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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, Congress came back from its recess. There was a pretty much of a long shot at Chairman Paul Ryan's proposal to change Medicare into a program where the government subsidizes future retirees by buying them private health insurance was going to gather a lot of support, and it appears every day now that support for his initiative is dwindling.

Margaret Flinter: I couldn't agree with you, Mark, and you know, it was always given that President Obama and the Democratic leadership would not agree to that, which makes you wonder whether in fact Medicare wasn't the – I think you call it – the clay pigeon to be shot down so the real target Medicaid, the other large federal health entitlement program, could move into center stage. What we are seeing in Florida and the discussions we are hearing out of Washington gives one some real cause to think that that in fact is the target for significant and maybe unprecedented changes.

Mark Masselli: Margaret, I think you are right. Medicaid certainly is the focus now. But you know the negotiations around the debt ceiling are really trying to find an enormous amount of money, $2 trillion, and all those savings simply cannot come from Medicaid. It is relatively a small **entity** compared to the budget of Medicare. And so this conversation is going to be continued, and I think everyone should keep a close eye on it. We certainly will be following those negotiations here at Conversations.

Margaret Flinter: Absolutely. And I do think across the country, people are wondering what is the Obama Administration going to do to address the issue of Medicare. A few weeks ago, we spoke about that Independent Payment Advisory Board. President Obama still wants this board to be in-charge of finding ways to reduce Medicare spending. He said that he wants to strengthen the 15-member board which would have the power to recommend cuts when Medicare spending exceeds projected targets. I am betting those 15 seats would be quite coveted.

Mark Masselli: They certainly will. Let's talk about something where people are agreeing and certainly Democrats and Republicans can agree on the important role that nurses play in our health care system. It's National Nurses Week in celebration of Florence Nightingale's birthday on May 12th. Be assured to thank a nurse this week.

Margaret Flinter: Well, Mark, thanking a nurse, I am sure, will be appreciated by the millions of nurses across the country but better yet, how about encouraging everyone to get on board with supporting those eight recommendations of the Institute of Medicine and the Robert Wood Johnson report on the future of

nursing which ranged from removing barriers, to practice, to supporting education and leadership development for faculty on up to funding and instituting residencies for new advanced practice nurses and new nurses. That would be a great present for National Nurses Week.

Mark Masselli: And a long-lasting one on that, we can start off by thanking our guest today Donna Thompson, who is the Chief Executive Officer of Access Community Health Network in Chicago, and I should also note a nurse. ACCESS is the largest community health care organization in the country. We are so hot that Donna is here with us today to share her model of health care practices and some of the new directions plan for ACCESS.

Margaret Flinter: And no matter what the story, you can hear all of our shows on our website at Chcradio.com. Subscribe to iTunes to get the show regularly downloaded. Or if you would like to hang onto our every word and read a transcript of one of our shows, come visit us at Chcradio.com. And if you are a social media, aficionado, become a fan of Conservations on Health Care on Facebook. And don't forget, you can follow us on Twitter.

Mark Masselli: And as always, if you have feedback, email us at Chcradio.com, we would love to hear from you. Before we speak with Donna Thompson, let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. Lawsuits challenging Federal Healthcare Reform are headed for a showdown in the appeals courts. The U.S. Court of Appeals for the Fourth Circuit heard oral arguments for two cases. The first is the lawsuit brought on by the State of Virginia which argues that Congress exceeded its constitutional authority by requiring everyone to purchase health insurance. The other was filed by Liberty University, a private religious college in Lynchburg, Virginia, that objects to mandates placed on its employees. According to the Washington Post, the three judges who heard oral arguments on the two separate cases frequently appeared skeptical argument advanced by parties seeking to invalidate the law.

Vermont passed legislation that puts the state on the path of becoming the first in the nation to establish a single pair health insurance system. The bill sets up the framework by creating a board that will establish both a single pair system and the health insurance exchange required under the Affordable Care Act. As long as the federal government complies, Vermont hopes to implement a single pair system in three to five years.

