

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, that heat that's been generated in Washington over the budget debt reached the whole country last week. It was quite hot up here. Do you find any relief?

Margaret Flinter: Well, I wasn't really looking for it. I love this hot weather. And after the winter that we had, it was a welcome relief. The good news actually, it appears that people listen to the advice and turn down their activities, try to stay cool in this very little heat-related illness or injury that we heard about.

Mark Masselli: Well, I think it went to the head of the Washington Post pullers, they were out there trying to figure out what people thought about the heat wave, and they decided to label it the "sweat ceiling heat waves." So apparently, they have confused the debt ceiling issue with the heat wave, and that does happen in Washington.

Margaret Flinter: This has now been daily news it seems like for months. And that deadline, which once seemed months away, is very fast approaching and only a matter of days. The suggestions, well, they seem to change even more rapidly than our New England weather. We had the drama recently of House Leader John Boehner walking away from talks with President Obama because they couldn't find any middle ground. And now, they have both taken to the airways to make their case to the American public.

Mark Masselli: Well, the plan that emerged from Senate Majority Leader Harry Reid and the proposal announced the same day by House Speaker Boehner overlapped in some way. The difference is mostly in timing. Both identified about a trillion dollars in spending cuts to the day-to-day operating budgets of government agencies, and both would create a bipartisan congressional commission to identify further deficit reductions, especially in major health care programs such as Medicare and Medicaid.

Margaret Flinter: Well, we have seen plans that call for cuts of trillions of dollars from the budget and the entitlements. We have seen cause for the elimination of tax loopholes and cost for the addition of new taxes. And I was watching an analysis recently that said, "It's little bit hard to tell now which are the Democrat and which are the Republican proposes."

Mark Masselli: It is true, and we will be paying close attention to what emerges this week and through the weekend. Although temperature is supposed to be a little more, normal things are still hot in Washington.

Margaret Flinter: Well, I have to think that they are hot around the country in congressional districts, too, as people begin to prepare or are already actively engaged in congressional elections, and you just can't sort out what is going on in Washington from what's going on in those home districts.

Mark Masselli: Engaging more with your community is always a smart idea. You know our guest today did just that when he set up his primary care practice in Williamsburg, Brooklyn. Dr. Jay Parkinson has a unique story and a unique health care service for that matter. He launched Hello Health in 2008 but has more recently moved on to launch the innovation firm, The Future Well which designs services and products that create health and happiness. We welcome Jay to our show today.

Margaret Flinter: Well, health and happiness, certainly a timely and needed topic, and we are happy he can join us. No matter what the story, you can hear all of our shows on our website Chcradio.com, subscribe to iTunes and get the show downloaded. Or if you want to hang on to our every word and read a transcript of the 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: As always, if you have feedback, email us at Chcradio.com, we would love to hear from you. Before we speak with Dr. Jay Parkinson, let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. The First Lady's Let's Move Campaign to Fight Childhood Obesity is coming through on one of its key promises. Major food retailers, big and small, throughout the country have pledged a commitment to expand over 1,500 stores to help provide healthy affordable food to millions of people who live in food deserts. First Lady Michelle Obama says this is key to confronting the problem head on to end the obesity epidemic.

Michelle Obama: We can talk all we want about calorie counts and recipes and how to serve balanced meals. But if parents can't buy the food they need to prepare those meals, if their only options for groceries are in the corner gas station or the local mini mart, then all of that is just talk.

Loren Bonner: Across the country, 23 million Americans, including 6.5 million children, live in underserved communities that do not have easily accessible fresh foods at affordable prices. Another battle is emerging over last year's Affordable Care Act. The legislation called on the independent institute of medicine to make recommendations about preventive health care services for women. The advisory panel recommends that all insurers be required to cover contraceptives for women free of charge as one of several preventative services under the new health care law. Women's groups and medical professionals

applaud the recommendation, while the Roman Catholic Church fiercely opposes it. Obama Administration officials say they are inclined to accept the panel's advice, and the new requirements could take effect from many plans at the beginning of 2013.

Mark Masselli: Today, Margaret and I are speaking with Dr. Jay Parkinson. Jay launched the online health care services Hello Health in 2008. More recently, in February 2010, he co-founded the innovation firm, The Future Well, to design services and products that create health and happiness. He's been called the Doctor of the Future and one of the 10 most creative people in health care by Fast Company. Welcome, Jay.

