, I heard you mentioned expanding care to the home setting and that's been an area of the health reform bill that we have been following with a lot of interest, because we haven't heard a lot said about it that whole class section of the current health reform bills, could you tell people a little bit about that?

Jennie Chin Hansen: Right, well I think there are different dimensions of this idea that as we age and we may need more care, most people have a preference I think 9 out of 10 people have told us that they prefer staying in their own home setting. So one is just the flexibility of having that even though you might end up needing more complex care that traditionally people might have thought of nursing home, so the flexibility that the country might have in the states in particular to enhance that ability. Secondly, we have never really prepared as a country for this whole aspect of this chronicity or long-term care as we call it. And there is at this point some coverage of plan through what's called the CLASS Act in order to have a beginning way of saving money

from your payroll for say up to 60 months and after which time you would then be qualified to make use of a daily amount if necessary for this kind of chronic long-term care and if you wanted to stay in the community. So one is more of a planned insurance program, people would optionally contribute it to and the other one is developing the structure in state that people could have more community services.

Mark Masselli: We are speaking with Jennie Chin Hansen, President of AARP. Jennie, you have been recognized early in your career that social connections was key to maintaining health and vitality and in On Lok, certainly you achieve that, but you also recognized that it takes a team, a big team from van drivers to physical therapists, nutritionists, doctors, nurses and family members to keep particularly the frail elderly in the community. The PACE programs are modeled on that, but they just aren't that widespread, what's prevented more rapid in broad development of these Program of All Inclusive Care for the Elderly?

Jennie Chin Hansen: Well thanks for asking about that Mark, I think this is a very typical and understandable question we get asked all the time. You know this program really was actually, if I could really specify, was targeted to the population that would normally go to a nursing home. So this is not really your geared for your healthier person who has maybe one or two chronic conditions. And because of the shared nature of the population that we serve, average age is 82, has about 9 to 10 medical conditions and takes probably equal amount of medications. The care coordination piece that you would be hearing in healthcare reform has been always a tough thing to do and to get say drivers to convey information to physicians who would understand and listen to that on behalf of the care. So it's a Care Delivery Transformation System. Whenever we talk about Care Delivery Transformation, it's very hard to do, that's one thing. Second thing that makes it tough to do is that we have probably changed the funding system of the way care is usually done piecemeal way, it's called "P for Service" as you know. Every time you see a care provider, there is a payment involved, so it's a piece-by-piece approach. When you put the funding all together in a blended way, it's a very different way to do it. So it's a hard model on the one hand to replicate, but the irony is it makes simple for the elder and their families to not have to negotiate many pieces of paperwork and requirements; it's a simple one-door system.

Margaret Flinter: Thank you Jennie. The Wall Street Journal recently reported that seniors are the largest growing population using Facebook and e-mail and we all know, there is quite a few grandparents out there



Skyping with their far-flung grandchildren. Beyond those social things though there has been some innovative projects that use technology for remote monitoring of conditions like heart failure or even for daily virtual visits with nursing for check-in and monitoring. It seems like technology has a lot to offer to seniors in their quest to remain independent and in their homes, what are you saying that's exciting you around the country in that area?

Jennie Chin Hansen: Well I am extremely excited about this, I think there are two examples that you brought up about people with you know chronic heart conditions who often times would have to \_\_\_\_\_19.33 to see their doctor, can now do that at home, sometimes through tools that are specially designed for their telephones or something that plugs into their telephone. I am excited about these kinds of things that allow people to live their life normally, but take tools right now that are being developed for everybody, but how we can make sure that they are used for home. For example, even medication reminder systems that are now automated rather than having somebody always come in to check on you. The ability to make sure that you can have this be a simple phone reminder or something like this would be able to have the chance to do this in an automated way, so that you don't forget taking your medications which actually then maintains your heart condition, your diabetes much more evenly. So these things are great, they are trying to make it simple so that it's not about complexity and then it allows us to live our life more naturally at home.

Mark Masselli: Jennie you are on the Faculty of the Center for Health Professionals at the University of California at San Francisco and influencing the training of the next generation of health professionals. Thoughts about how we train the next generation to a new model?

Jennie Chin Hansen: Right, well I think there are some exciting places that are starting this whole idea of starting together at the same time. I think Jefferson University in Philadelphia is starting with this ability to bring some of the different disciplines together to recognize they are really often times securing for the same person. So when you start that way, you are focused on people you are caring about, not only about your individual profession, because what happens is when we get trained so separately, you do get very understandably focused on your standards, your practice and your particular profession. And not that we don't get back to focusing on the person or the patient or the consumer, but it's a little bit harder to undo that and you know re-read the clause, so to speak, rather than to take the threads at the very beginning and read it as

a whole piece together focusing on you know the beauty of the fabric that is our patients and our consumers.

Mark Masselli: Jennie, tell us what you were seeing or reading about innovations that excite you, what should our listeners be paying attention to?

Jennie Chin Hansen: Well there are lot of things about you know healthcare that are quite well covered, you know I think one of the things you brought in note to me is there something quite exciting and lately and I just happened to come back a couple of days ago from this meeting at Stanford University in California where actually there are social innovators of people who are age 60 and above. And some of them are doing amazing things in terms of healthcare as well as the ability to participate in social things, so it's not quite health as you know we might look at it traditionally, but it's absolute engagement and the possibility of Encore live, so to speak, to do things that frankly do have great impact on our overall well being. And these are energized people who have had maybe in a previous work-life and they found something that really touched their heart, touched the need that they found in the community or something that happened in their life and have really zoomed ahead to make a real difference and that's another positive way to think about health in the future.

Margaret Flinter: Well that is so exciting and Jennie Chin Hansen, President of AARP, thanks so much for speaking with us today.

Jennie Chin Hansen: Thank you both for having me.

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Mark Masselli: Each week conversations highlight a bright idea about how to make wellness a part of our community's and everyday lives?

Margaret Flinter: These week's bright ideas continues our focus on healthy aging through voluntarism.

Mark Masselli: Seniors who want to stay healthy are often counseled to eat right, see their doctor and take their medication, but here is one more thing that seniors can do to help themselves, they can help others. Studies have shown that when senior citizens volunteer in their community, it has a measurable impact on their physical and mental health. A number of studies have shown that seniors who volunteer

enjoy a longer life expectancy and when seniors with chronic medical conditions volunteer, they receive benefits beyond what can be achieved with medical care. Volunteering has even shown an impact in lowering the incidence of heart disease amongst seniors. It turns out that the key to getting the health benefits of volunteering is to dedicate a significant amount of time at least a few hours per week and that means that seniors should be sure to find activities that they both enjoy and they have meaning for them. There were number of programs like the Encore Fellowship, the Senior Corps and Experience Corps to help seniors find the right kind of volunteering opportunities and there is more recognition of the impact that senior volunteering can have. An organization called Civic Ventures chooses 10 seniors every year to receive their purpose prize which rewards social innovators over the age of 60 who are making a difference. In last May, President Obama signed into a law the Senator Edward M. Kennedy Serve America Act which has special benefits targeted to older Americans who help in their community all of which should help more seniors find a way to stay active, get back to their community and improve their own health at the same time, now that's a bright idea.

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

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

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