A new report from the Centers for Disease Control and Prevention finds that asthma rate among Americans has risen sharply. Almost one in 10 children and almost one in 12 Americans of all ages now suffer from asthma. In addition, the study found that asthma is widespread among all groups, men, women, whites,

blacks and Hispanics. Black children, however, continue to be most affected. The number of black children with asthma has risen 11% since 2001.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Donna Thompson, Chief Executive Officer of Access Community Health Network in Chicago. ACCESS is Chicago's largest private primary health care provider for the underserved and the nation's largest community health center Organization. Welcome, Donna.

Donna Thompson: Thank you.

Mark Masselli: You became the Chief Executive Officer of ACCESS in 2004. And since then, ACCESS has grown into one of the largest community health networks, focusing on the needs of the underserved population in the country with 60 health centers across the greater Chicago area. Can you start out telling us a little bit about ACCESS's history, its size, and its model of care?

Donna Thompson: Well, ACCESS really grew in the early years as a primary health care system for the public housing in Chicago. And I think over the years, as I think Chicago did, what, thank goodness, it did was to really bring down public housing. Our majority on consumer board said, "Let's follow the patients." And many of the patients where they found housing staff was in the far edges of the city on the south and into the suburban market. And so as we started out, we started also developing more partnerships. In our very early years and even now, our key partner is Mount Sinai Hospital which has had a long, long history of serving the underserved in Chicago. And so through this partnership and as we understood not only how we can create a seamless system of care, we thought out other hospital systems in the same fashion as we moved out more to the suburban market. One of our tenets is that any resident deserves affordable and accessible health care access in one's own community, and they shouldn't have to take a train and two buses to get to a place where they think they would receive care or that they would even be welcomed.

Margaret Flinter: Well, Donna, that's wonderful example of what we would call wherever you are, health care that you pioneered in Chicago, it sounds like that's been very successful. And the more recent news ACCESS has had very good piece of news, a major grant from the National Institute of Health to build your Ashland Center for Health and Learning, the nation's first research center dedicated to closing the gap in racial and ethnic health disparities. So we congratulate you on that, and we were struck by the comments that the centers intentionally placed next to your Englewood Health Center so that the community can be fully engaged in the effort. We would love to hear about what form will this engagement take, what sort of community participatory research are you planning and what have you identified as priority areas for study?

Donna Thompson: We have had a long history at ACCESS in serving underserved communities. One that historically it's been underserved in Chicago, there is a community called Englewood. And in this community, 68% of residents live in poverty. Health wise, the community _____ 8:49 with heart disease, cancer, diabetes. Over the last 12 years, this health center has grown from taking care of 2,000 patient visits annually to over 13,000 patient visits annually. And so we know the need is there. When we started looking at a replacement health center, we also got the idea that part of who we are is also looking at health care disparities and the value that research can bring in helping our families, our communities, understand those disparities and also understand what they needed to address that. So it can be applied.

We got a National Institute of Health grant, $6.7 million, to build a research center which we are calling the Access Center for Health and Learning. And the reason why we are saying that is because we know for many people, especially in communities of color, the whole idea of research isn't always something positive. We know that most research is conducted on the general population, usually in Caucasian communities, and usually less than 4% really focuses on minority communities. So this is our way of really starting to be a game changer in that. And through the 17,000 square feet facility that will be open in the spring of 2013, it's about how do you engage the community different about addressing those health care disparities and through looking at best practices, evidence-based approaches and research.

And so we are not saying if we build that they will come. What we said is let's take a pause and along the way, let's ask the community what they would want and how they would want it. And so we have had lots of focus groups, and we continue to have focus groups on the input, not only an input about what the research will be about but also the design of the building. We are also happy that on the campus – and we are calling it campus – that we are also going to have a Center for Healthy Living, a community resource center. And so we are looking at putting things like legal support and nutritional support, even a kitchen to teach people how to cook, and also oral health or dental services.

Mark Masselli: Well, Donna, that is wonderful holistic approach to eliminating health disparities in a collaborative partnership with your patients and certainly consistent with the national goals. Tell us a little bit about some of your initiatives that might align with the Patient Protection and Affordable Care Act and particularly around technology. How are you using it to change the delivery model? And particularly because you are managing such a huge system, 60 health centers, walk us through some of the innovations that you have underway.

