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Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, the opioid crisis continues to confound us as a nation, first there is the human toll some 60,000 Americans died from overdoses in 2016 alone and now the Council of economic advisers say that in 2015 the crisis cost the US economy more than \$500 billion in medical costs, lost wages and cost in treatments as well.

Margaret Flinter: And that of course is to say nothing of the toll that has taken on families and really on entire communities.

Mark Masselli: And we're starting to see an interesting trend emerging in the medical community far fewer opioids are being prescribed, it's creating a due issue for a large swath of patients who suffer from chronic pain; many of these patients who are relying or even depended on opioids for true pain management will be looking for alternatives.

Margaret Flinter: But we're through our own experience here in our organization that it takes an integrated approach to pain in terms of medication but also mindfulness meditation, chiropractor and physical therapy interventions, other therapies are helpful and effective in working with patients who have chronic pain. But that also takes a real commitment on the part of the provider and the whole practice I would say, that's something many practices just don't have.

Mark Masselli: And there does seem to be momentum growing across the healthcare landscape to scale back significantly on opioids, meanwhile our guest today is a big proponent of scaling back.

Margaret Flinter: Daniel Wolfson is the Chief Operating Officer of the ABIM Foundation he will be talking about the Choosing Wisely campaign launched five years ago to reduce the amount of waste in American health care and we look forward to hearing from him.

Mark Masselli: And also Lori Robertson is the Managing Editor of FactCheck.org, but no matter what the topic, you can hear all of our shows by going to chcradio.com.

Margaret Flinter: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; because we love hearing from you. We will get to our interview with Dr. Daniel Wolfson in just a moment.

Mark Masselli: But first here's our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. President Trump's pick for HHS secretary was on the hill answering questions on a number of topics though it wasn't the official hearing for the former insurance industry executive Alex Azar. While Azar spent a decade as a top executive at Eli Lilly it was a period of unprecedented growth in drug prices under his tutelage skyrocketing drug prices have proven of late to be fair game from both sides of the aisle. Speaking of drugs the opioid crisis will be a leading item on the HHS secretary's agenda if he's approved, Azar, if approved will have to initiate policies to address the crisis which led to over 60,000 deaths in 2016 alone.

There are just a couple of weeks left for open enrollment under the Affordable Care Act and efforts are amping up in certain parts of the country, California is actually outspending the federal government in messaging to the masses in that state. Trump Administration slashing the marketing budget by 90% this year while the federal government has slashed the marketing budget to \$10 million nationally for 39 states. California is spending in excess of \$111 million investing in online advertising, radio and TV campaigns to get the message out.

Some slightly promising news on the advent of World AIDS Day December 01, 2017 according to a report by the Centers for Disease Control and Prevention the time between HIV infection and diagnosis and treatment has been shortened by seven months which is in turn having an impact on overall infection rates. Just less than 40,000 new cases diagnosed in 2015, the cases were diagnosed on average seven months closer to their actual date of infection. CDC Director Dr. Brenda Fitzgerald noted a slight improvement in the infection rates can be attributed to quicker diagnosis but there are still pockets where co-infection is higher among young men of color in this country, IV drug users, a group that has grown steadily in recent years with the opioid epidemic. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Daniel Wolfson, Chief Operating Officer of the ABIM Foundation, a nonprofit supporting organization of the American Board of Internal Medicine which certifies physicians who practice internal medicine. Previously Mr. Wolfson served for nearly two decades as the Founding President and CEO of the Alliance of Community Health Plans. Mr. Wolfson received his Masters degree in Health Service Administration from the University of Michigan School of Public health. Daniel, welcome back to Conversations on Healthcare.

Daniel Wolfson: Great to be back, Mark.

Mark Masselli: Yeah, five years when the ABIM Foundation launched, very ambitious the Choosing Wisely campaign and it really was shaped by this just ever growing medical cost \$3.5 trillion of expenditures and Choosing Wisely enlisted the support of many medical societies to commit to reducing the overprescribing of antibiotics and other drugs take our listeners back to the start of the campaign and what your specific goals were.

