(Music)

Mark Masselli: This is conversation on Healthcare. I'm Mark Masselli.

Margret Flinter: And I am Margret Flinter.

Mark Masselli: Well Margret here we are on the brink of the largest roll out of a social program in 50 years in this country. The Affordable Care Act and even supporters of ObamaCare warn there maybe glitches to work out before the system gets fully operational or maybe I should say systems.

Margret Flinter: Well it is a bit daunting Mark to think about how much infrastructure had to be put in place in the few short years since the law first was signed into Legislation in 2010 and since was upheld by the Supreme Court last year really it was a herculean task.

Mark Masselli: Well we're going to keep an eye on what's happening in congress but for now economist from the nation's largest teaching institutions to think tanks like The Brookings Institution are warning that the field is right for loads of errors to happen and they will. We also have different infrastructures in each state and the federal health exchange is going to have to function in 33 different states. I think you chose the word right Margret it's daunting.

Margret Flinter: Well daunting but I must say that I'm reminded of the implementation of Medicare party in the pharmacy benefit for seniors with all of the technology changes and new learning that seniors had to do to sign up and it was daunting and pretty successful. So I'm going to remain and optimist. And, Mark, as you know many states across the nation have been dealing with one of their principle challenges being antiquated data infrastructures that in some cases are quite old, the data requirements for the Affordable Care Act of course require much more modern integrated systems and actually that's a good thing for health data analytics moving forward.

Mark Masselli: But you know there's one area in healthcare in particular where gathering better data would be helpful and we have a meaningful impact on improved health outcomes. It's believe that four out of 10 person seeking help in an emergency room or even at a doctor's office has it undiagnosed behavioral health or substance abuse issue, it's something our guest today knows quite a bit about.

Margret Flinter: Dr. John Bartlett is Senior Project Advisor for the Primary Care Initiative at the Carter Center which is seeking to embed behavioral health screening and treatment right in the primary care setting. This is all part of former President Jimmy Carter and First Lady Rosalynn Carter's efforts to improve mental health in this country issue that effect so much of our population.

Mark Masselli: Well also here from the Factcheck.org's Managing Editor Lorí Robertson.

Margret Flinter: Lori is always ferreting out misstatements about health policy that are in the public domain but no matter what the topic you can hear all our shows by going to CHC Radio.

Mark Masselli: And as always if you have comments please email us at chcradio.com or find as on Facebook or Twitter because we'd love to hear from you.

Margret Flinter: Now we'll get to our interview with Dr. John Bartlett in just a moment.

Mark Masselli: But first here's our producer Marianne O'Hare with these weeks Headline News.

(Music)

Marianne O'Hare: I'm Marianne O'Hare with theses Healthcare Headlines. The Healthcare Law is launching into the next phase of implementation and its happening with something of a bang not a whimper, political wrangling continues in Washington where there are a hold outside Texas Senator Ted Cruz incurring rash from both sides of the isle for threatening to Filibuster a vote on any bill to finance the US Government that has funding attach to it for the Healthcare Law. The fiscal year begins October 1st and without a continuing resolution government would shutdown.

Meanwhile confusion reign supreme in many parts of the country on requirements for the insurance exchanges how they will operate, who should be shopping for health insurance on those online insurance marketplaces. And states like Missouri which has 800,000 uninsured residents half of whom would qualify for subsidies by purchasing health insurance on the exchanges. The Lieutenant Governor has spoken publically there urging residents, not to seek insurance on the exchanges saying he would hope the Law would fail.

Meanwhile in Louisiana one of the states with the highest level of uninsured residents the insurance commissioner there has said the insurance exchanges are just too confusing for people to understand. Louisiana is also relying on the Federal Exchange.

Meanwhile in states like California and Connecticut which are setting up exchanges of their own and are testing them for readiness officials and those states are urging folks seeking insurance on the exchanges to reach out for help, from the health departments in those states and other entities being trained to help navigate your online insurance marketplaces. Access Health CT and covered California have been working to setup exchanges for several years as insurance commissioners in New York State and others.

President Obama is getting a little help this week from Former President Clinton, holding a joint meeting in New York to discuss the merits of the Healthcare Law. President Clinton made an unsuccessful bid to pass health reform during his 10 year in

the 90s. He is now acting as an Ambassador for the Healthcare Law for President Obama.