Donna Thompson: Absolutely. We constructed what we knew would be our best processes and practices to engage our patients. We hired our first CIO who is also a registered nurse, and she is actually a background pediatric nurse. But she has had a long history of not only understanding the clinical side of the

business but then the information technology. That has been a common nation that working with our providers and other clinical staff, it has been a real tree on how everything is coming together. We have picked our software system, it's **APEC** and it's one in which as we are navigating and making our changes to our approach in care that we are also then having it realize through how we are setting up our Electronic Medical Record.

But when we were doing this, part of – and again, this is around addressing health care disparities and how do you start giving power into the patient and in patient's hands. And so it was very important that our patients had access to information. And so many of our patients, English isn't their first language, literacy is an issue. And so what we are doing now is now really working on creating that patient portal that not only will give the patient access information but to do it in a way that the patient can navigate, guide and that it can be one that is not – the patient is not intimidated by one in which they can embrace.

Some of the other things we are doing again when we are talking about our hospital partners, how do you get people in the right portals of care. And so at University of Chicago, which is one of our partners in which we have specialists from University of Chicago to come into some of our health centers, we are in a community where many times people will choose hospital ED **rather than** to have a primary health care home. And so for those patients that _____ 13:51 ED, they are not assigned, they come in there with an ambulatory sensitive condition, and they identify that yes, I need a health care home. Five, eight years ago, it used to be well, maybe here is a brochure, here let me point out the door to where a community health center is. Now, we have trained about 15 or 20 staff at University of Chicago that can now go into our system, make those appointments. So if someone is leaving the ED, they walk out with the appointment that says, "2 o'clock, Thursday, you have got an appointment with Dr. Tracy Muhammad."

Margaret Flinter: Donna, the ability to do everything you have described and the ability to offer a patient-centered medical home to every client or every patient is dependent of course on having this robust primary care provider workforce and with the growth and the expansion that we have. That's a real issue in most communities across the country, even in large urban areas where you have lots of medical schools and lots of training going on. Having primary care providers who are trained through a model of care as well the content of care is critical issue. What role is ACCESS playing in training the next generation? What are your initiatives around training whether it's physicians or nurse practitioners, pharmacists, other people? Tell us about that.

Donna Thompson: Well, we are lucky in Chicago because as I said, almost on every corner, there is some type of education. But the key is building those relationships. So from medical assistance schools to nursing , advanced practice nursing, medical schools, we have spelled long relationships. In fact, at

ACCESS, we host a couple of residency programs at our health centers. And I was just excited because we have also – I think we are in our second year of having an _____ 15:45 grant of focusing on medical residency education on **substance abuse**. But it's all about as part of our premise saying that we are a teaching and learning organization. And I think every opportunity that we have to work with those schools so that one, we can impact and talk about the work that community health centers and primary care in communities and to demonstrate the positive impact we have as an ACCESS.

Though it not only starts with those partnerships but as a community health center, about three years ago, we made the decision that as a teaching and learning organization, we are also going to invest in our own. So for the last three years, we have been putting back in our budget six $10,000 scholarships. Half of them are for people wanting to become a nurse and many of our medical assistance want to officially become professional nurses. We are also though working with our medical assistants to create a clinical ladder curriculum.

Mark Masselli: This is Conversations in Health Care. Today, we are speaking with Donna Thompson, Chief Executive Officer of Access Community Health Network in Chicago. Donna, patient-centered medical homes and accountable care organizations are starting to change the way heath care policy leaders like yourself and Americans think about health care. What's your view about how these models will change the health care delivery system in Chicago?

Donna Thompson: I think the interesting piece is that when a lot of times someone thinks about accountable care organizations, it starts from a premise of the hospital. But the reality is that for navigating patients and really making sure that the patients in the right place at the right time get into right service, the right care, it starts with that relationship with their primary care provider. And so at ACCESS, a large part of our role is to really make sure that as the accountable care organization and figuring out because there is still a lot of _____ 17:58 of what that will be like – it's also our opportunity as community health center network and also an FQHC to say we have been doing cost effective great primary care even in our systems, specialty care in ACCESS for a lot of years.

Margaret Flinter: Donna, I know that prevention and health promotion, as you have made it so clear, is really important to you as well as upstream early detection of disease. I know that's a subject very near and dear to your heart as a nurse and as a CEO of ACCESS. Tell us about some of your specific initiatives that you have designed or led particularly around early detection of cancer and other diseases that we can make a big impact on if we can just get there early enough.

