

**Dr. Patrick Conway - Centers for Medicare and Medicaid Services**

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret Puerto Rico has reported the first death from the zika virus an indicator that the mosquito population is moving north at a steady pace.

Margaret Flinter: Mark, we should note that HHS Secretary Sylvia Burwell went there last week to meet with our partner scientist on the ground. Their epidemiologist will be doing a lot to inform public officials here in the US as we prepare for the arrival of zika on the shores.

Mark Masselli: As Congress didn't approve the President's funding request for zika preparedness here in the United States so any relevant information we can gain from Puerto Rico's front line experience will help us understand the depth of the threat to the population in this country. Zika exposure has been linked to some devastating birth defects.

Margaret Flinter: And public health officials in the gulf states are already galvanizing resources to get the word out about potential threats from zika so that people can take extra precautions and certainly particularly pregnant women. As we both know Mark funding underlies so much of what we can do in public health and the funding of healthcare in America is at the very core of the work our guest today is responsible for. Dr. Patrick Conway is Deputy Administrator and Chief Medical Officer at the Centers for Medicare and Medicaid Services.

Mark Masselli: And we are really looking forward to hearing about the new rules aimed to transforming the American healthcare system.

Margaret Flinter: Well Lori Robertson will be checking in as she does every week, the managing editor of FactCheck.org, always on the hunt for misstatements spoken about health policy in the public domain.

Mark Masselli: But no matter what the topic, you can hear all of our shows by going to [chcradio.com](http://chcradio.com) or you can email us at [chcradio@chc1.com](mailto:chcradio@chc1.com)

Margaret Flinter: Or, find us on Facebook or Twitter; we love to hear from you. So we will get to our interview with Dr. Patrick Conway in just a moment.

Mark Masselli: 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 these healthcare headlines. Hundreds of scientific researchers and activities gathered in the Holy See to discuss ways to advance global research for cancer and other deadly diseases. Vice President Joe Biden who is leading the president's Moonshot for Cancer was joined by others toiling [PH] on the frontlines of disease research. The gathering at the Vatican called Cellular Horizons was organized by the US based Stem for Life Foundation. Vice President Biden saying cancer is an international problem and we are on the verge of major breakthroughs but not enough is being done to coalesce that research. The vice president lost his son Beau to cancer last year.

Speaking of profits, executives from the pharmaceutical company Valeant were in the hot seat in Congress defending the jacking up of prices of a number of commonly prescribed drugs. The Senate Special Committee on Aging one of two US congressional panels investigating the skyrocketing price increases of certain decades-old drugs acquired by companies including Valeant. A major Valeant shareholder appeared Wednesday alongside the company's outgoing Chief Executive Michael Pearson, Valeant had hiked prices of some of their drugs by several thousand percent the outgoing CEO saying he will urge the company to drop those prices back down.

Drugs on the black market a counterfeit opioid produced in China has hit the Pacific Northwest with a vengeance, the counterfeit versions of fentanyl a hundred times more potent than morphine. Fentanyl is purchased from China shipped to Mexico and transported to the US across its southwest border. In 2014 alone, there were 47,000 overdose deaths in this country and those numbers from 2015 and beyond are expected to be much higher. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Dr. Patrick Conway, Acting Principal Deputy Administrator at the Centers for Medicare and Medicaid and CMS Deputy Administrator for Innovation and Quality as well as CMS' Chief Medical Officer. He oversees Access to Care for the hundred million Americans receiving health coverage through Medicare and Medicaid and the Children's Health Insurance Program or CHIP. A pediatric hospitalist Dr. Conway received numerous distinctions including the induction into the Institute of Medicine and the HHS award for Distinguished Service. He earned his

**Dr. Patrick Conway - Centers for Medicare and Medicaid Services**

medical degree from Baylor College of Medicine and he completed his pediatric residency at Harvard Medical School's Children's Hospital in Boston. Dr. Conway, welcome to Conversations on Healthcare.

Dr. Patrick Conway: Thank you, happy to be here.

Mark Masselli: Well you have the distinction of being called the most powerful doctor in America and yet as Chief Medical Officer of the Centers for Medicare and Medicaid Services you manage a trillion dollar care delivery system. And you are also at the helm of the Centers for Medicare and Medicaid Innovation and key figure in guiding the transformation of the nation's healthcare system but at heart you are a clinician and you are still practicing medicine on the weekends, congratulations. And I wonder if we could just start off thematically what should our listeners be keeping an eye on around the crucial transformations that are going on?

Dr. Patrick Conway: Yeah. So first, not sure about the most powerful doctor in America but yeah --

Margaret Flintner: That's good.

