Dr. Jennifer Walthall

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret we are getting more clear signals from the Trump White House on at least some of the approaches to replacing ObamaCare, new rules were issued last week by the Centers for Medicare and Medicaid Services, some of which will change the consumer experience considerably.

Margaret Flinter: One big change the Trump administration is calling for a much shorter enrollment period starting with the next Open Enrollment.

Mark Masselli: The new rule would cut in half the Open Enrollment period that could significantly impact the number of people who are able to signup for coverage. Many people wait till the last moment to signup

Margaret Flinter: And there is another significant departure from the health law coming from the new administration, lowering the minimum standards for care for the plans to qualify for the exchanges. The Affordable Care Act established very clear minimum standards for comprehensive coverage in order to be certified as a bronze, a silver or a gold level. The new rule allows insurers to cover fewer areas of healthcare meaning consumers will be getting less coverage while likely paying more for their care.

Mark Masselli: Dr. Patrick Conway, the acting CMS Administrator and former guest on this show said the proposal will take steps to stabilizing the marketplace, provide more flexibility to states and insurers while giving patients access to more coverage options.

Margaret Flinter: But a number of health industry advocates warrant, this is going to lead to far more out-of-pocket expenses for consumers and at the same time get less comprehensive coverage, just proposals at this point, Mark the new rules up for public discussion in March.

Mark Masselli: Meanwhile, Margaret, State Medicaid Directors across the country are seeking clarity as they prepared for the 2018 enrollments and are seeking to have assurances that they will be able to continue to serve their vulnerable populations. Dr. Jennifer Walthall is the Secretary of the Indiana Family and Social Service Administration, a state that launched its own successful version of Medicaid expansion.

Margaret Flinter: This is a plan that was launched under former Governor Mike Pence now of course the Vice President. It took a slightly different approach to the Medicaid expansion and I am really interested to hear how the Indiana plan worked and what other states might learn from their experience.

Mark Masselli: Lori Robertson, also 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 www.chcradio@chc1.com or find us on Facebook or Twitter because we love to hear from you. We will get to our interview with Dr. Jennifer Walthall in just a moment.

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

Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. The proposed $54 billion merger between insurance carriers Anthem and the smaller Cigna Corporation was blocked by an antitrust judge, a deal that would have created the world's largest health insurer. Anthem is appealing the deal and has also filed a lawsuit suing Cigna for a little under $2 billion if it backs out of the merger, Cigna counter suing Anthem saying the larger carrier didn't do enough to eliminate anticompetitive elements of their business.

Meanwhile in a separate case, another proposed merger between Aetna and Humana was similarly blocked by an antitrust judge, Aetna and Humana said they would not further pursue their deal. In the meantime Humana announced it would no longer offer health insurance coverage in a state market places becoming the first major insurer to cast a no-confidence vote over selling individual plans on the public exchanges for next year. And the Trump administration did make some moves to dismantle the healthcare law assuring new rules from the Centers for Medicare and Medicaid Services that would significantly shorten the Open Enrollment period for the market places, it would also reduced a number of required benefits on the exchange plans.

Another reason to kick the habit, a study shows that current smokers diagnosed with colon cancer are more likely to die from the disease than former smokers or non-smokers. Researchers examined 5 years survival odds and found current smokers were 14% more likely to die during the study period than people who never smoked. The effect was seen mainly among smokers treated with surgery with no chemotherapy. That group had a 21% higher mortality rate. I am Marianne O'Hare with these Healthcare Headlines.

Mark Masselli: We are speaking today with Dr. Jennifer Walthall, Secretary of the Indiana Family and Social Service Administration. She recently served as Deputy State Health Commissioner and Director of Health Outcomes for the Indiana State, Department of Health, Dr. Walthall is currently an Associate Professor of Emergency Medicine and Pediatrics at Indiana University School of Medicine. She earned her undergraduate degree from the University of Houston's Honors College and her Master's in Public Health at Indiana

University. She earned her medical degree at Indiana University School of Medicine, Dr. Walthall, welcome to Conversations on Healthcare.

Dr. Jennifer Walthall: Thank you so much, it's my pleasure to be with you today.

