

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, one year ago, today, President Obama signed the Patient Protection and Affordable Care Act into law. It was that week we interviewed Congressman John Larson who heads up the Democratic Caucus. He helped build the consensus among his colleagues on Healthcare Reform and gave us his personal account of the events that unfolded that weekend, leading up to the historic House Vote that came on that Sunday night. It was a memorable weekend and a very historic day when the President signed the bill surrounded by legislators who had worked so hard to get it past.

Margaret Flinter: Well, Mark, it was certainly a memorable event and an anniversary was worth celebrating from my view. And boy, I have such a clear memory of that weekend leading up to the House Vote in particular. Members of Congress still needed to determine the process to approve the legislation and of course resolved that very contentious abortion language issues and wrangled those final votes to pass it. And a lot was involved, and it still remains as we know. After President Obama signed the bill into law, he said "As momentous as this day is, it's not the end of the journey." I am not sure even he realized how right he was about that and what a journey it would be. It's been full of challenges the past year. I am sure we will have many more twists and turns to come. But today, I think we celebrate a momentous anniversary.

Mark Masselli: We do, and the journey does still continue, and we are going to keep a close eye on what's happening in the courts and Congress and at HHS. There is a lot going on at the state level and barring any changes, states would be building up those health insurance exchanges for 2014. In fact, the Commonwealth Funds said this week that this is one of the few areas of the health overhaul law that sparks by partisanship.

Margaret Flinter: And I would agree with that based on what we are seeing right here in our own state in Connecticut. And as the debate and implementation shifts to the local level or the state level, we want to encourage everyone to keep up with what's happening with the law and its implementation in their own state. And you know, Congress is on recess this week which means local representatives are back in their home states and districts. And many are promoting the one-year anniversary of the passage of the Affordable Care Act this week with events in their communities. So be sure and check them out.

Mark Masselli: You are right, Margaret, there are over 200 events that are planned throughout the country this week, and there is lots going on in your local community. Getting back to the bigger picture for today's show, we have been paying close attention to what's been happening in Congress with the budget and whether to include federal funding for Planned Parenthood in this year's

proposal. It's still being debated in the longer-term budget that lawmakers are working on. Cecile Richards, President of Planned Parenthood Federation of America, is here with us today to clear up the debate and really refocus it way from the politics and back to health care needs for women in this country. We are happy Cecile can join us today.

Margaret Flinter: We are, and we are very excited to hear about some of the latest innovations from Planned Parenthood around health care which of course they are known, first and foremost, for reproductive health care but really go beyond that. And no matter what the story, you can hear all of our shows on our website Chcradio.com. Subscribe to iTunes and get our show regularly downloaded. Or if you want to hang on to our every word and read a transcript of one of our shows, come visit us at 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 [Chcradio.com](mailto:info@Chcradio.com), we would love to hear from you. Before we speak with Cecile Richards, let's check in with our producer Loren Bonner for the Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. The Affordable Care Act turns a year old this week and supporters of the law are holding events around the country to tout the benefits of the legislation. House Minority Leader Nancy Pelosi, who played a critical role getting the legislation passed, says, "In this past year alone, the law has benefited Americans and held up to its promise to make health care a right, not a privilege."

Nancy Pelosi: No longer can insurers place a lifetime cap on health coverage or drop a patient because they get sick. What kind of insurance is that? Young people can now stay on their parents' plan until they are 26 years old, seems to be one of the best known and most popular aspects of the bill. Small business owners can get tax credits to cover their employees. Seniors are getting help paying for prescription drugs. And no longer will a woman be in a preexisting medical condition.

Loren Bonner: Despite what Republicans have said, Pelosi also added that the law will create four million new jobs. The Department of Health has unveiled two new national strategies aimed at delivering on the goals of Healthcare Reform. A national quality strategy, required by Healthcare Reform, sets several priorities including reducing harm caused in the delivery of care, working with communities to promote best practices, and developing and spreading new affordable health care delivery models. In addition to this, The National Prevention, Health Promotion and Public Health Council, led by Surgeon General Regina Benjamin, will prioritize policies that focus on wellness and prevention program.

We discuss the primary care workforce often on the show. And to celebrate the one year anniversary of the law, let's examine briefly how the Affordable Care Act has the potential to make primary care more accessible through the opportunities in the legislation that expand primary care residency training. The Primary Care Residency Expansion grant and the Affordable Care Act is specifically aimed at boosting the primary care workforce. Grants were already awarded to 82 programs nationwide. And according to HRSA officials, the number of residents expanded when the grant expires in five years will be exactly 889 new residents. The University of North Carolina at Chapel Hill School of Medicine is one of the recipients of the grant. Julie Byerley directs the Pediatric Residency Training at UNC.