Dr. Patrick Conway: --you know it had been a great to serve the last you know five plus years in the chief medical officer role and then expanding roles as you described. On the high level goals and what this means for patients and people across America, we are focused on Better Care, Smarter Spending and Healthier People. And it really is transformation that tries to put patients at the center of care delivery, have well coordinated care and the best possible patient outcomes. To get there, we are trying to create change in three major areas: One is, payment, how do we pay for better outcomes and higher quality and not the volume of care delivered. So right now our fee-for-service system you know pays for 15 Minute Office Visits for surgeries in volume but we are really trying to align it with what matters to patients and people which is better outcomes and care coordination.

Then Two, we are focused on care delivery, integration in mental and behavioral health and also prevention of disease, helping incentivize, keeping people healthy in and out of the hospital. And then the Third area is, information, so this transparency through comparing websites and star ratings and other systems around the quality and cost of care and also electronic health information both for patients and for providers. So I think at the critical point over the last five years I think we have seen significant transformation in the health system but we have got much more work to do to make sure we achieve the best health outcomes as possible for people across the nation.

**Dr. Patrick Conway - Centers for Medicare and Medicaid Services**

Margaret Flinter: Well Dr. Conway you have certainly been able to observe this evolution of healthcare and health reform from within the federal bureaucracy for some time now, and you were first appointed by Michael Leavitt as a White House Fellow during the Bush Administration, Dr. Berwick appointed you chief medical officer at CMS in 2010. And now you are presiding over a spate of new directives and regulations around how people on healthcare are paid, moving from that fee-for-service system to something else, how much they are paid and for what, what are the big difficulties you face in changing how we pay for healthcare in this country and why the changes are so essential?

Dr. Patrick Conway: Yeah. So first I have served in a Republican Administration and now on a Democratic Administration, I think the delivery system reform and health system improvement I think is truly bipartisan. The first challenge I would call out is really dealing with the diversity of medicine, so in Medicare we have to think about different specialties, rural providers, small practices you know other diverse practice settings we often are creating national programs and payments and policies. The way we have tried to address that is, to have different options for people as they make this transition different on ramps if you will as people transition their practices and really focused on supporting especially those small and rural practices. Two, and I think this burden issue, and physician clinician burn out is real, both my own family members, and as I practice in the clinical setting I think we need to simplify whenever possible, lessen burden on physician and clinicians, really try to align requirements across the public and private sector. And we have done work with private health plans to try to improve there, you know at the end of the day focus on what matters most to clinicians and doctors and patients which is better patient outcomes.

So as we make this migration I do think doctors and clinicians fundamentally want to provide high quality to their patients so how do you enable the system that supports that. The Third and last one I call out is really just allowing people to innovate you know whether it's Accountable Care Organizations or bundled payments we try to outline the outcomes we want to achieve for patients both quality and smarter spending and then really let providers and communities and people innovate. If it's telehealth and bundled payment initiatives or care managers or community health workers and Accountable Care Organizations we don't want to dictate the how if you will, we want to let providers and people innovate on how they improve care.

Mark Masselli: Dr. Conway I want to pull the thread a little more on both payments and care delivery and you started off by saying that we are on the payment side moving from volume to value based. And as the Deputy Administrator of the Centers for

**Dr. Patrick Conway - Centers for Medicare and Medicaid Services**

Medicare and Medicaid Innovation you are also looking at a number of care delivery models that aim to achieve sort of both of these ends of better integrated care and potentially better payment models. And we have heard over the years of Accountable Care Organizations PCMH, the Patient Centered Medical Homes, the SIMs – the State Innovation Models so we have got all these experiments going on, right?

Dr. Patrick Conway: Yeah.

Mark Masselli: And so One, we are trying to figure out how do those relate and then you have got your new 962 page CMS proposed rule changes for payments and you have clinicians you are going to choose, sort of two different pathways, the Merit-Based Incentive payment systems or the alternative payment models, how do I put together all of these?

Dr. Patrick Conway: So One, I think they are all connected with the high level point of incentivizing Better Care, Smarter Spending and Healthier People and really moving our system to alternative payment models where the provider is accountable for quality and total cost of care for a population that can be in an Accountable Care Organization or Primary Care Medical Home it could for you know in a bundled payment might be a 90 day episode around a hip and knee replacement but they all have the high level principle of increasing accountability for care coordination and better outcomes for patients.