You know we have a scene at our health center, when you are designing health services to make them efficient, effective and elegant, and that's why your story grabbed both Margaret and I so much. So you do your first residency in pediatrics and then your second in preventative medicine at John Hopkins. Then you set up a practice in a very unique way in Williamsburg, Brooklyn. You get online, and you tell your neighbors who want to be your patients, look at my Google calendar, choose a time, your iPhone alerts you, you show up at their house, they pay you with PayPal, Jay pinch me. House calls, powered by the internet, I love it. Why did you come up with this model and tell me what was the public's response?

Dr. Jay Parkinson: Well, I came up with the model simply because I could, I mean it made sense to me. When you look at any process, there is a complex way to do things and a very simple way to do things. And I just think that process was the simplest thing to do, and it was also by far the cheapest thing to do. So coming out of the residency, I didn't have a lot of money to invest to enroll practice. So I literally sat down and designed the website myself. I spent about a month doing it. And I invested about \$1,500 into that, and that's what started my practice.

So I mean I did it because I could. But what was so great about it was I launched and it blew up on the internet. And I had about seven million hits on my website in the first I think two months of practicing. So I never was short of patients at all, I mean that said a lot to me that just the American public is ready and willing for convenience and relationships in health care.

Margaret Flinter: I think we were really stunned by that seven million hit figure. It's like Facebook move over. But Jay, some of the component pieces of your approach to practice, Electronic Health Records, telemedicine, opportunities to connect with your provider by e-mail and Skype, right now available in many of those certainly by no means most practices. But having – I heard you speak – I would characterize your focus as being less about the technology and more about the relationship, and you have spoken about medicine as being not about

treating people but about inspiring people. Tell us more about that philosophy and its place in health care today.

Dr. Jay Parkinson: Well, sure. Technology to me is just an enabler, I mean it's just an augment to the real world relationships that we have. I mean that's something like 1900 **clear-cut** friends on Facebook. But obviously, I don't have 1900 relationship. To me, relationship is all about the real-life communication that you have with your neighbors and your friends. So that to me is what health care should be about. It should probably take everything back to the simpler days as just a neighborhood doctor making house call because the real problems that we have nowadays are social problems, people eating too much, people not getting enough exercise and really getting to their neighbors and their friends.

Those are problems that we have, and so how are we as doctors going to be able to inspire our patients to live a better, happier life. You couldn't do that if you don't know them. It's the only time you see them _____ 9:21 doctor's office. So to me, health care needs to go back to the basics and to really just inspire people through their relationships.

Mark Masselli: Jay, you have been thinking about more than inspiring people but thinking critically about the intersection of public health in urban designing, you have spoken about creating a new space for providers in what you call Public Health 2.0, a space where doctors are not focused in about how to make us live longer but to live happier. You know we just celebrated the July 04 the other day, and the entire proposition was life, liberty and the pursuit of happiness. Is this a new declaration for the medical community? And tell us more about what you are thinking about this new space.

Dr. Jay Parkinson: Well, I think so, absolutely. I mean it's sad to me that just half a lecture on nutrition, behavior modification, the things that actually do some good when you are practicing medicine for people, you only get as medical students as few lectures on all of these really important things. So to me, doctors don't really think about medicine within the context of everyone's daily life. They only think of it within the context of _____ 10:37. There is a problem, and we need to really understand that _____ aren't going to save us from many of the problems, many of the problems that just living a happy life can solve.

The problem, though, is what is happiness. That's something that's difficult to define. And once you – many people say, "Well, it's like to get a job or get married to the appropriate woman, I will be happy." But then they figure out, "Well, once I have gotten this new job, well maybe I will just get this next thing and then I will be happy." So happiness is more of a process and a goal, and I think people need to realize that, and I think doctors need to speak of it that way.

Margaret Flinter: You know, Jay, as I listened to you, I always felt like I can almost hear a background chorus of people raising their eyebrows and saying,

"Well, that's kind of health care is for yuppies." But far from it, from what I understand, your practice is certainly in one of the most diverse areas of the country in Brooklyn and your practice is very diverse, young people and old, affluent and not, English speaking and not, relatively healthy and those who are quite frail. And our current system in some ways is kind of rigid, requires patients to come into the office and receive care according to a pretty traditional format.

