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Mark Masselli: Welcome to Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, it's springtime, a time for renewal and growth, and it's also the time to remind folks about the important service WESU provides to the community.

Margaret Flinter: That's right, Mark. It is true community radio. That's what WESU is. And it provides a unique opportunity for a wide array of voices to be heard with, programming that's as rich and diverse as the people of this great community, not only do you hear top readers on health care on our show, but throughout the day, there is jazz, blues, terrific interviews on arts and politics and things that really matter.

Mark Masselli: I know, we are celebrating our 48th and all during that time, we have always listened to WESU, and it feels like we are part of their family as well.

Margaret Flinter: And as with our families, Mark, we are made better than we roll up our sleeves and pitch in.

Mark Masselli: And this is the time Margaret, when we ask our listeners to help during spring at pledge week, dial (860) 685-7700 and make your pledge now. We don't have the fanciest studios here, all of the latest, but we have passion and it's fueled by your support of our work. What we have at WESU as well is a bunch of hardworking generous volunteers, who bring you all of these great programming 24 hours everyday, seven days a week.

Margaret Flinter: And withal of that volunteer energy, it still takes money. The lights have to be kept on, the heating bills paid, the equipment running, and for that, we need your generous support.

Mark Masselli: So dial (860) 685-7700, that's the number to call right now. The number again is (860) 685-7700.

Margaret Flinter: And you can also pledge your support online by going to the website wesufm.org/pledge/. The site is a safe and secure way to give in. It only takes a couple of minutes, we promise.

Mark Masselli: Well, we know, at times, are tough for a lot of folks out there and we want you to know that any amount that you give will go exactly where it needs to go, helping keep WESU on the air. So, all donations are so very much appreciated. We don't want to give those numbers again, do we? Yeah, I think

we do. Let's just give them out one time because you know what, (860) 685-7700.

Margaret Flinter: (860) 685-7700. We thank you.

Mark Masselli: Our guest today is Daniel Wolfson, Chief Operating Officer of the American Board of Internal Medicine Foundation, the ABIM Foundation along with Consumer Reports just launched an initiative called "Choosing Wisely" aging clinicians from nine different medical disciplines to scale back the number of overuse medical tests that often don't yield meaningful results, which can actually harm patients and drive up the costs.

Margaret Flinter: And another feature of FactCheck.org as Lori Robertson looks into claims being made against the Affordable Care Act that it will hurt small business. No matter what the topic though, you can find out all of our shows by googling chcradio.com.

Mark Masselli: And as always, if you have questions, email us at chcradio.com, we would love to hear from you. We will get to Mr. Wolfson in a moment, but first, here is our producer, Marianne O'Hare, with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with this Headline News. The Centers for Medicare & Medicaid Services expect the Healthcare-Reform Law will yield more than \$200 billion in savings through the year 2016, due to a couple of factors. The report released this week from the from the CMS' Office of the Actuary reports ending excessive payments to private insurers that offer Medicare Advantage plans, will save about \$68 billion; anti-fraud efforts should save another \$8 billion, and changing provider payments to improve productivity is expected to save another \$85 billion.

According to CMS acting Administrator Marilyn Tavenner, the Affordable Care Act is the key to curtailing medical costs in America in a way that improves access to care while not cutting services.

While there have been numerous attacks recently on access to contraception and abortion rights services across the country, some political imposters see this as a trend that doesn't reflect the typical women voter out there. A recent Gallup poll showed the top five issues women are burning on in this coming election; health care, gas prices, unemployment and the deficit -- in that order. Only about one percent of the women polled in a recent Gallup poll mentioned women's reproductive health or birth control as the top election-year issue.

And the former Director of the American Public Health Association has died. Dr. Lester Breslow was the first clinician who offered mathematical proof that

changing certain behaviors would lengthen lives, like quitting smoking and exercising regularly. Colleagues say, “He revolutionized how we approach public health in this country.” He was 97. I am Marianne O’Hare with this Headline News.

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Mark Masselli: We are speaking today with Daniel Wolfson, Executive Vice President and Chief Operating Officer of the American Board of Internal Medicine, that’s the ABIM Foundation. The foundation in conjunction with Consumer Reports recently announced the launch of the “Choosing Wisely” campaign to reduce the overuse of unnecessary medical tests which waste limited healthcare resources, and drive up health care costs in this country. Mr. Wolfson, welcome to Conversations on Health Care.

Daniel Wolfson: Thank you. I am glad to be here.

Mark Masselli: Yeah, Daniel, your organization has long been committed to catalyzing improvements in health care by advancing medical professionalism and you recently announced “Choosing Wisely” campaign which has enlisted nine leading medical societies to identify five tests each that are primarily used but often don’t yield any benefits that justify the costs or the risks of the patients.