Meanwhile the Healthcare Law is forcing a lot of companies to rethink their health insurance strategies especially when it comes to retirees, spouses and former employees continuing to be covered under COBRA. Health Law provision is taking effect next year, couldn't save US employers billions of dollars in expenses now paid for workers, who continue medical coverage after they leave the company. 41% of large business is recently surveyed by the National Business Group on Health expect former employees eligible for COBRA to seek coverage next year on the exchanges instead. Analyst expect few ex-employees if any will chose COBRA once the online marketplaces are available, not only will the rates be cheaper on the exchanges they won't be denied coverage due to pre-existing conditions and they'll be able to take advantage of the tax subsidies.

From the medical grounds, the National Institute of Health is studying a drug, they say it's being explored for its potential to prevent the onset of Alzheimer's in patients carrying the gene that increases susceptibility to the dementia disorder, they currently afflicts 4 million people in this country. That number is expected to increase dramatically as the nation's population continues to age. Currently, there are very few drugs that combat progression of the disease and we are far from a cure.

And it's time if you haven't tell your kids not to smoke when it was a well-known fact that the President is a smoker or was President Obama was heard over a hot microphone in a recent public event, explaining what made him quit. He said he was afraid of his wife. Well Sir, whatever gets the job done.

I'm Marianne O'Hare, with these Healthcare Headlines.

(Music)

Mark Masselli: We're speaking today with Dr. John Bartlett, Senior Project Director for the Primary Care Initiative at the Carter Centers Mental Health Program. The Carter Center, founded 30 years ago by former President Jimmy Carter and former First Lady Rosalynn Carter, is as non-profit organization dedicated to promoting peace and better health throughout the world. Dr. Bartlett coordinates the activities of the Primary Care Initiative which seeks to facilitate better treatment of mental health and substance abuse in the primary care setting. Dr. Bartlett earned his medical degree from Yale, and completed his psychiatry residency at UCLA Medical Center. He's a former Vice President for Cigna Mental Health and is at Robert Wood Johnson Clinical Scholar. Dr Bartlett, welcome to conversations on Healthcare.

Dr. John Bartlett: Thank you so much, Mark. Thanks for the opportunity.

Mark Masselli: John, you've logged a few decades in the area of behavioral health and substance abuse and it's estimated that six out of 10 Americans visiting a primary care

provider suffering from some sort of behavioral health or addiction issue. But that often those issues do not get recognized, or adequately addressed in the primary care setting. So, how much of an effect is this really having on people's healthcare in this country?

Dr. John Bartlett: That's an excellent question Mark. And frankly one that gets right to the heart of what we see as the opportunity here. State of the art epidemiological studies, I mean studies that look at the incidents and prevalence of diseases in a population show that in any given year in this country about 25% of the general population meet current diagnostic criteria for mental health or substance abuse issue. Now, that doesn't mean that they're all diagnosed, it certainly doesn't mean that they get treated. But they do meet diagnostic criteria. So, we know that issues like depressions and anxiety and addiction are widespread on the general population. We also know that these conditions were associated with high levels of both morbidity and disability. In fact, in the developed world, countries like the United States, Canada, Western Europe, depression is the leading cause of disability adjusted life years, in other words it carries the greatest burden of disease, far greater than something like heart disease. They're prevalent, they cause a lot disability, a lot of morbidity, and most importantly in the context to what's going on in this country right now with our tremendous budgetary and financial issues, there's a tremendous amount of expense associated with the co-occurrence of a chronic medical condition like heart disease or diabetes, and depression or anxiety.

In the debates around the Affordable Care Act that showed that up to 15, and even 20% of cause associated with chronic medical conditions could be directly related to co-morbid mental Illness and or substance abuse. If you throw in behavioral issues like lifestyle choices, smoking, lack of exercise, obesity, you start to see the scope of the issue and in fact, current studies from a major leading Manage Care Companies show that about six in 10 patients who show up in the primary care, doctors have some behavioral component, either a condition like depression or anxiety or a lifestyle problem as part of their presentation. So, it's really a huge issue.

Margaret Flinter: So, John tell us more about the Primary Care Initiative itself at the Carters Centers Mental Health program, how is this initiative moving us forward in ameliorating this problem of lack of access to mental health and addiction services and let me add the word affective to that as well lack of excess to affective mental health and addiction services.

Dr. John Bartlett: Traditionally the focus of mental health and addiction policy has been on those most severely impacted people, what's called severe and persistent mental illness. People who are you know, addicted and need abstinence-based treatment etcetera. And that has really been a tremendous focus for the last 30 years or so and frankly a successful because we had things like the institution of parity with the Mental Health and Addiction Parity Act. But beginning with the release of David Satcher, when he was the surgeon general he released a report on mental health in America in 1999, and that really started a growing recognition that there was a hidden crisis about

accessing appropriate and effective mental healthcare. And when I say hidden it was -- it occurred to people who were seeing doctors, they weren't seeing specialist, they were seeing primary care doctors or general medical doctors or medical specialist whatever. So that report really highlighted this there is a large associated behavioral component to the presentation of many, many people, depression problem, drinking or drugging and unhealthy lifestyle choice, etcetera. A lot of the work has been done in the area of depression for obviously reasons, it's an important condition it's one that we have treatments for and treatments frankly that can be implemented in the primary care sector.