Daniel Wolfson: So when we last talked Mark, there was nine specialty societies developing 45 recommendations regarding what tests and procedures had risk that outweighed the benefits. And we would tried to start a conversation between patients and physicians about the notion of unnecessary tests and procedures particularly based on the evidence that was being produced by the specialty societies. And we went from nine specialty societies to today having 80 specialty societies and over 500 recommendations.

Mark Masselli: Wow, that's impressive.

Daniel Wolfson: So we wanted to start a conversation about the issues so patients and physicians could choose the best option for them knowing what the evidence was and the recommendations of specialty societies. So not only are we spread throughout United States but it's in 20 countries internationally with the same kind of principles of physician led, consumer participation, evidence-based and multi-professional, we also have nonphysician clinician organizations like nurses, OT, POINT, chiropractors and optometrists. So we've really expanded the team.

Margaret Flinter: Well Daniel, the foundation has just issued a five-year report on the Choosing Wisely campaign and in your report you note that there has been some impressive results from certain sectors and you've got some real pockets of improvement. And I think our listeners would love to hear about some of the successes.

Daniel Wolfson: You know I think patients are beginning to talk about more is not always better, and I think there are questions that patients are now giving to their physicians about are there other options, what are the cost of this procedure then we are seeing a shift in physicians as well as the specialty societies have given them a strong message that, no there is unnecessary care and we need to get rid of it and it potentially puts people at harm. But then what you have to see is some kind of reminder to the physician and maybe the patient as well that there is this evidence that when they're ordering a test, think twice. One is that you have been given data by your hospital or your group or your clinical practice that show your use of these recommendations compared to your peers. And that creates a kind of peer pressure you might get a reminder in your medical record that says, antibiotics are not really useful for sinusitis, there is this chance to have this conversation between patients and physicians and you know the patient gets consumer friendly materials about the recommendations as well. So both are equipped with the evidence to make informed decisions about what tests and procedures are really needed.

We've seen incredible reductions for instance in antibiotics more than 20% out of 14 grantees that we work with. We've seen an amazing reduction of lab work, you know sometimes in hospitals they'll order labs for everyday, needed or not you'll get the same lab test, if it's unnecessary why put the patient at uneasiness. Not only is it important to decrease some of these lab tests or drugs but you know it's the kind of the downstream effect of some of these tests and procedures when you give somebody a sedative they're more likely to fall. Sometimes it's a cascade effect that increasingly puts the patient at harm.

Mark Masselli: You know Daniel I want to pick up on a couple of things that you said the, patients saying that more is not better or patients clearly are important and when you think about the changes in healthcare or having voice of the patient around the table is so important, so what is the role that patients are playing here, how are you actively engaging and educating them?

Daniel Wolfson: So the first thing we do is give them the recommendations and things that you and I can understand. In some practices we provide posters that asks you know these five questions; are there other options; is this necessary; what are the costs; what would happen if I did nothing, so equipping them with that information really puts the patient and physician on the same page. It took us 30 years or 40 years to get here and overuse that totals \$210 billion a year, it's going to take some time for this sea change to occur. But we are headed in the right direction, and really I think what we need to do is to gauge clinical practices and health systems and hospitals and really focusing on this and doing the kind of quality management.

Our goal is to get reduction, not to a 100% because some of these things are sometimes needed you know the lower back pain you shouldn't do a CT scan unless there is some red flag, then you should do a CT scan but beyond that we hope that the reduction is dramatic you know financial harm is increasingly talked about and I think you'll see that is a major issue in the coming years. I got to do a shout out to people in Connecticut, there is a Connecticut Choosing Wisely collaborative, they're actually one of four statewide programs and we're seeing statewide efforts. They're saying, no this is a real safety issue and we should be working together to get this problem solved.