Julie Byerley: It has been a goal for a while. To increase the opportunities in primary care, we have a Community Health Center site that we were underutilizing for education purposes.

Loren Bonner: UNC School of Medicine is tied to a Community Health Center where the emphasis is on primary care and where the most opportunity for primary care training exists. But for too long, money for residency training has been funneled to hospitals, not Community Health Centers. In addition, in 1997, the federal government set a cap on resident physician training funding. Dr. Kathleen Klink directs Medicine and Dentistry at HRSA and also oversees the Primary Care Residency Expansion Program. She says it's the key that the PCRE grant, as she refers to it, is directed to resident training not only in family medicine where residents almost entirely remain in primary care but also in other primary care areas of pediatrics and especially internal medicine.

Today over 80% of internal medicine graduates are going into _____ 7:22 field. Again, that's an opportunity, I think, to grow up to sort of try to redirect those graduates keeping them in primary care field.

Loren Bonner: Dr. Perry Pugno, Vice President of Education at the American Academy of Family Physicians, is hopeful. Not only are more opportunities like the PCRE grant presenting themselves through the Affordable Care Act, but he says medical students today are understanding the need for more primary care physicians.

Dr. Perry Pugno: This year is the second year in which we have seen an uptick in student interest in primary care careers and family medicine specifically. And as a result, we are cautiously optimistic the pendulum is about to swing.

Loren Bonner: Let's turn now to our interview today. Cecile Richards is President of the Planned Parenthood Federation of America. The founding of Planned Parenthood dates back to 1916 when Margaret Sanger founded America's first family planning clinic in Brooklyn, New York. The medical center provided diaphragms imported from Holland and offered advice to poor

immigrant women who lined up for blocks outside the medical center doors. Sanger didn't give up when the clinic was shut down within the matter of days. In 1921, she open the American Birth Control League which later became the Planned Parenthood Federation of America in 1942. To this day, Planned Parenthood continues to win in the courts, mobilize supporters and provide safe birth control, health care and information to the American public.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Cecile Richards, President of the Planned Parenthood Federation of America. Welcome, Cecile.

Cecile Richards: Thanks so much.

Mark Masselli: Planned Parenthood has been around for almost a century, providing health care for women at over 800 health centers in diverse communities all across the country, especially low income women but also men and teens. Now, the focus of conservatives in Congress seeking to take away critical funding, what's the battle really about and how is Planned Parenthood preparing to meet this challenge?

Cecile Richards: Well, I think the battle is really about politics more than anything else, and that's what's been unfortunate because in a lot of debate in Congress, they haven't focused on what the impact would if Planned Parenthood were to shut its doors and also about the millions of women and, as you say, men and young people that we see every year. One of the things I think gets lost in the conversation is that Planned Parenthood is currently the largest provider of women's reproductive health care including family planning in the country. We see three million patients roughly a year. And 97% of the services that we provide are basic preventive care, that is family planning, breast and cervical cancer screenings, STD testing and treatment now, and a lot of relevant checkups and care for women across the country.

Margaret Flinter: Cecile, right now, I know you are having to focus your efforts on making sure that there aren't reductions. But during this past year of debate about Health Reform and then passage to build the key topic has been how to increase access to health care. And I would imagine that Planned Parenthood was making plans, is continuing to make plans perhaps in how it can help meet the goals of the Affordable Care Act in terms of increasing access to health care. Tell us about that.

Cecile Richards: Sure. Thanks, Margaret, it's a great question. And at Planned Parenthood, we worked very hard on the aspects of the Affordable Care Act that would impact women. And this new legislation does make a huge impact on focusing of women's health and particularly on women's preventive care, and that is really what we spend most of our time doing, is providing preventive care. Our experience has been in Massachusetts where they of course implemented a

state kind of version of Healthcare Reform a few years back where what we saw through our health centers was a flood of women who now were newly insured, probably had an insurance card but the demand severely _____ 11:31 supply. So we have been preparing for what we believe and hope will be many women who now feel they have access to health care for preventive services who will be coming to Planned Parenthood to make sure that we are actually ready. So we are doing everything from moving to an all electronic health record system across the country that will reduce the overhead cost and allow more of our folks in the health centers to provide, spend their time doing hands-on care as well as frankly building out more capacity in a lot of areas of the country that we think where women are underserved.

Mark Masselli: So you have really started to reframe the conversation about Planned Parenthood which is most prominently associated with reproductive health care that is increasingly recognized as a provider of primary health care. So tell us about how Planned Parenthood is moving in that direction of primary care in general. And will this being more prominent focuses as you move forward and what changes do you envision in the sort of organization and structured Planned Parenthood?

