

Dr. Richard Gilfillan

(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, we're seeing more momentum towards repeal of the Affordable Care Act. The House has followed the Senate's lead and passed its own resolution leading to dismantling of the Health Law and a number of provisions they are putting forward are eliminating everything from protections for those with pre-existing conditions and also protections from lifetime caps on insurance payouts.

Margaret Flinter: There has been really quite a bit of effort to initiate repeal of the ACA or at least many aspects of it which are quite popular with consumers.

Mark Masselli: But still a lot of unanswered questions from the health care industry as we look forward.

Margaret Flinter: And that's something our guest today has unique insight into Mark, Dr. Richard Gilfillan is CEO of one of the nation's largest not-for-profit health system Trinity Health

Mark Masselli: He served as the nation's first director for the Center of Medicare and Medicaid Innovation in the Obama Administration and before that he was the top executive at Geisinger Health System.

Margaret Flinter: Dr. Gilfillan is also the chair of the Health Care Transformation Task Force. That's a consortium of stakeholders across the country all of whom have recalibrated their business models in recent years to align with the directives of the ACA to incentivize ways for the industry to trim costs and improve care.

Mark Masselli: Lori Robertson always stops by, the Managing Editor of FactCheck.org, but no matter what the topic you can hear all of our shows by going to www.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, we love to hear from you. We will get to our interview with Dr. Richard Gilfillan in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News

(Music)

Dr. Richard Gilfillan

Marianne O'Hare: I'm Marianne O'Hare with these Health Care Headlines. Showdown in the Senate, in the confirmation hearings for Georgia Congressman Tom Price to become secretary of the Department of Health and Human Services, all Democrats serving on the Finance Committee boycotted the meeting that would have sealed his nomination. Senate rules require at least one member of the minority party to participate in the confirmation vote. Democrats demanded the chance to ask more questions of Price who had already taken significant grilling over his investment portfolio which included a number of pharmaceutical companies who allegedly benefited from his past legislative actions. A day later the majority of Republicans on the Finance Committee overrode the Democratic boycott confirming him anyway.

Meanwhile, a delay of another kind, President Trump's Muslim travel ban is impacting health care already. 25% of the nation's physicians hail from other countries and a number have been held up already in the wake of the ban. The 90-day ban is the first wave but there are concerns among hospital and other health administrators that the announced extreme vetting of all attempting to come in from certain Muslim countries could prove an additional barrier. President Trump also met with leaders from the pharmaceutical industry, that industry he has publicly vowed to crack down on for exorbitant drug pricing. The President urged them to not only lower their prices but do more to manufacture drugs in the US. Trump also vowed he would streamline the Food and Drug Administration making it easier for drugs to gain approval and access to the marketplace. Trump also sent a warning to foreign countries that benefit from drug manufacturing business that they will "have to pay their fair share." Trump's saying he was putting an end to what he called global freeloading.

And if you don't use it you could lose it. According to a recent study conducted at the Mayo Clinic in Arizona engaging in brain games for older adults actually does delay the onset of mental decline. The study looked at 70-year-olds who had not begun to exhibit mental decline, those who engaged in game play saw a 22% reduction in the onset of decline, but other activities had significant benefits as well. Those who made crafts saw a 30% reduction in mental decline. The study's authors say learning a complex new task like quilting or photography showed a significant benefit for older participants, so want to keep your wits about you get creative, stay busy and get in the game.

I'm Marianne O'Hare with these Health Care Headlines.

Mark Masselli: We're speaking today with Dr. Richard Gilfillan, CEO of Trinity Health one of the nation's largest not-for-profit health systems serving communities in 22 states. Dr. Gilfillan served as the first director of the Centers for Medicare and Medicaid Innovation. Prior to that Dr. Gilfillan served as Chief Executive Officer of Geisinger Health Plan. He also serves as chair of the Health Care Transformation Task Force and has twice topped Modern Healthcare's list of Most Influential Physician Executives. Dr. Gilfillan received his undergraduate

Dr. Richard Gilfillan

medical degrees from Georgetown University and an MBA from the Wharton School. Dr. Gilfillan, welcome back to Conversations on Health Care.

Dr. Richard Gilfillan: Thanks very much Mark, it's great to be back with you.

Mark Masselli: We have you back and so much has happened. Now you run one of the largest not-for-profit health systems, Trinity Health. You are, as we all are, welcoming the new Trump Administration. Many are expecting significant changes to health policy. What do you think the changes will be, and what are the challenges for an organization like yourself to address what looks like a pretty dramatic shift in policy?