Mark Masselli: Everybody in the country knows that there is a change of foot, a new approach to health reform under the Trump administration. And you had a very unique perch, Indiana certainly front and center now on the transformation that it went through in its Medicaid program. You witnessed Indiana's unique approach to the Medicaid expansion, while a number of Republican led states barked at the ACA, Indiana actually forged a the different pathway covering more uninsured residents, living closer to poverty. If you could share with our listeners what was unique about the Healthy Indiana program and why you think it worked so well.

Dr. Jennifer Walthall: Well, the Healthy Indiana Plan actually predated Medicaid expansion. The goal here at FSSA is to promote the achievement of health and success through independence. This model is built on the theory that we can be partners with people to navigate their way into the commercial health access markets through engagement and support, but that takes a lot of effort together as partners. The bottom of my email has the graphic with our motto for the state which is a state that works. And in order to achieve that goal we have to support and build infrastructure for a healthy workforce. And we think that HIP can continue to play a part in that. HIP is described as a consumer directed approach to health coverage that actually replaces traditional Medicaid in Indiana for all nondisabled users age is 19 to 64. And it's referred to its consumer directed because the basic and routine costs of healthcare are paid by the patient-managed account versus the insurance company. And this is to promote consumer behavior by giving patients greater control over their own health budgets and the healthcare that they receive.

The fact that it was built on the foundation of this existing program helped, but another key to success of the program is that, HIP is structured so that it pays doctors more to care for members. So instead of reimbursing doctors at Medicaid rates, HIP 2.0 pays Medicare rates which are significantly higher and this has helped recruit over 6000 new healthcare providers into the Medicaid network which has increased access to care for our members. And our approach has been from the beginning that it was insufficient to simply provide coverage without making policy changes that would also improve access.

Margaret Flinter: Well Dr. Walthall, Indiana's expansion increased coverage as I understand to 350,000 previously uninsured residents and certainly many states have struggled to then bounce demand with capacity on the clinical side and one of the things that seems to have helped around the country in the first years anyway after the ACA passed was the bump that states got to pay closer to the Medicare rates for primary care. But I am also curious about the role that other

organizations like Community Health Centers may have played in helping to fill that primary care gap with so many newly uninsured residents and as you know the longer people were out of care the more likely they had pent-up-demand.

Dr. Jennifer Walthall: You bet, we have seen an incredible surge of partnerships around the primary care space, both from Community Health Centers and also from bringing in a primary care workforce. And one of the things that I have been very excited to be part of is the governor's help workforce the commission, really filling those primary care desserts for the state so that we improve access to healthcare in general. And HIP in particular, about 87% of our HIP plus members used preventive health services during their first year of enrollment. So that's a pretty, that's a pretty big deal in my mind. That we are seeing people really engage and so about 75% overall of HIP members that were enrolled for the whole year received preventive care services. And that's a good number when you think about where and how those services might have been received before.

Mark Masselli: Well your former governor has gotten a promotion, he is Vice President.

Dr. Jennifer Walthall: He did.

Mark Masselli: And you now have a new governor Eric Holcomb who is probably found himself in a little interesting situation and the Vice President of course is focused in on repealing the Affordable Care Act. Governor Holcomb has written to the federal government employing them to continue funding the Medicaid expansion, what is the best way forward in this transition period and what do you expect is likely to happen?

Dr. Jennifer Walthall: Well I will tell you, I was appointed FSSA Secretary on January 9th and was very excited on January 31st to be part of the team that submitted the additional HIP 2.0 waiver application with Governor Holcomb. So here in Indiana, we are proposing the next iteration of HIP which is even better than what we have now. We believe that the Healthy Indiana Plan has given us the ability to think about how a state program can succeed when it's given the flexibility to meet the needs of the state in a fiscally responsible way. And we believe that federal reform should give states more flexibility to design programs that work. We think that Federal Government should expeditiously approve waivers that are substantially similar to waivers approved in other states and provide a pass a permanency either allows waiver policies to become permanent features of the program after being approved twice and demonstrating proven results.