Cecile Richards: Well, I think what we saw – of course, Planned Parenthood 95 years ago started because women didn't have access to birth control in America, and that's really where Margaret Sanger began. But of course, women's health care, birth control and family planning services are vital and of course, it's the most normative health care frankly that women get in America. But a lot of women who come to Planned Parenthood or they may come to another family planning center, 60% of them, _____ 13:03 institute research shows, maybe about 60% of them, that's the only doctor visit they will have in a year. And so even though many women come into a family planning center because they need birth control, and I know that that's an urgent and important need, once they are in a health center, we can go ahead and provide their basic screenings and make sure that they sort of have a whole wellness checkup. And I just think that that's increasingly where health care is going into making sure that, particularly for women's health, that you take care of basic health care needs along with family planning. I think that's the – again, I think the exciting thing about the Affordable Care Act is that if we can do more this kind of preventive care, it would solve a lot of other health care problems down the line. A lot of us don't know that we have the highest unintended pregnancy rate in the U.S. of any in the western countries, and frankly a lot of that has to do with the fact that affordable family planning isn't available to all women. And our dream is that it will become available and that through doing that family planning, we will also be able to take care of women's basic, again, breast cancer screening, cervical cancer screening and catching these kinds of things early when they can be treated.

Margaret Flinter: Cecile, one of the major concerns I think we all have in, and you addressed it a little bit in terms of Massachusetts, is the availability of an

adequate primary care workforce to deliver this care that we want to provide to the newly insured and underserved persons and really make sure people can get the preventive services and the primary care even though you call – you referred to basic, we know it's pretty complex, people bring many health issues too. I would love to hear a little bit about what Planned Parenthood is doing to train the next generation of health care providers, particularly women's health care providers. I know that's an area that Planned Parenthood has been involved in over the years, but what strategic efforts or partnerships are underway to make sure that you have access to the kind of health care workforce that you need to provide these services?

Cecile Richards: We have been, over the last two years, doing a lot to help train more medical providers. We have a lot of our local affiliates who have formal relationships with medical residency and nurse training programs, and a lot of future clinicians train at a Planned Parenthood health center. And many of our actually medical directors at a local Planned Parenthood may also be on the faculty of a medical school and split their time. We are also going to be, over the next three years as we are looking at more women being insured, we are not working particularly in underserved areas of the country to establish training programs, again not only for docs but for nurses, clinicians in places where there is a real shortage.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Cecile Richards, President of Planned Parenthood Federation of America. Cecile, since you were appointed president of the Planned Parenthood in 2006, more and more young people go online to get their health care information and share their experiences with their friends on social media sites. Your Facebook page now has over 150,000 fans. And at your main site, you talk about your efforts to engage in groundbreaking mobile web, chat, text applications that might promise to make Planned Parenthood services available to people any time, day or night, wherever they are. Can you walk us through your strategy around social media and what particular initiatives you have on your agenda?

Cecile Richards: Sure. No, I am so glad you asked because I really do believe this is just providing this next generation a whole new way of accessing not only health care services but frankly just basic information and education that they need. About four years ago, we launched Planned Parenthood online which is our main portal, that's Plannedparenthood.org, and that's where folks can go and get information about – they can take a little test on what kind of birth control might work best for them and that they can find it at either a Planned Parenthood Health Center or another provider. They can take a test about whether they are at risk for an STD and need to get tested because we have been a big promoter of testing and treatment for young people who may not realize what an essential part of health that is. Or frankly, they can go on, and they can type in their zip code and find a Planned Parenthood Health Center anywhere in America. We would like to kind of _____ 17:26 reproductive health care I like to think. But the

amazing thing has been, as I said earlier, we see about three million patients each year for hands-on care through our health centers. In the last 30 days alone, we have seen 2.2 million visitors to our website for basic health care information or referrals, and that every year is increasing. One of the things we learn through working with young people, and we do a lot of interactive testing of courses with our audiences to make sure that we are being relevant, is that for young people – and not only young people but I suppose really anyone who is really looking for care and really looking for information and their need is pretty immediate – going to a static website is simply not adequate. And so we started last September – first, we moved everything to mobile, and then we began something where we are actually in the pilot phase of this now, but it's a 24-hour texting and chatting program, so that anyone, day or night, can reach a Planned Parenthood staff person about whatever might be on their mind. And it has really been phenomenal, the immediate response. And most of folks who come to us, who want to text or chat, they have something that they think is an urgent need. They have had unprotected sex, and they want to know about what their options are, whether it's for plan B, they are concerned they might have been exposed to an STD. There are a lot of questions that – particularly, still in many parts of the country, folks may not have somebody they feel comfortable calling and asking. And this allows people, and particularly younger people who sometimes really have a hard time getting the question out, to use text as a way of getting them immediate information, and then of course, if they need health care services, to try to make sure that we can find them a health care provider.