In Accountable Care Organizations we are seeing that grow, we have got about 9 million Medicare beneficiaries in ACOs and last [Inaudible 00:11:26] from the private sector is you know over 27 million people in various ACOs across the country. And we are seeing improved quality, better patient experience and lower cost in bundled payments which is one of the next big models. Our voluntary bundled model has 48 various episodes like hip and knee replacements or cardiac surgery or medical conditions and we have got over 1500 hospitals, physician groups and post acute facilities volunteering to take on two-sided financial risk because they know, they think they can improve quality in lower cost for whole episode of care. And at the end of the day that's how patients think about it, if my mother has a hip and knee replacement, she wants better outcomes over that whole episode. And then lastly with MACRA, with the Proposed Rule on the new physician payment system you know physicians and clinicians will have choices on the Merit-Based program essentially paying for value but adjusting based on quality and cost to really take on accountability for caring for their patients preventing disease and improving outcomes.

**Dr. Patrick Conway - Centers for Medicare and Medicaid Services**

Margaret Flinter: Well Dr. Conway when I think that the lofty goal of reducing fee-for-service payment for Medicare by 15% is the goal for the year 2018 which is already like on my calendar. So we have talked about alternate payment models, but when we think about alternative care models the aging and place for seniors, more extensive use of telehealth, how does all that figure into the equation with achieving the kind of changes that we want to see?

Dr. Patrick Conway: You know we talked about a number of the payment models telehealth, we are increasingly both in our Accountable Care Organizations and our Primary Care Medical Homes seeing doctors and care teams manage patients when and where and how patients want to interact with the health system which is often at home through telehealth, or remote monitoring, or email or other technologies. We have a model is literally home based primary care for very frail elderly patients saved over \$3,000 for beneficiary like a person who has been hospitalized 19 times the year before and wasn't hospitalized at all in this model so really preventing those kind of hospitalization and things that no one wants to go through. The palliative care issues, our biggest model there is Care Choices which you are either in hospice and you are forgoing curative care services or you are getting curative care whereas most people including my own father and patients I have taken care of, it's a much more trajectory that's not that black and white. And so we have a model that allows now patients to get hospice and palliative care services at the same time as so called curative care services. So we think this is a much more patient centered care model.

Mark Masselli: We are speaking today with Dr. Patrick Conway, Acting Principal Deputy Administrator at the Centers for Medicare and Medicaid and CMS' Deputy Administrator for Innovation and Quality as well as Chief Medical Officer, Dr. Conway is also responsible for all quality measures at CMS. And Dr. Conway let's talk about the Centers for Clinical Standards and Quality and yet oversee quality measures and controls in all 50 states ensuring that health providers are properly certified, as quality outcomes become more incentivized at CMS, how are you going to oversee those measures and to ensure as you would say that we are getting better care and the best outcomes.

Dr. Patrick Conway: So really focusing on outcome oriented measures things like patient reported outcomes after hip and knee surgeries, readmissions to hospital, hospitalization. Two, really being transparent about those results, so whether it's nursing homes or home health or in the physician setting you know publicly posting the results often typically with star ratings that we learned are more understandable for consumers. And then the last thing, we do survey and certification and partnership with the states so nursing homes, hospitals, home health agencies etc. I unfortunately get

**Dr. Patrick Conway - Centers for Medicare and Medicaid Services**

reports everyday of what we call Immediate Jeopardy which are major quality and safety issues in a given provider and there you know we work with the states to enforce those regulations including terminating providers from the programs. So you got to go back to first principle, and our first principle is ensuring the quality and safety of, over 100 million, we are getting close to a 140 million total beneficiaries if you add up Medicare Medicaid CHIP and market place so huge responsibility to try to ensure safety in all these healthcare settings for all Americans.

Margaret Flinter: Well Dr. Conway it's no secret that providers are feeling just enormous pressure to embrace all of the changes that are out there to meet the benchmarks that we are setting. And I think, we have read that you have even taken some heat from your own sister who is a physician about the concerns of many [PH] that you are just trying to do too much too fast, what are your thoughts on how we both maintain this culture of innovation and forward progress while not alienating and burning out the front line clinicians delivering that care?

Dr. Patrick Conway: You know we had heard from physicians and clinicians you know too rigid, not flexible. So we really try to simplify, try to make it much more flexible but I think these principles around simplification, flexibility, less burden are critical. You are right I have a number of family members and my sister is actually solo practitioner you know these physicians and clinicians they want to improve care but they need support. So we launched this initiative we call the Transforming Clinical Practice Initiative but we are funding over \$650 million over four years and supporting these entities we call Practice Transformation Networks. But they are basically entities that have relationships with physician and clinicians practices they now exist in every state across the country and the whole point is to help these physicians and clinicians, measure progress on quality. And it's peer to peer to learning this is critical, this is peer to peer learning where one practice will teach another practice how to improve care and there is good evidence that this kind of peer to peer learning is much more effective.