We have the good fortune of working alongside Dr. Steve Smith, he also serves on the ABIM Foundation Board and he spearheaded an initiative called “the National Physicians Alliance Good Stewardship Project” which asks its members to identify five medical tests that could be greatly reduced. Tell us more about the partners in the “Choosing Wisely” campaign and your hopes and expectations for this initiative.

Daniel Wolfson: I work for the ABIM Foundation, which is different than the ABIM. The American Board of Internal Medicine Certified Physicians and the ABIM Foundation, in coordination with ABIM, advances professionalism does things like this campaign, all in the notion of how influence and motivation has an important role in improving quality. The Physician Charter spells out three principles and ten commitments. One of them is social justice.

One of our commitments was for physicians to be good stewards of limited resources, and that’s been a real challenge for physicians to think about putting their patients first, and then, thinking about resources. And that was one of the reasons we are so interested in addressing the stewardship of limited resources. We also think that it’s an important issue given health care reform, and given the unsustainable economic trends in medicine and health care costs.

Margaret Flinter: Daniel, your consortium of nine medical societies which represent about 375000 member physicians is a very significant group, identified

45 commonly ordered tests that were deemed overuse, and now, I understand you have listed them all on your website, choosingwisely.org/ but talk to us about some of the most prevalent examples of these overuse tests.

Daniel Wolfson: The list that came out was not a never-to-do list. We want to have informed conversations with patients and physician. And so that's why we partnered with Consumer Reports to provide easy-to-use information for patients, to have these conversations. So these nine have come up with such things that a CT or an MRI after fainting, EKG or stress test at an annual checkup, antibiotics for acute sinusitis. These are some of the examples. I also wanted to talk about Steve Smith if I could.

Mark Masselli: Oh, we would love to hear about Steve.

Daniel Wolfson: Well, Steve is a real hero in my book because he was the one that applied for a grant from us suggesting that the National Physician Alliance should do this in internal medicine, in family medicine, and in pediatric, and a small group representing about 36000 physicians, but very forward thinking came up with this list. And it was called the Good Stewardship Project. They put that into the journal of Archives of Internal Medicine, written by Steve Smith.

In fact, Steve Smith has gotten another grant from us and he is going to do tapes on how to talk to patients, how physicians should talk about patients about these kinds of things, because often times, sometimes it's the physician recommending it, and sometimes the patient has heard about it on TV or radio, and the physicians in an awkward despite to say, listen, you really don't need that. I am a father and when I took my son with his cold, I would be thinking okay, antibiotics. Now I think that we are a little bit smarter, but we also need physicians to have the skill to provide the security, to provide alternative courses of treatment if that doesn't work, and Steve is working on that as well. So Steve gets a lot of credit for what we have done. We spread it to nine major specialty societies who have 374000 physicians and we are also heading on eight other more and even more to come.

Mark Masselli: And that's a great chat out for him. I want to pull the thread a little on that, Daniel, because patients come into their provider offices with, as you were saying, pre-established ideas about what tests they should receive, and your partnership with Consumer Reports may address some of these, and providers need to focus in on patient-centered care which may address a little more of these, and you have your website choosingwisely.org where patients and providers can both go to and get information. Well, Consumer Reports are any of the medical journals coming out with additional reports of information about these recommendations, and that's overall plan on patient education. I think that's the heart of what you are talking about and how do you see these resources working together.

Daniel Wolfson: Well, let me go on the physician side for a moment. All of the specialty societies are having communications with their members about this. On the patient side, what we are hoping for is this translation of recommendations into consumer-friendly language and practicing physicians. Hopefully, we'll have these in their offices to give to patients when such a conversation comes up. But Consumer Reports also has, within its arsenal, consumer reports, and we have also linked with ARP and eight other consumer organizations, and we want the message, the conversation and that information to go through those channels. And I am a person of great hope that a conversation has changed about talking about resource use. We don't want to blame the physicians. We don't want to blame the patients. Let's just have a rational conversation about use.

Margaret Flinter: Well, Daniel, I think you wrote – you hit the near-line at the head with that and it seems to me that your campaign “Choose Wisely” is a wonderful phrase, it certainly gets at the heart of respecting the profession of decision-making, and really I think, your emphasis on social justice is one of the fundamentals of the foundation. And we haven't reached use word ‘rationing’ but that certainly is something, reading the big lesson on during the health reform, debates when we spoke about end-of-life care, and how quickly well intended measures could be taken out of context. Tell me a bit more about this campaign for consumers. You mentioned perhaps, Dr. Smith and others making tapes and nearly blocking at the outset I think, their conversation turned to rationing instead making it about quality and about informed decision-making, tell us more about that.