Over 50% of the people who get treated for depression received their treatment only in the primary care center. Under routine approaches to these patients, only 30% show clinically significant improvement. Yet at the same time for many of the past several years anti-depression medications have been among the most widely prescribed, classes of medication in the country in 2005 in fact, they were the most widely prescribed class of medication. So what we have is we have a tremendous amount of time, energy, money going into the treatment of the condition like depression and yet only a very low clinically significant response rate. So we are literally wasting tens of millions of dollars are not ineffective treatments but ineffective courses of treatment. The medications have all gone through FDA reviewed but it's how they are being prescribed, how they are being followed, that is not going on in the primary care setting, not because primary care doctors are bad people, they are busy people.

The average primary care visit last summer between 12 and 15 minutes, in that 12 to 15 minutes a primary care doctor has to deal with three or four chronic medical issues as well as a depression, anxiety, problem drinking, drugging etcetera. So depression sort of comes usually at the end, how is your sleep, are you feeling better? Yes, etcetera. It's not adequate follow up and so in fact what we find is that response rates are not very good in the primary care setting. We really have a lot of work to do in terms of becoming more scientific about how we not just prescribe medications but more importantly how we follow treatment response.

Mark Masselli: John you've got great perch at the Carter Center where you work with multiple partners in the pursuit of eradicating disease globally but also providing better healthcare to American's here at home and wonder if the conversation that you are just having now came out of the work that you done at the health education summit where you jointly held the summit with the American College of Physicians and issued a paper the five prescriptions for ensuring the future of primary care. So, perhaps you were telling us part of that already or if not can you tell us about the both the collaboration with a College of Physicians and what are you prescribing for the primary care practices?

Dr. John Bartlett: Well we have a very active and collaborative relationship with the primary care specialties, the American College of Physicians, the American Academy of Family Physicians, etcetera.

And actually what I was talking about did lead to the health educations summit market actually came out of an earlier summit meeting that we had here called the Medical Home Summit, which happened in the summer of 2009 and that summit we brought together about 50 people from the fields of primary care, behavioral care. So the question that we try to address at the medical home summit was could the patient centered medical home be used as a platform to scale up evidence based approaches to integrated care? Out of that meeting came a couple of recommendations. One was that we work closely with the crediting organizations like the National Committee on Quality Insurance to make sure that whatever standards were developed for crediting patients in a medical homes focused very clearly and explicitly on the importance of recognizing, screening and addressing behavioral health issues in the primary care and that was an effort that was successful with the release of the new revised standards for the patient center medical home about a year and half ago.

The other thing that was recommendation that came out of the medical home summit was that we do something to address the education of health professions that led to the health education summit which we co-sponsored with the American College of Physicians. At that summit, we tried to address the question of are we training the health profession students of today to work efficiently and effectively in the health delivery system of tomorrow.

Margaret Flinter: Well John, we look at this pipeline; where is this workforce coming from and as we look at the early implementation of elements of the Affordable Care Act and then more of it coming in January 2014, how is the Affordable Care Act speaking to the issue of workforce size and development, education and training?

Dr. John Bartlett: In the context of integrated care Margaret, it's doing some things well. I mean it certainly has made a commitment to increase the size and impact of the primary care workforce in this country. Okay, so there are provisions within the Affordable Care Act that increase reimbursement to primary care physicians which have traditionally been underfunded like psychiatrist and other mental health clinicians have traditionally been underfunded.

In terms of promoting integrated care, it's exactly those initiatives that you just spoke about; the Patient Centered Medical Home demonstration projects and the Accountable Care Organization demonstration projects that really are advancing integrated care as well. I mean, it's my belief that when you start moving into an environment like an Accountable Care Organization where a single entity is responsible for both the clinical and the financial results, if you do not aggressively screen for and address behavioral health issues like depression and problem drinking, drugging, you'll never be able to meet the financial or clinical goals. So, that's really the next generation of hope for integrated care in a way.

In terms of producing a workforce that is trained to work in that direction, there is still a lot that needs to be done frankly. I mean there is a great emphasis now on teaching team based work to health profession students, but in terms of focusing that on the role

of the behavioral specialist within the team and the recognition on the part of primary care providers that behavioral health issues are a major part of what they are going to be seeing in their primary care practice. There is still a lot of work that needs to be done.