Mark Masselli: Recently CMS offered new guidelines for the Medicaid population I think I have lost track of the numbers of folks in Medicaid is somewhere between 60 million and 70 million people but recently the Obama Administration released new rules governing Medicaid services to ensure that coverage they are being given meet specific guidelines, and I wonder if you could talk to our listeners about these new rules and how you anticipate they will improve the experience.

Dr. Patrick Conway: Yeah. So Medicaid is growing substantially and then nationally over two-thirds of Medicaid beneficiaries now receiving their benefits through Medicaid managed care. That finalization, that rule for Medicaid managed care was the first

**Dr. Patrick Conway - Centers for Medicare and Medicaid Services**

complete overall and over two decades so really focusing on quality of care so everything from quality rating systems to quality improvement. Two, it really does align with our care transformation goals, so for example incentivizing Medicaid managed care to pay providers based on accountability. At the end of the day it's all about aligning Medicaid requirements with commercial and Medicare whenever applicable and really continuing to update and improve Medicaid and Medicaid managed care over time and we want that care to be as high quality and best the possible outcomes as possible.

Margaret Flinter: Well Dr. Conway just so that our listeners have good understanding the Medicare Access and CHIP Reauthorization Act has created such a buzz and I understand your office is offering Final Rules this week, can you talk about the new guidelines provided in MACRA, the acronym that you believe will promote more value based models for care delivery?

Dr. Patrick Conway: It's the biggest change in physician and clinician payment probably in Medicare history. It takes a whole bunch of different quality and value systems that were created and different laws over time and it puts them into one program. It gives physicians and clinicians basically two paths: One is, so called Merit-Based incentive you know we want you to improve quality how you use technology and clinical practice improving activities and if you do well in those areas we are going to pay you more for doing well.

And then the second pathway is these advanced alternative payment models so things like some of our Accountable Care Organizations or some of our Primary Care Medical Homes we are saying, you know if you are willing to really invest and take on accountability for these populations of patient you know there is a 5% bonus payment by law. My mother is a Medicare beneficiary she had to receive care through an ACO, at the end of the day I think her experience is not that different than many you know now her physician and clinician and various specialists and others they are focused on coordinative care and making sure that she goes to the appropriate follow up appointments, that her medications are managed and you know that's what we want for all the people in the system.

Mark Masselli: We have been speaking today with Dr. Patrick Conway Principal Deputy Administrator Chief Medical Officer and CMS Deputy Administrator for Innovation and Quality at the Centers for Medicare and Medicaid Service. You can learn more about his work by going to [cms.gov](http://cms.gov) or following @CMSinnovates on Twitter. Dr. Conway, thank you so much for joining us on Conversations on Healthcare today.

Dr. Patrick Conway: Thanks for having me.

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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: In late April 2014, the city of Flint began using the Flint River as its water source, but the Flint River has particularly corrosive water which led to high levels of lead leaching into the water from many of the city's dated pipes. In July 2015 the Michigan Department of Health and Human Services claimed the elevated blood lead levels in children followed a normal seasonal trend. The link between Flint's water switch and elevated blood lead levels in children wasn't confirmed until two independent researchers put forth their own analyses in September 2015.

At an April US House hearing, Rep. Gene Green asked Nick Lyon, Director of the Michigan Department of Health and Human Services, Why the department had concluded that the spike in blood lead levels wasn't related to the water supply? Lyon said that, the initial July 2015 department analysis showed seasonal fluctuations that were comparable to years before, but the analysis showed the opposite. The state analyses aim to answer whether the July, August and September 2014 blood lead levels in children under 16 fell within the normal seasonal range compared with previous years. It was more than two months after that July 2015 analysis that the County Health Department declared a public health emergency and told residents not to drink the water. 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](http://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. Depression is extremely common among adolescents in this country but it's often hard to differentiate between teen angst and a clinical condition that requires more immediate intervention. Suicide is

the third leading cause of death among 10 to 24 year olds, a population that almost ubiquitously uses texting as a form of communication

Nancy Lublin: So if you are someone who is in pain, you text us, and the counselor on the other side is not working from a phone.

Mark Masselli: Nancy Lublin is founder and CEO of Crisis Text Line, an instant texting service designed to encourage teens in crisis to reach out for help. All they have to do is text the numbers 741-741.

Nancy Lublin: When messages come in with certain keywords in them, they automatically get tagged as high risk. So if you are at risk for suicide, you are automatically bumped up in the queue and you are like a code red.

Mark Masselli: They receive an average of 15,000 texts per day from kids experiencing everything from typical teen dilemmas to kids contemplating suicide. Crisis Text Line, an instant age appropriate intervention, free of charge and 24x7 to give kids in crisis a lifeline and lead them to help they need, 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](http://www.wesufm.org) and brought to you by the Community Health Center.