Daniel Wolfson: Well, I think you are right on target. Rationing is when you are not given something that's beneficial and this campaign is about giving you things that are not necessary and potentially harmful, but consumers, I believe, will be better informed and will be of better skills by the physicians about how to have this conversation, how to provide security to the patient. So I think both are going to be armed appropriately. Both are going to be involved in an informed decision and both empowered. This campaign is not about the payers, the insurers, or the government, for that matter. This is about patients and consumers getting together to talk about what kind of health care system they would want and to get rid of the steroid about death panels. Those are more difficult conversations, but right now, we are just talking about waste, and I heard a physician, Heady Gabel, she is a physician in charge of Denver Hospital. And she said at a recent presentation she was given an award by (12:45 Inaudible). Waste is disrespectful to my employees and my patients. Why would anybody want to produce something that had no value to a patient, and how do they feel when they are giving something that is wasteful? And I think is we improve care. Care will be better for patients and care will be better for physicians to work in, in those environments.

I think that there is three things that have made the campaign take off like it has. One was the right messenger. Physicians, leaders talking about the best care, the message being about quality and safety and doing no harm and optimum appropriate care and not wasteful, and three, the actions are relatively straightforward. There are certain things, we didn't name 300, we named five specialties so the action is good. And the fourth thing I think is that we have been respectful of both physicians and patients in this. And we want to welcome people into this campaign. People can begin to ask the questions they need to ask, and we would love to hear their stories of course, because we want to spread the word about those successful conversations or how somebody diverted a bad test, but again, there are exceptions, we had a wonderful New York Times editorial, which I think put us even more on the map.

Mark Masselli: We are speaking today with Daniel Wolfson, Vice President and Chief Operating Officer of the American Board of Internal Medicine Foundation, whose mission is to increase medical professionalism, reduce the waste of limited health resources, and promote the advancement of team-based care in the 21st century. Daniel, for years various groups have sought and raised to reduce expenses and improve health outcomes through recommending changes to care being provided. Take to us a little bit about the evidence-based research that's going on or you hope that will go on around the recommendations, these clinical decision recommendations to reduce unnecessary testing and the effect they are having expenses and outcomes.

Daniel Wolfson: Well, I think clinical guidelines have been the hallmark of specialty societies for some time now, and they really advance the quality of care. And I think what we are trying to do is a different translation from the science to the practice. So a clinical guideline is put out. It's put in a clinical journal, and it's a hope that people will take that, those guidelines up and practice those. So I think what we are trying to think about are what are some creative ways of taking all that knowledge? And there is much, much more clinical information that's just so hard to keep up. And there is a whole set of have-its and trainings that go on involving physicians and patterns of practice. So is this campaign – may be a different way of thinking about that translation of knowledge into practice. And that's what we are going to explore over the years to comment, this notion of that takes 17 years for new knowledge be converted into practice. Have you ever heard that before?

Margaret Flinter: Yes, and I am hoping that sooner or no longer going to have to say that. There is just no excuse for it anymore.

Mark Masselli: Bench-to-Bedside

Daniel Wolfson: But it has a tremendous complex nature about it. And so I am hoping in the future, we are going to test this translation, new ways of thinking about translation and this campaign may be as it's (16:09 Inaudible) but I am

hoping that there is a better conversation to a prestigious academic medical center and the person that is the associate dean said that on any grand rounds, we are going to ask them not to leave the building without telling us what a choosing wisely item is. So already these kinds of conversations are permeating but I think this is way beyond just this foundation. I think this has hit a positive chord and no politics as usual.

Margaret Flinter: Daniel I can tell you right here in Connecticut, there are roundtables of primary-care collations that I said that it is already being discussed in. I think that would be true even if Dr. Smith wasn't one of the people often at those tables, but let me ask you this, certainly, we all recognize we are living in a great and exciting time of transformation in health care and "Choosing Wisely" is one of many initiatives of the foundation and others have focused on certainly the very important area of **nautical** education and training reform, on payment reform, team-based care, patient-centered care, care coordination, tell us how these initiatives relate to one another and particularly, how do they relate to choosing the "Choose Wisely" initiative?

Daniel Wolfson: That's a good question. The issue that we have been, that runs throughout our organization has been about relationships among physicians. We have also focused very much recently on primary-care and when we talk about teamwork, that was around primary-care. Two things I think have to happen to really get a handle around costs. One is the reimbursement system has to be addressed. That is not a part of this campaign but it certainly has to be addressed and payment is so crucial. But primary-care of having a vitality within primary-care, having the best medical students and residents be attracted to primary-care is essential to excellent care and sustainable economically. Other countries have higher percentages of primary-care physicians than we do, and their costs are lower and their outcomes are better and their satisfaction of patients and physicians are better.