Mark Masselli: We're speaking today with Dr. John Bartlett, Senior Project Director for the Primary Care Initiative at the Carter Center's Mental Health Program which is seeking to train primary care clinicians to better identify and treat behavioral health and addiction issues in the primary care setting. Now, the Carter Center relies a lot on the idea of team work to achieve its goals and its work pretty well for the organization, but you say that teaching teamwork is an essential element of medical training of the future. Explain to us how you see teamwork model evolving in the emerging area of medicine.

Dr. John Bartlett: I think that that primary care is a team based sport, frankly. People come in with incredibly complex presentations and because of the current emphasis on efficiency in the primary care setting, the care of individuals happen in a team based environment. In 12 to 15 minutes, no single individual can address appropriately all of the issues that people bring into a primary care visit. It doesn't mean they have to do it all themselves, but it does mean that in a comprehensive integrated effective primary care environment all of the services need to be provided and you can only do that through a team based approach.

Now, the interesting thing; I actually -- you pointed it out earlier that I spent a number of years as a Senior Vice President Corporate Medical Director for Cigna Behavioral Health Care, I worked in industry with companies like General Electric and Martin Marietta and IBM, and the amount of money and resources that corporate America puts into training teams to be high functioning teams is huge, it's literally tens of millions of dollars. We put no money into that in healthcare. When I graduated from my residency -- oh, excuse me, my internship; I was a medical intern at Jefferson University in Philadelphia, I got in my car, I drove to California where two weeks later, I was the leader of a treatment team at UCLA. I knew nothing more about psychiatry than I had two weeks ago when I was a medical intern, but I was the team leader. So, we don't do a very good job of training people to be more effective team members. We need to pay attention to them.

Margaret Flinter: I want to maybe move one degree away from what we think of as a classic primary care office and think about innovation; maybe one step we move still within but what we would think of as a general domains of primary care and ask you to comment on your work in this area, you're thinking about how it contributes, and I'm thinking specifically of things like a school based health centers.

Dr. John Bartlett: One of the interesting things that we're doing here is that we've actually sort of moved the concept of integration beyond the context of integrating primary care and behavioral care. We are actually moving into integrating the medical and behavioral delivery system into the greater community.

One of the things that I am involved now is working with Safe Based Communities around the country to move behavioral health screening out of the healthcare environment into the Safe Based environment through pastoral screening and counseling frankly. A couple of years ago, we co-facilitated a meeting with the National Center for Primary Care at Morehouse School of Medicine where we brought together a group of individuals from organizations such as yours who have moved pretty far down the path towards being patient centered medical homes. And then we invited a whole bunch of other people who are interested but had not made that commitment yet, and it was funny. All the people who would sit there and say like, well we're really interest it in this but we need to get paid for it. All the elderly doctors said don't worry about that, it will more than pay for itself, it's the right thing to do.

Interestingly enough, when you start moving this into the pastoral environment, they just focused on that, it's the right thing to do. And so we are very interested in using this mobilization of the Safe Based Community, we could just as easily look at mobilizing the business community as you talked about. It's using these other channels to bring screening and early interventions out into the community in an effort to improve overall community health that we are getting very interested at this point.

Mark Masselli: We have been speaking today with Dr. John Bartlett, Senior Project Director for the Primary Care Initiative at the Carter Centers Mental Health Program. The Carter Center founded 30 years ago by former President Jimmy Carter and First Lady Rosalynn Carter, you can learn more about all of the exciting work that's been done at the center by going to cartercenter.org. Dr.Bartlett, thank you so much for joining us today on conversations on healthcare.

Dr. John Bartlett: Thank you so much Mark and Margaret.

(Music)

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, 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 you this week?

Lori Robertson: Well, over the year we've debunk to claim that Congress was exempt from the Affordable Care Act. It wasn't through 2010 when the law was being debated and it's not true now either. Congress isn't exempt from the law's requirement to have insurance or pay a penalty if you don't, in fact if the law places in additional and unusual requirement on numbers of Congress and their staff. It says that members and staff first must get their insurance through the exchanges created by the law starting in 2014. They can't get insurance like they do now or like other federal employees through the federal employees health benefits program.

This provision was added by a Republican Amendment with the idea that if the exchanges were good enough for other American they should be good enough for Congress. There is a problem though the provision doesn't say anything about the Federal Government being able to continue to contribute to premium of staffers and lawmakers just as many employers do for their workers.

In August, the office of personal management which administers the federal employees' health benefits program issued a proposed rule saying that the government would be able to continue to make those premium contributions and the contributions couldn't be greater than what the government provides under the health benefit program for other federal employee's.