Donna Thompson: Absolutely. I think one of our hallmarks has been our work around breast cancer. About 15 years ago, we received a rich 2010 CDC grant, and that was really, one, to go out addressing health care disparities for African-

American, Latino women around early detection. That was an education grant. There was no diagnostics or really health care interventions attached to that. And as we were working with the faith community and really guiding women of the church on how they could go out with the curriculum and to teach other women the value of screening, one woman looked to me said, “Well, this is great but what do you do for women uninsured? Where can she go for care? Where can she go and get a mammogram? You have primary care but you don’t have a mammogram machine in your health centers.” And so I remember looking and going, “Oh My Gosh, you are right.”

So the first couple of years, I went hat in hand going around to different hospital CEOs, saying, “Could you give us 40 or 50 free mammograms,” and some were polite but many were saying, ”Well, I could but what if it is cancer, then how am I on the hook?” And what it started paying for me is that even when you are looking at how do you start addressing prevention and how do you start addressing health care disparities, how fractured and inconsistent the approaches are based on the payer or lack of having a payer.

And so out of that, we really pull together women and advocated for state funding to address low-income women who many were working but did not have the ability to get in and get screened. Starting in 2004, it’s called the **Standards in Cancer** and that’s been a line item in the budget for the State of Illinois. And it’s allowed us throughout the state to really build on awareness campaign that then we started in 2007 called Pin-A-Sister. And this awareness campaign happens on Mother’s Day. And this just last Mother’s Day, half a million women in Illinois stood in their house **of worship** and took a public pledge to get screened and also to bring awareness that what I call the C word isn’t a death sentence and that early detection does save lives.

When we are doing this, we are asking not only for many times a survivor or to bring attention to the health care disparity in African-American and Latino women even though that they have less incidents, many times when they get diagnosed, it’s usually laid on stage, and unfortunately the outcome is not good. And so bringing out this awareness campaign, I had the pleasure of sitting on one church and participating, I started hearing women talking about oh yes, and we are going to start walking groups because we know the importance of how obesity plays in increasing the risk for breast cancer.

Mark Masselli: Well, what a wonderful way to celebrate a Mother’s Day. Donna, we like to ask all of our guests this final question. When you look around the country and the world, what do you see in terms of innovation and who should our listeners at Conversations be keeping an eye on?

Donna Thompson: Well, I am a biased person. Where I see a lot of things (inaudible 22:24) innovation is the work of community health centers. I think that when we talk about how you do more sometimes with limited resources,

community health centers have really gotten out into the communities and really created infrastructures that have had the most impact in especially marginalized individuals.

Margaret Flinter: Today, we have been speaking with Donna Thompson, Chief Executive Officer of Access Community Health Network in Chicago. Donna, thanks so much for talking with us today on Conversations.

Donna Thompson: Thank you. Thank you, both.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. This week's bright idea focuses on a unique food bus that brings fresh fruits and vegetables to Chicago's neighborhoods with happy options or **scars**. More than 500,000 people in Chicago live in food deserts with little to no choice for healthy foods. A 2006 study found that residents in Chicago's south and west sides had to travel twice as far to access grocery stores. These communities are littered with fast food restaurants and fatty processed foods. One resident of Englewood section of Chicago Steven Casey wanted to change that. Along with some other neighborhood activists, he formed a grassroots organization called Food Desert Action. For years, the group ran into trouble finding a grocery store that was willing to invest in the neighborhood. National chains have difficulty finding affordable urban land to support their high cost operation, and independent stores don't want to gamble on unproven locations. So the group took matters into their own hands. They convinced the Chicago Transit Authority to donate an old city bus which they have converted into a mobile produce stand by replacing the chairs and vents with shelves and refrigerator unit where now the produce comes from a mixed source of local inorganic and plants are in works to connect with local farmers and the Chicago Botanic Garden's Green Youth Farms. The Fresh Moves bus will roll out into Chicago streets this month and make stops at local churches, health centers and schools that have agreed to partner. For now, Food Desert Action has just one bus but it hopes to get 12 more outfitted to serve other communities in the Chicago area soon. A solution that addresses multi-neighborhood needs for healthy fresh food quickly and efficiently, now that's a bright idea.

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

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

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