Margaret Flinter: Dr. Walthall, you know we followed the crisis that you all found yourself in with the spike in the opioid epidemic in the significant spike in the number of HIV and Hepatitis-C cases. We know that you were very involved in

responding to the crisis and developed an innovative kind of triage approach to tackling the outbreak, could you share with our listeners a little bit about that crisis, what might public health officials and communities in other states learned from your experience?

Dr. Jennifer Walthall: The HIV, Hepatitis-C and opioids outbreaks response in Scott County really has informed the way that we are moving forward with the ongoing opioid epidemic, to be part of that response has been one of the most profound and rewarding experiences of my professional career. And truly the most important change is the way that we frame our efforts, that the HIV outbreaks and its roots in the opioid crisis are a Aquarian call for economic development, education and connectivity in our communities. And to this end our governor now has the director in his office to oversee this work so that our state agencies and stakeholders can collectively build on this response.

And Dr. Adams, our Health Commissioner and I often reference a young man, who told us early on in the response that HIV saved his life. The access to health coverage and all of the resources that opened to him truly did save his life. And our hope is that the roadmap of emergency needs, capacity buildings and prevention programming will be sustainable and effective. And I will give you an example of each of those.

Emergency tools include widely available and unrestricted naloxone use and local control of syringe-exchange program. Capacity building includes recruitment and retention of the mental health workforce at all levels. Training of primary care providers in substance-use disorder treatments including medication-assisted therapy, an immediate connection of patients to services that their moments of need and three is the big one, which is prevention and prevention really is all about infrastructure and education, it's about thoughtful provider rules around acute and chronic narcotic prescribing. And we are really excited about Indiana's unique data capability through what we call the Management Performance Hub which connects data across all state agencies, to move towards both predictive analytics and also true implementation science analysis of the outcomes effectiveness of our efforts.

Mark Masselli: We are speaking today with Dr. Jennifer Walthall, Secretary of the Indiana Family and Social Service Administration. She also served as Deputy State Health Commissioner and Director of Health Outcomes for the Indiana State Department of Health. One of the main reasons Indiana's Governor Holcomb is seeking support for the Medicaid expansion model is expressly because it will help state officials continue to battle this epidemic, I wonder if you could share with our listeners how the program resources are going to be used and again, what might other state officials learnt from the Indiana experience.

Margaret Flinter: So this particular component of the HIP 2.0 waiver seeks to fill treatment gaps by adding new services that will include expanded in-patient detox services, residential treatment services and addiction recovery support services and peer recovery support services, housing support service and relapse prevention services. Currently we are only able to reimburse for a 15 day stay in these types of facilities through managed care programs, but this waiver would allow Medicaid some total to reimburse for short-term service of up to 30 days. Then what that would do is expand access to nearly 15 new facilities and have increased capacity at 12 others which fills a huge treatment gap that we are seeing and feeling right now. And two things I really have to mention, important populations to remember and those are pregnant women and those who are incarcerated. And so the expansion of services for pregnant women through continuation of HIP, we have seen the opioids epidemic manifest itself through Neonatal abstinence syndrome. And making sure that we are supporting Indiana's pregnant women through these services to safely stay connected and deliver healthy babies is important.

Additionally we are able to now start signing folks who are incarcerated up for healthcare coverage so that they don't have a gap when they are released back into the community. And so this has been a great move for us to be able to improve health outcomes in this vulnerable population as well.

Margaret Flinter: Well Dr. Walthall I was so glad to hear your reference before the focus on the provider community and you yourself are an educator, you have been Professor of Pediatrics at the Indiana University School of Medicine and I am really curious how your work in the public sector and in public health has informed your approach to training the next generation of healthcare professionals.

Dr. Jennifer Walthall: I am a pediatric emergency medicine provider. And we have a large residency program and it was a simple observation as a teacher that our emergency medicine residents were quickly becoming very jaded and almost predictably burned out at a point in their residency, by the bombardment of seeing one patient at a time and never seeing that there was an end to what they were doing. And it was my hope that somehow we could both train providers how to provide extraordinary care at the bed side, but also use those patient encounters as a lens to the more global problems in healthcare that each of those patients represented. And that the resident could then connect to not only the patient but then also the community.