So I would be curious what have you learned from this practice that you have pioneered which, in many ways, as you say, has returned to an earlier day of not just making house calls but establishing the relationship with patients in their home? And well, many practices around the country are now being to set up to do that for the home bound. You are really choosing to do it at home because of the unique interaction that you think you have with people in that setting. Tell us more about that. And how is that being passed on to the next generation of medical students and residents as an experience?

Dr. Jay Parkinson: (Inaudible 12:35) I mean I don't know if they can be passed down to medical students currently. I think the only way you can do that is to actually practice this way and then write about it and inspire other medical students to write in and ask you questions. That's sort of what I mean by inspiration. It's more about living the optimal life and inspiring others to follow your lead. I mean that's to me what this practice was, was it was an optimal practice. I had young adults in the practice. I thought it was interesting that my oldest patients – the oldest patient who is **helpless** at 92, and it was fascinating because her son lives in California, while this woman lives just right around the corner. And he would talk to her and go online and do all the health management for her. She was blind; she couldn't see. But she obviously didn't understand technology.

But that to me is a really interesting opportunity because that's almost like a homely profession, people helping other family members or friends manage their health care online. So to me, that was really interesting. Again, it was all about technology enabling their relationships. And the _____ 14:05 that the internet has that people can log in anywhere to have that sort of real relationship, to augment that real relationship has never been seen.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Dr. Jay Parkinson, co-founder of Hello Health and The Future Well. Jay, go back and let's talk a little more about Hello Health, and I know you have moved on to The Future Well. But tell us what you know about their model right now, is it available to other practices? I believe it's free to qualified practice. But more importantly who has been receptive to this model around the country both from provider and patient perspective?

Dr. Jay Parkinson: The doctors that typically sign up at Hello Health are doctors that are just curious. There are technology **early adopters** and they are curious

in doing things a different way. So that to me is a really vital sort of characteristic that doctors should have is just the freedom to experiment with the practice. And right now, it's difficult to do that in today's environment.

Margaret Flinter: Jay, in listening, you described that kind of practice and some of the ideals of your practice. It's easy to get a picture of you operating and that is a lone ranger, you are a one-person show or any provider practicing that system being on their own. We know it is a team of people whether it's a virtual team or a direct team and a practice that's needed, particularly for people with chronic disease and people who are needing to be in other settings like hospitals from time to time. Maybe you could talk a little bit about how does that team exist in a virtual sense and the kind of model you have developed because I think you agree with me, it's very hard for one person alone to manage health care for all but perhaps the most well among us.

Dr. Jay Parkinson: Yeah, that's a difficult challenge. But if you look at Facebook groups and Google groups and things like Basecamp online or project management where multiple people are coming together to solve a project, just to work in a project and solve a problem. That's the same thing that health care is, and that's what is interesting to me. I looked at a lot of these project management software web applications and just saw exactly how they are resolving these processes creating a website or designing a new advertising space. This is the same (inaudible 16:36) all of patients as little projects. And it's fascinating to think that we go to work every day, and we have a few projects that we are working on. The doctors have about 1,500 projects that they are working on. And so the technology needs to reflect that.

Mark Masselli: Jay, we are all concerned about training the next generation of providers who will be available to provide primary care. You talked a little earlier with Margaret about you are not sure where the training will come for this unique intersection of primary care in urban design. I want you certain to pull the thread a little more on some of the principles around this, and I think you called them every day, designers, providers who optimize your health and inspire you. Well, walk through some of those principles and really focus a little on the urban designing side. I have heard you talk about creating spaces that become places sort of walkable nimble neighborhoods. But there is no one training there. I guess we are going to turn to you. You are the expert on it. Lay out your vision about where people might go, who are listening to the show, who are providers and thinking as you do about this opportunity.

Dr. Jay Parkinson: I mean it's fascinating to think that doctors don't get any of this training. But yeah, I do like to think of this as Public Health 2.0. It's sort of looking at that immediate space in which you live, your neighborhood, and thinking out as a good sign for walkability, as a design with green spaces, as a design for real relationships with your neighbors. I mean it is a space without stoops so that you don't hang out on your front stoop and know your neighbors.