Margaret Flinter: Absolutely. And I wonder if we also still have the issue even when care is necessary of just the price of care and of course we marked to the passing of our good friend and renowned health economist Dr. Uwe Reinhardt and I am reminded on his paper, "It's the price stupid" in which he posits that Americans don't use healthcare services more than other industrialized nations but everything here costs so much more and the prices are often secretive and lack transparency. And as we see people increasingly having high deductible health plans they are getting kind of a front-line sticker shock certainly when they pick up pharmaceuticals but also in their practices as they pay for diagnostic testing and they are like, are you doing any work looking at the problem of price transparency for consumers?

Daniel Wolfson: I also want to recognize the passing of Uwe, he was a great man, but I do think it's both the utilization and price, when you don't use anything the price is zero and our utilization is 25% about what it should be. The campaign is really focused on use, and it's not focused on drug price transparency, but do I think that that is important, absolutely. But I really like to frame it as financial harm, we have physical harm and we have financial harm whether you know the cost need to be lowered or there needs to be more transparency, absolutely. I think we will get better at the price transparency become more acceptable because it's bankrupting patients.

We need two things in price transparency; one, we need the prices and particularly the pharmaceutical prices, and I don't think we're that far away from that, and two, we need physicians to know how to talk about it. And that's where I see our role is having physicians be comfortable to talk about the cost like here's some options, this costs this, this costs this, they are equally as effective, what do you want to choose? And to know when patients are in fact if you will price sensitive but physicians don't have the skills to talk about it and to help their patients navigate the price cost landscape.

Mark Masselli: We are speaking today with Daniel Wolfson, Chief Operating Officer of the ABIM Foundation, a nonprofit supporting organization of the American Board of

Internal Medicine which certifies physicians who practice internal medicine. The foundation just released a five-year report on the results of Choosing Wisely campaign, a coordinated effort across multiple medical disciplines to reduce wasteful spending. Boy Daniel, I have been thinking with the Choosing Wisely program right alongside of the expansion to access to health coverage under the Affordable Care Act we've been talking a lot about the Affordable Care Act from this volume to value, maybe talk a little bit about what you see some of the benefits that the ACA has set in motion and how does that sync up with the goals of Choosing Wisely.

Daniel Wolfson: So I often say that we had the right environment for Choosing Wisely, the ACA set out Accountable Care Organizations and different alternative payment systems, so okay I'm a physician and I'm now under some risks, where should I start? And Choosing Wisely is, well here are some recommendations from your specialty society about how you can lower unnecessary care, improve quality, and oh by the way it's going to be more affordable. So this movement from volume to value I think is just paramount to our success in the Choosing Wisely campaign and the sustainability of the healthcare system ultimately empowering physicians and clinicians to have their own rains [PH] that they control the expense and revenue side of healthcare. And in a Fee-for-service system all I really care about is producing more units, the mindset changes when you're talking about health and healthcare this health system \$3 trillion we have enough money in the system we need to use it better.

Margaret Flinter: Well Daniel, we often look beyond the clinical excellence and we strive for, we look at two other things to advance the patient centered approach to improving care, one of them is research and that ensures that we can keep improving on best practices and second is training the next generation of healthcare providers. And you and your campaign have generated a lot of new research on identifying some of these drivers of overuse and you've also partnered with organization of young physicians who launched Costs of Care. So talk with us a little bit about this growing body of research that you're assembling and disseminating and how you see this emerging generation of new clinicians tackling this challenge, where do they go from here?

Daniel Wolfson: You know Choosing Wisely is all about partnerships and we've developed a partnership with Academy Health, a not-for-profit organization that tries to stimulate research, health services research, evaluating essentially what works in the reduction of overuse, so that's been a great partnership, and trying to generate the notion that this is a scholarly and important area to address and it's been very interesting. University of Michigan is looking at how you think about the implementation like let's take a visit for diabetes and what things would you want to reduce in a diabetic

visit? So very I think important to think about different ways of the implementation that usually is that how you do something more?