Margaret Flinter: Very impressive, and I can tell from your comments that you have an enormous amount of innovation going on. Congratulations on getting that electronic health record implemented. You would be like the VA, “no matter where a patient goes, we will be able to get their health information.” And that makes us think about an issue that we are always interested which is the impact of a national organization that has state-by-state chapters, we often talk to national leaders in health care on the show, and they tell us innovations tend to happen at the local and state level and then roll up and be replicated across the national organization, any examples of that? And I imagine also, you have some impact on your innovations based on how insurance or Medicaid or other programs work on state-by-state basis as well. Tell us about that.

Cecile Richards: I actually have found, in the five years I have been at Planned Parenthood, enormous innovation at the state level. And I think when things work best, it's when you can really cultivate an idea or get something going locally and then evangelize around the country and get it adopted. And I feel like that's going to be true more and more as I think we are trying to respond to the needs of local community. But on the flipside, there are some things we have realized just can't be done strictly in a local way anymore. I think that's certainly what we found with the Internet. It used to be that everyone had their own website and sort of their own particular brand and information. And what we found, of course, is that people know the name 'Planned Parenthood,' and they

just wanted to find us no matter where they were. And it's funny how this partnership with our affiliates has really worked well and being able to say we can create a national portal as long as we can make sure that our folks can get to a local provider.

Mark Masselli: Cecile, I wanted to get back to the political divide that exists over Planned Parenthood, and I am going to date myself, say, back in the early 70s, I was one of the founding members of a Planned Parenthood chapter here in Middletown. And really as I think about --

Cecile Richards: Well, thank you.

Mark Masselli: As I think about it looking around the room, probably half the people were Republicans and half of them were Democrats, and they really put aside whatever differences they had, and they really focused in on the needs of providing great women's health in the community. How do you get those conversations going, forgetting what's happening in Washington -- and I know you can't keep your eyes off of that -- but what's the dialog and conversations that you are trying to really engage people with to talk about the vitality, vibrance of services that are provided in the need for them?

Cecile Richards: A lot of our local Planned Parenthoods were started by Republicans. The Goldwater family was every involved in Arizona as an example. And again, I think those were the days when people understood there was a need that we were going to have for basic health care, and that's really where I feel like we are trying to bring this back. And it's interesting, when we talk to American people about what in their arena of women's reproductive health care or just reproductive health care in general, what are the concerns of the American people. And no matter really where you go in the country, their concern is not about abortion, which is pretty much I think what the -- they talk about in the political realm -- the real concern in this country is too many teenagers getting pregnant, too many women who don't get access to family planning, trying to take care of children that they didn't plan and weren't necessarily prepared for, and a real understanding that we need to provide better education and information to young people, so that they can become parents when they are ready to have a family and ready to take care of them. It's been interesting, we have seen even in this latest debate in Congress where again, I think the focus had been unfortunately around politicizing the issue of women's health care instead of actually addressing what are the health care needs that women have in this country and how do we best meet them in a way that is cost effective and high quality, but in this whole debate, I have been really struck by maybe in terms of how this is changing the number of young men who are engaged in this. And I think one of the things we have got to do is make all of these issues sort of the basic sexual health and reproductive health care in America issues that aren't just women's issues, they are really community issues,

because I think the impact of unintended and teen pregnancy in America has repercussions far beyond the women involved.

Margaret Flinter: Cecile, we would like to ask all of our guests this final question. When you look around the country and the world, even beyond your own fascinating organization, what do you see in terms of innovation and who should our listeners at Conversations be keeping an eye on?

Cecile Richards: I am just excited. Where I try to spend a lot of my time is looking at who is really on the cutting edge of technology because I do believe that it's going to democratize health care access in a way that I hope the Affordable Care Act will do certainly in some ways but I think technology will do profoundly, and not only in the United States but around the globe.

Mark Masselli: Today, we have been speaking with Cecile Richards, President of the Planned Parenthood Federation of America. Thank you so much for joining us today.

Cecile Richards: Thanks for having me.

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 an innovative and well-tested community-based model that's improved pregnancy outcomes for low-income first-time mothers. The Nurse-Family Partnership pairs a first-time mother with a registered nurse during pregnancy and on up until the child turns 2. Through a series of home visits with the mother, the nurse helps with a range of needs, everything from basic preventive health care and prenatal care to tobacco cessation and life coaching. Since it started 30 years ago, this successful program has spread to 32 states. Its founder, Dr. David Olds from the University of Colorado, has tested the model in randomized control trials throughout the years and in different populations. The evidence has clearly shown a reduction in substance abuse by mothers during pregnancy and a significant drop in child abuse and neglect. A Nurse Home Visitation program for first-time low-income moms and the children that's built on a relationship of trust, strengthening their lives by empowering them and improving their health and the health of their children, now that's a bright idea. This is Conversations on Health Care. I am Margaret Flinter.

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

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