I had a friend who once said – his father said, “TV didn’t kill society, the concept of television didn’t tell society. But TV killed society by getting people off their stoop.” And I think that’s a really interesting insight because if you look at the internet, you look at modern society, it’s less and less about relationships and not knowing your neighbors, more and more about sort of engaging with (inaudible 19:03) and it’s sad. But the problem is I guess we don’t really know the solution. And happiness in the scientific community is sort of so woefully that it’s difficult to really get a lot of foothold within that system.

So to me, the most important thing is to not know the answers but to keep talking about it and get the conversation started because these solutions are going to take 30-40 years. But most importantly, it’s about the kind of neighborhood that you live in and the type of workspace that you work at.

Margaret Flinter: Well, let me pull that thread, Jay, if I can, about design a little bit. And as you know from speaking with us, we put a lot of thought into the design of our primary care centers to reflect both the neighborhood needs and also our model of primary care. And I was very interested to hear that The Future Well has a commission from the National Health Service in Great Britain to figure out what to do with an old hospital building in London that’s been shut down for a few years with the idea to better engage the community around their health. And as a history buff, that reminds me of the Peckham Experiment in the Pioneer Health Centre in England in the ‘20s which created exactly that but didn’t survive the transition to the National Health Services. It seems like a little bit of _____ 20:25 all over again. Can you tell us a little bit about this very exciting project that you are working on?

Dr. Jay Parkinson: Yeah. This project is called the St. Charles. It’s in _____ 20:37 in London. It’s built in about 1880. So it’s sort of an old ideally campus. And due to the changing nature of health care, we are not hospitalizing people actually more. And since 1880, we have built more modern hospitals. They just decided to shut it down. And they came to us and said, “Well, should we do it?” And that’s the challenge that we had, and it was interesting because what do you do with an old state in a neighborhood that already has a good amount of workout spaces, a good amount of living spaces, a good amount of community centers. But what it doesn’t have is a lot of places to just meet and greet and get whole fresh food and grow your own food and just have these sort of interesting spaces that expand your mind and are well curated so that it’s kind of (inaudible 21:43) what’s really interesting coming to the internet and inviting people into almost sort of rundown neighborhood actually and inspiring people to use their minds.

And we have found out that people were in sort of a depressed area and people were just sort of hanging around all day. But they were on their computers a lot. And I was really inspired by this program here in New York that teaches kids how

to code over a couple of weekends in the summertime, code software and web application, because right now, developers are getting \$75 to \$100 an hour to develop websites and web applications. So we came up with a whole program that enabled the children and the young adults in the area to learn how to code because \$75 to \$100 an hour is obviously the respectable living. And these are just typical solutions that somehow people are thinking about right now.

Margaret Flinter: Jay, you shared with us a lot of inspiring ideas today but we would 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?

Dr. Jay Parkinson: I think the most exciting thing certainly in innovations right now are the bicycle-sharing programs that are happening in London and Paris. It's just getting started here in the States. In Denver right now, these cycles launched just a few months ago. And that to me is really interesting because if you keep these places and you see thousands of people riding around on these bicycles, it's a whole new layer of transportation in the community. But not only that, you are actually riding with someone else. And I think that's really important because when relationship happen around – when activities happen relationships, that changes your behavior.

Margaret Flinter: Today, we have been speaking with Dr. Jay Parkinson of Hello Health and The Future Well. Jay, thank you so much for joining us today.

Dr. Jay Parkinson: Well, thank you.

Margaret Flinter: 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 the practice of everyday heroism. The Heroic Imagination Project was created by Stanford Psychologist Dr. Philip Zimbardo who is passionate about inspiring people to take heroic action. As a prominent researcher who has studied the human psychology behind both good and evil, he says, "Heroes can be created. And through training, people can transform their innate desire to do the right thing and to the ability to actually do it." Based on the most recent research in social psychology, the project targets children and adults through programs in schools, summer camps, community groups, and even corporate workshops.

The programs consist of classroom learning, hands-on exercises and then the opportunity for students to practice their heroism in the real world, starting small with doing something every day to make someone feel good. Dr. Zimbardo hopes to bring the concept of heroism, a concept which he believes has been diminished over the last decades, to the forefront of worldwide thought. Creating

a world full of heroes by teaching individuals and groups how to stand up, speak out and act when duty calls, 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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