Dr. Richard Gilfillan: I think first the conditions that we are trying to address with improving our health care system continued to be ensuring that people have access to care and making sure that we have a delivery system that is capable of delivering high quality care. I think those two realities will continue to drive efforts in Washington to improve health care. We always knew that there would be a second act in transforming our health care system and now that act is being written. I am hopeful that we will find a way to continue to have access for people to real coverage and have them be covered with great insurance plans and I am hopeful that we will continue on the work that has been done across the entire country transforming the way we deliver care. And I believe that that issue of transforming the delivery system has always been bipartisan and that gives me comfort. That's a course we've been moving on towards changing our system into a people-centric health system focused on delivering better health, better care and lower cost for as many people as possible will continue to be the right strategy.

Margaret Flinter: Well Dr. Gilfillan you wear another very important hat at this moment in time as the Chair of the Health Care Transformation Task Force. That's a coalition of more than 40 stakeholders really across the top tier of providers, payers, patient groups, all of whom I think we can say have been very focused on the importance of shifting to this value-based system of care delivery. So can you talk a little bit about the goals of the Health Care Transformation Workforce, who some of the key players are, but really what are the driving initiatives of the task force at this time?

Dr. Richard Gilfillan: Many of us in the private sector felt that it would be advantageous to develop a center of gravity and momentum to encourage and move forward on changing our delivery system, and so individuals from and leaders of other health systems, private insurers, employer groups and patient advocacy groups came together to build this task force. The first goal we established was to have 75% of our respective business for the payers and the insurers and the employers operating through alternative payment models that reward providing the triple aim for the people we serve. So we felt we could do that by being out front and establishing a goal, finding new ways of delivering

Dr. Richard Gilfillan

care and paying for care sharing those across the industry, encouraging public, government programs, state and national programs to align with these private sector initiatives because the path to really achieving a sustainable value-based payment system is by aligning private sector and public sector efforts.

Mark Masselli: Your group just wrote a letter to the incoming Trump Administration as well as leading members of Congress to approach such reforms cautiously. Just thinking about what you had said earlier about the dynamic being different and the hope for bipartisanship, the real problem with the first round of the Affordable Care Act was it didn't have bipartisan support. Is your group worried about that it may be déjà vu all over again to give the health care industry some assurance that this is not going to find itself turned over again in the future?

Dr. Richard Gilfillan: Actually over the last seven years it's safe to say that the notion that people deserve coverage I think has actually become settled, exactly. I think that's true. But I believe that we have seen in our country that it makes sense for people with pre-existing conditions to have access, it makes sense for young people up to age 26 to have access to coverage through their parents' plans. So exact mechanisms, clearly there will be debate and disagreement. On the other hand with regard to delivery system reform, I believe there has been bipartisan support. The most obvious evidence of that of course is MACRA; it's a bipartisan bill that encouraged the movement towards alternative payment models. Every time I went to the Hill and talked with people on both sides of the aisle there was support for this notion of delivery system transformation, and so from our standpoint as a health system we want our people to have access to coverage and our members of our task force want to continue down this path to change in the way we deliver care and change in the way we pay for care. That's why we wrote the letter that we wrote. It was specifically asking them to give signs of their continued support for that approach and I think we are actually hearing that that there is support for delivery system transformation.

Margaret Flinter: Well Dr. Gilfillan, it's great to hear your perspective that maybe this is now hardwired into the consciousness of the American people that there is the need and the right for coverage and the need and the right to access. You at some point in your early training had sometime as a family practitioner in a community health center model of care spent considerable time at Geisinger so you so clearly understand the importance of policies and practices that support population health management. For our listeners talk about that care model a little bit and why it drives the results that you think it can drive for us.

Dr. Richard Gilfillan: I think that the most critical element of these models that we're trying to build is that the providers of care are conscious of the need for and accountable for delivering coordination in the care that people receive, in some ways that's the most real absence of service that we feel in health care. If you talk to someone who is taking care of their parent or a child who had

Dr. Richard Gilfillan

complicated medical problems and said to them who coordinates your care to make sure that each one knows what's going on with you, the cardiology looks at the heart and the pulmonologist looks at the lungs and who coordinates across all those, and the answer today is the patients or the family coordinates that care. So the hallmark of accountable care in my mind is coordinating care and keeping track of a patient as they move across the system. Imagine a system where there is a coordinator where as soon as you touch that system of care you can rest assured that the care providers will understand you in all your dimensions, making sure that that movement from hospital to a nursing home to a home is actually a smooth movement. That to me is probably the hallmark of the new systems of care that we are trying to build, and while Geisinger had elements of that the truth was we didn't have that for every patient in every care episode, so it's moving towards a system where that is the reality that we are all working towards.