Mark Masselli: I think I want to you a follow-up on that though, how do you see your recommendations being received internationally, and are there ideas from other countries that you are looking to incorporate into your recommendations or international organizations you are considering partnering with?

Daniel Wolfson: We are fairly a small organization. And we try to be a catalyst. If somebody would come across the pond and ask us what we did, we would certainly try to help them start their own kind of initiative around this.

Margaret Flinter: In the spirit of innovation, Daniel, we would like to ask from all of our guests, this final question, when you look around the country and the world, what do you see in terms of innovation that our listeners at Conversation should be keeping an eye on?

Daniel Wolfson: I feel a lot of innovative practices that are looking at the patient wellbeing and the physician wellbeing, and that it's a joy for patients to answer and physicians to answer and there are packets of these innovations. And I think the Government, under the Affordable Care Act is setting up some excellent demonstrations that could become a reality around accountable care organizations, patient-centered medical homes bundling, and I think all those new models, particularly bundling up services are going to require new kind of conversations, new trusting relationships, and I think that's the core of professionalism in my explanation; those trusting relationships between patients and physicians, between physicians and nurses. And that's what's going to be needed, and I think that that will be the biggest innovation that we see going forward and the most needed. But if we have an overcrowded system, I mean an over – where there is high volume, the outcomes are worse, satisfaction is worse, the access is worse, and the outcomes of the health of the people are worse. So we just got to get a hand on this, and I think that a part of our campaign is about this. If we reduce unnecessary care, we'll have the capacity to deliver what is needed in a timely way and in a quality way.

Mark Masselli: We have been speaking today with Daniel Wolfson, Executive Vice President and Chief Operating Officer of the ABIM Foundation. The Foundation in conjunction with Consumer Reports recently announced the launch of their "Choosing Wisely" campaign to reduce the overuse of unnecessary medical tests which waste limited health care resources, and drive up health care costs in this country. You can find a link to their recommendations at their website, choosingwisely.org. Mr. Wolfson, thank you for joining us today.

Daniel Wolfson: Well, thank you so much. It was a real add-on privilege to be with you today.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, non-profit 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: Well Mark and Margaret, we have seen many claims about small businesses being hurt by the Federal Health Care a lot. One example of that, there is a note from an independent group that said the law was 'devastating' to small businesses but that was a counteractive effects. Businesses with 50 or fewer full-time employees are actually exempt from paying any penalties under the law. They don't have to provide health insurance for their employees, and even smaller businesses, those with fewer than 25 full-time workers are eligible for tax credits to help them buy coverage if they choose to do so. Businesses

would have to have average wages under \$50,000 and pay half of the cost of an employee health plan.

One expert told us that truly small businesses would likely come out as winners under the law. John Sheils; he is the Senior Vice President of the Lewin Group, an independent subsidiary of United Health Group, showed us that small businesses have an advantage in the marketplace, since they aren't subject to the mandate and could get that tax credit 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 Health Care.

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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives.

Prosthetics have achieved something of a high art form in this country with technologic advances that make them more life like than ever. But the typical prosthetic device in America costs about \$10,000. In countries like Thailand, where the average salary is about \$2 a day, that cost is simply prohibitive for the thousands of amputees there. Dr. Therdchai Jivacate who did his residency at Northwestern University knew that he had to tackle three problems to make limbs available to those in poor and remote areas. He needed low cost materials, he needed trained technicians to make amputee devices, and he have to get the prosthetics to the amputees. His solutions, first he devised a method to use recycled plastic from items as simple as used yogurt containers in place of the expensive titanium and created a light-weight, highly efficient limb adaptable to the physical world Thai lifestyle. He managed to design high quality prosthetics for about \$100 a piece, and he had launched the Prostheses Foundation of Thailand. Dr. Jivacate train amputees who are already using the comfortable light-weight artificial limbs to become the next generation of fitting technicians for new patients, thus giving the new amputees the support of people who have been there, and at the same time, creating jobs for these technicians. He also realize that he had to bring to the clinic to the patients and he launched a fleet of mobile units that go out into the remote countryside to find those in need. Since the foundation began, 25000 amputees have received affordable, comfortable working prosthetics. The Prostheses Foundation of Thailand has turned discarded waste into wealth at a tiny fraction of the typical cost. Now, that's a bright idea.

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

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

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