That prompted new claims with Congress been exempt from the law or getting a special subsidy. But this opposed it special subsidy is simply the premium contribution that Congress as employer the Federal Government has long made to the health plans of its employees. And that's my FactCheck for this week. I am Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the countries 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'd like checked, email us at chcradio.com, we will have FactCheck.org Lori Robertson check it out for you here in our Conversation on Healthcare.

(Music)

Mark Masselli: Each week conversation highlights a bright idea about how to make wellness apart of our communities in everyday lives.

Its new secret that the nation's kids are sedentary and overweight and the problem isn't been remediate in many of the nations elementary in middle schools where there is little or no structured physical education. The National Foundation on Fitness Sports and Nutrition has partnered with other organizations to find tools that will improve the physical health of students in schools across America. There is a new Fizz Ed partner in town enter a popular interactive videogame, "dance-dance revolution", a game that engages players in real physical activity with energetic music and visuals on a computer monitor to keep participants moving for sustain periods.

Rich Killingsworth: Dance is one of the things that resonates with children and economy has really advanced two components here, using a gaming contexts and promoting more physical activity through either a physical education program or through recess time also those break periods where children can access to set school or other youth serving organizations.

Mark Masselli: Rich Killingsworth is the Foundation's Former Director and says they are congressionally chartered mission was to create private sector partnerships that will enable all American's and especially American children to lead healthier lives.

Rich Killingsworth: So we're looking at where children and others are spending their time and when you think about how we spent our time during the day six to eight hours of day is spent behind a screen whether that's a computer screen or a TV screen using that moment and for children to create more activity and something that resonates with them, gaming is a powerful tool, it's a social tool and if we can build and wage for them to be active through that it's going to be sustainable and it's going to resonate with them. They're going to be attracted to it and use it as part of their cultural way of connecting.

Mark Masselli: So, they formed a partnership DDR creator's Konami to create dance-dance revolution class room addition. The PC run program is user friendly led by a teacher and each kid has a dance path that tracks their BMI, their calories burned and their physical output during the sessions.

Rich Killingsworth: It is on a base line for where they are and then how they're improving and that culturally is very different from where we were, kids are more oriented to numbers now and how progress is important in their social network.

Mark Masselli: Killingworth says that the pilot programs in a number of schools have been extremely promising. Kids are already familiar with a game, have fun engaging in it and there's a competitive element as well that's spurs the kids on. The partnership also includes the American Diabetes Association, the American Alliance for Health Physical Education Recreation and Dance, dance-dance revolution, classroom addition. A fun familiar fast pace videogame being used in the simple school setting to significantly increased daily movement and improve physical fitness. Now that's a bright idea.

(Music)

Marianne O'Hare: I'm Marianne O'Hare with this tech report.

So you've got a condition that requires constant monitoring of your blood properties or sugar levels, the best way to keep a handle on what the vitals look like is to pick the skin, collect the sample and summit for analysis, right? Well, scientists at the École Polytechnique Fédérale in Lausanne Switzerland have cooked up a neat alternative, a tiny portable personal blood testing laboratory about a half inch long, a device that's implanted just under the skin that can offer immediate analysis of substances in the body.

Dr. Giovanni: The chip is placed in interstitial tissue and it comes in contact with fluids in the body, and the sensors react to the presence of particular compounds detect them and then sent the measurements outside.

Marianne O'Hare: Well Giovanni De Micheli says it has all kinds of applications for folks with chronic health conditions. It can detect the presence of enzymes warning of an imminent heart attack or glucose levels that could indicate a diabetic crisis is looming.

Dr Giovanni: The chip is really a nano system. There are pops built with nano technology that can sense compounds in the blood and then there is an electronic part that processed this information and transmits outside the body.

Marianne O'Hare: Co-developer Sandro Carrara says the chip itself has no battery but it's powered by a patch placed on top of the skin where the chip rest that then has the power to pick up all that data transmit it in real-time to a clinician in a remote setting.

Sandro Carrara: Then the patch transmits thanks to a Bluetooth connection the data to a Smartphone or an iPod allowing telemedicine chain.

Marianne O'Hare: Bluetooth isn't just for navigating on the roadways anymore; it can be used for all kinds of medical data navigation. The chips are expected to be especially promising for patients undergoing chemotherapy for whom blood test must be conducted to determine whether they can handle a certain dose. A device like this could provide continual information about a patient's tolerance levels. While the results are promising, researchers expect the product won't hit the marketplace for a couple of years but for folks who have chronic conditions requiring constant blood analysis this is something they would definitely appreciate having under their skin.

I'm Marianne O'Hare with this tech report.

(Music)

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.