Mark Masselli: We are speaking today with Dr. Richard Gilfillan, CEO of Trinity Health one of the nation's largest not-for-profit health systems. Dr. Gilfillan served as the first director of the Center for Medicare and Medicaid Innovation. You know there is general confusion in the public's mind about lots of things that have happened under the Affordable Care Act and certainly the innovations that were launched. I am wondering if you could talk a little bit about the initiatives and the impact that they are having today?

Dr. Richard Gilfillan: Yeah. There was already talk about the idea of accountable care organizations, groups of physicians and hospitals that came together to build the capability to coordinate care as I just described, also medical homes in building care coordination into primary care. We needed to test those models out, and so the work that we did early on we constructed a series of models to test how well those different payment models would support delivery models that coordinated care better and produced better outcomes, and then of course it expanded to the state innovation model and then we also are interested in encouraging other kinds of innovation, encouraging people to try different care model. So the innovation grants programs that we did, that was all about incenting the development of new kinds of care models all focused on delivering better health, better care and lower costs.

Margaret Flinter: Dr. Gilfillan I would like to take a look for a moment at what you are trying to achieve now at Trinity Health which I believe is the second largest not-for-profit health system in the county. You are obviously a staunch proponent of coordination of care, the accountable care organizations. Tell us a little bit about your experience as you are finding in such a large health system trying to implement these changes and what are you learning that you think might help inform Congress and the administration?

Dr. Richard Gilfillan: Certainly Margaret. Let me just also go back and answer a question I didn't answer before which was what kind of folks are on the task

Dr. Richard Gilfillan

force, people like the advocate health system, Essentia which of course is the largest not-for-profit health care organization, Beth Israel Deaconess care in Boston, Catholic Health Initiatives, Greenville Health System a very progressive system in South Carolina, so all these are folks that have done great work, and of course [inaudible 14:38] and partners in Boston. Payers, we have had Aetna, we've had Blue Cross Blue Shield of Michigan and Massachusetts, Blue Cross Blue Shield that were leaders in alternative payment models and Health Care Services Corporation of Chicago. We've had the Pacific Business Group on Health which of course have been leaders nationally for a long time, and the National Partnership for Women & Families and Community Catalyst, so folks that are working together all of whom have that commitment to deliver 75% of their care, of their services under these alternative payment models.

And we've been at this now for about three years. Our goal is that 75% by 2020. That's our specific goal in our strategic plan that our board has approved. We have built accountable care organizations in each of our markets. We've built a large episode-based payment model working closely with CMS Medicare on about \$500 million worth of services that are paid for under that episode-based approach, and we've had many of our primary care sites operating as medical homes within the context of our ACOs and we're actively redefining the way we deliver care in our hospitals, in our networks of outpatient caregivers and even in our community wherein our community health and wellness group we're working closely to address and improve the underlying determinants of health. We capture all this in our strategic objective which is to build a people-centered health system together that addresses acute care, population health management and community health and wellness.

So we've invested about \$140 million over the last four years and what we've learned is people love this work. We have about 120,000 employees now across our system and they are excited about being able to do this work, particularly the care coordination approach. It's hard work to transform the way you operate and you know people say well you're building the airplane and flying it, well you know we're flying a plane and in fact we're delivering care that people need when they are sick. We touch six million people a year and we provide probably about 1.5% of all the hospital care in America. Then we say oh we would like you to coordinate care and build these new care capabilities, right. So we're rebuilding the airplane as we're flying it, well how about you change the rules of gravity? So we're changing the payment rules in addition to rebuilding and frankly it takes longer than I'd hoped when I came here. I think that's the lesson nationally, but I believe we're clearly making progress, payers are learning, CMS is learning because when they've changed the payment mechanisms that's something they need to adjust on constantly and I think CMS is doing an excellent job of learning as they go.

Mark Masselli: You are a CEO of a very large health system and I wonder what your advice is both to other leaders and to your staff because we've been flying

Dr. Richard Gilfillan

that plane, changing the engine, we may land the plane now, you know that's enormous psychological issue. We only have 1100 employees but we hear from our own folks all the time about what's going to happen and how do you keep people focused, and there is real anxiety. People are grappling with the change, the ACA is still the straw that stirs the drink and it's going to be altered; we're going to see some form of replacement. As a CEO what are you telling your own people about how to stay focused?