On the training side I think this is a real success story primarily because of our partnership, but Costs of Care some young physicians who have taken this on and we've done challenges or competitions trying to highlight best practices, webinars and there's been a book produced by this cadre of people about value-based care and they have again spawned off young faculty just doing some marvelous work. Johns Hopkins now has a high value healthcare alliance where they are bringing in academic institutions to talk about real value and high value, American College of Physicians has developed several curriculum. There has been a sea change and I think we have a cohort now of five years medical students graduating, residents graduating and I think they think and act differently. It's going from, why didn't you do that task to why did you do that task? And that's slight cultural difference is makes all the difference in the world about you know training and thinking about what is really needed? Those changes are occurring and I find it very rewarding to see these changes occur.

Mark Masselli: We've been speaking today with Daniel Wolfson, Chief Operating Officer of the ABIM Foundation about their just released five-year report on Choosing Wisely campaign. You can learn more about their work and access the Choosing Wisely report by going to abimfoundation.org or you can follow them on Twitter @ABIMFoundation. Daniel, thank you so much for your work and for joining us on Conversations on Healthcare today.

Daniel Wolfson: Great to be back.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: The Senate Republican tax bill includes a provision that eliminates the Affordable Care Act penalties for most individuals who do not purchase health insurance that would have an impact on the number of people who have insurance. But some Democrats have wrongly claimed that 13 million people would have their health insurance taken away from them. Democratic Minority Leader Chuck Schumer for instance said that, repealing the mandate would “boot”, according to CBO, 13 million

people from the health insurance rolls, that distorts with the Congressional Budget Office and Joint Committee on Taxation have said.

The nonpartisan congressional analysts estimated that 13 million fewer Americans would have health insurance by 2025 without the mandate with similar results if just the penalty itself were eliminated. But that doesn't mean that all 13 million would be kicked off their insurance plans, many of them would voluntarily give up their health coverage. In 2025 if the mandate were rescinded the analyst said, an estimated 5 million fewer people would be enrolled in Medicaid, 5 million fewer people would get insurance through the non-group or individual market, 3 million fewer people would get insurance through their employer and as many as 500,000 fewer would no longer have some other form of health insurance. CBO and JCT say, this would happen mainly because healthy people would be less likely to get insurance particularly in the individual market or those without employer or government insurance by their plan. With fewer healthy people in the market premiums would increase causing more people to drop coverage, the report doesn't say how many would willingly give up insurance and how many would be priced out of the market. And that's my fact check for this week, I am Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Fitness trackers have become all the rage but another trend has emerged in the age of wearable devices, after a few months about a third of user simply stop using them leaving a lot of costly devices sitting on the shelf and not in use. The reality captured the imagination of Tufts University School of Medicine Professor Dr. Lisa Gualtieri.

Dr. Lisa Gualtieri: I had read about the abandonment rates and I thought, what if you could take all of this abandoned trackers and give them to the people who could benefit most from them?

Mark Masselli: She thought, what if we could get disinterested owners to donate their used fitness trackers to be a repurposed to underserved populations?

Dr. Lisa Gualtieri: A lot of the work that we have been doing has been with older adults, racial and ethnic minorities and for a lot of people the cost is prohibited so I think that that's a barrier.

Mark Masselli: So in 2015 she launched her nonprofit enterprise RecycleHealth an online social media campaign to raise awareness for her program which seeks donated wearable devices to provide these expensive devices for free to those in need. She partnered with organizations working with low income adults, seniors in fall prevention programs and veterans as well. Her goal is to start collecting vital data on the deployment of these devices and the impact they may be having on behavior change.

Dr. Lisa Gualtieri: What we do is talk to people about how active how sedentary they are and coming up with a reasonable and achievable goal where they might start off with 2000 steps of their goal but they know now have to make that higher when they are ready to.

Mark Masselli: So far the numbers of donated devices have numbered in the low thousands, she is hoping to scale that number up significantly in the future and to expand their data collection on health outcomes for vulnerable populations. RecycleHealth, a simple repurposing of personalized wearables, providing these tools for free to vulnerable populations, empowering them to engage in activities that can improve their own health, provide useful data on using this devices to improve population health, 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 and health.

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.