Dr. Richard Gilfillan: Well we believe that the fundamental dynamics are not different. We're strong advocates for ensuring that people have coverage and so we will continue to be strong advocates in every form we can find to ensure people have coverage. Because health care is increasing in cost there is no way health care is not going to continue to be driven from a cost standpoint because of all the advances that are being made, therefore, everything we can do to make the system more efficient, more effective and to deliver better outcomes is going to be valued. Learning how to deliver more value is a no-regret strategy regardless of what the world looks like in the future and so we are focused, we stay focused on that. The reality is there is plenty of care to be delivered, the need for care is increasing. Health care by all projections is going to be a growth industry and so that's the reality. If we focus on advocating for access, delivering great care for the people we're serving and finding ways to deliver more value, those will be positive in any future we can imagine.

Margaret Flinter: We're speaking today with Dr. Richard Gilfillan, CEO of Trinity Health and Chair of the Health Care Transformation Task Force. You can learn more about his work by going to www.trinity-health.org/richard-j-gilfillan-md and you can follow the work of the Health Care Transformation Taskforce by going to www.hcttf.org. Dr. Gilfillan, thank you so much for your work and for joining us on Conversations on Health Care today.

Dr. Richard Gilfillan: Thanks very much Margaret and Mark, I've enjoyed it.

(Music)

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 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 a press conference about a week before he was sworn in as President, Donald Trump touched on the Affordable Care Act claiming that some states had seen health insurance premiums on the ACA exchanges increase by 100%. Only Arizona has an average increase that high and 84% of those with marketplace coverage in 2016 received tax credits to purchase insurance.

Dr. Richard Gilfillan

Premiums on the ACA exchanges for individuals who buy their own insurance have jumped up substantially from 2016 to 2017, an average 25% increase among the 38 health care.gov states. The increase the year above was only 7.2% on average. Trump cherry-picks the high end of the increases. Arizona had 116% average increase. Indiana at the other end of the extreme had an average 3% decrease. At least one county had a nearly 100% increase, in Medina County, Texas the average increase was 99%. Texas overall however, had an 18% average increase. The vast majority of Americans who buy coverage through the exchanges get tax credits which shelter them from these premium increases. Based on income, the HHS report says 84% of the 10.4 million Americans with marketplace coverage in the first half of 2016 received tax credits. Trump said at the news conference “We're going to have a health care that is far less expensive and far better.” He promised to provide a replacement plan shortly after the Senate confirms his choice for Secretary of Health and Human Services. 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, e-mail us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

(Music)

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. For all the people in the world without limbs, acquiring prosthetics can be costly and out of reach. It’s especially challenging to make prosthetics for children since they are in constant state of growth. Rochester Institute of Technology Scientist Dr. Jon Schull stumbled upon a clever and affordable solution, provided online open source templates to anyone anywhere in the world who has access to a 3-D printer and provide prosthetic hands for next to nothing.

Dr. Jon Schull: I’ve made this Google Maps mashup. If you have a 3-D printer and you would like to help put yourself on this map and if you know someone who needs a hand put yourself on this map.

Mark Masselli: He founded the e-NABLE Network which has massed thousands of volunteer makers in upwards of 40 countries around the world providing cheap but functional prosthetics for children in need.

Dr. Jon Schull: I think we are currently pushing 5800 identified members in our Google Plus community and we have the followings in the thousands more. We know that we have delivered about 800 hands devices and we suspect that this

Dr. Richard Gilfillan

comparable number have been downloaded by people we can't track because we put all of our design on the Internet.

Mark Masselli: The simple limb designs have become more sophisticated as recipients of the prosthetic devices provide feedback for designers to make more efficient devices.

Dr. Jon Schull: We're still working on opposable thumbs. These things grip or un-grip that's all they do, so they are much less functional than our biological hand and they are also less functional than a fancy Myoelectric hand, but for kids it's huge because those expensive devices are typically out of reach for children who would outgrow them so it doesn't make sense for them to get a \$5000 or \$10,000 hand. And our hands don't even pretend to look like regular hands they look like super hero Iron Man hands and for that very reason they're very popular with kids.

Mark Masselli: e-NABLE, a global collaborative network of open source designs linking to makers with 3-D printers to provide low cost prosthetic limbs to children and adults around the world, now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Health Care, I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health

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