And in 2006, I started a program called the Emergency Medicine Advocacy Project and there were three layers to this program, community outreach, systems improvements and health policy. And it was through this very simple observations that really the whole way that we deliver our residency care training has transformed, it's now it's own beast, it has almost all of the residents as a member. I actually have to go back to school to get my masters in public health

to keep up with several piece and they are smarter than I am, and all three of these layers have really changed the way that we think about training, okay not just am I going to give you the right medicines but can you read and understand the instructions that are part of that medication do you have the transportation options to get to the specialty providers that I think that you need to see. Are you going back into healthy environments where you are asthma education is actually going to make a difference and these are the kind of providers, this particular project has turned out some folks who are doing really incredible work across the country as health services researchers as a global medicine, academic experts. And so I think going back to the old adages for providers that you are either at the table or on the table, really is a call to arms for all of us to be the voice for the voice list in our communities and makes us understand the power of being part of a solution that is bigger than ourselves. And I think that alone helps our trainees understand their points of being part of this impressive and powerful movement to provide health to our country.

Mark Masselli: Well I do want to pick up on that phrase, “solution is bigger than ourselves” and talk a little bit about the ongoing discussions that are going on in Washington about repealing the Affordable Care Act as Seema Verma is the Trump administration’s choice for administrator for the Center for Medicare and Medicaid Services and you have seen her brand of innovation at working in Indiana. And I would assume will be brought to the broader context of CMS. But what are your thoughts about how the powers to be in Washington should approach this dismantling of the healthcare law, so that access in care isn't hampered at the state level and how do you envision a way forward that will insure continued advancement in population health.

Dr. Jennifer Walthall: Well we certainly think that federal reform should be approached very thoughtfully. And with recognition that states are all in different places, and considerations should be given to states that choose to expand coverage for their citizens with the promise of a certain level of federal funding to support that. We are excited about the idea of allowing state flexibility, we think that we have the capacity to deliver these programs effectively, efficiently and in an innovative way that works for our state populations. And I would encourage everyone in this space and as we have these conversations that are difficult and important, to think about a couple of things. And the first always keeping in mind the lens of health equity, will the decisions that we make widened outcomes gaps, we need to make sure that we are thinking about the most vulnerable of our population because we got into some health outcomes issues because we didn’t, health equity really has to be the beginning and the end of our conversations around policy. We need to look at also at the same time, how are we funding prevention and public health. So where does public health and prevention funding fit into this picture, I think is important as we move forward.

Margaret Flinter: We have been speaking today with Dr. Jennifer Walthall, Secretary of the Indiana Family and Social Services Administration. You can

learn more about her work by going to in.gov/fssa or follow her on Twitter @confectionsmd, Dr. Walthall we want to thank you so much for joining us on Conversations on Healthcare today.

Dr. Jennifer Walthall: Thank you.

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 non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Senator Ted Cruz claimed "ObamaCare is discouraging people from going to medical school and training to be doctors". Actually medical school applicant and enrollees are at an all-time high. Atul Grover, Executive Vice President at the Association of American Medical Colleges told us the group hasn't seen any indication of declining interest in medicines since the Affordable Care Act was enacted. He said there are many more qualified applicants than room at the nation's medical schools. Total medical school enrollment has increased every year since President Obama signed the ACA into law there are 88,304 students enrolled in medical schools this school year that's up from 77,371 in 2010, a 14% increase.

The Senator's office pointed us to a 2015 report prepared for the AAMC that said the U.S. is facing a 90,000 shortfall in doctors by 2025. Cruz's spokesperson argued the healthcare law has increased the demand for more physicians but interest in medical schools has not kept up with the demand. But the AAMC says the primary cost of the doctor shortfall is an ageing population. And the shortfall projection has been revised downwards it was more than a 130,000 doctors in 2010. The reason, the shortfall has grown smaller is that the number of physicians completing med school have gone up. To address the doctor shortage, the AAMC set a goal of increasing first year medical school enrollment by 30%, by 2015/2016 up from the 2002/2003 level. That was nearly accomplished on schedule. The enrollment rose by more than 27%. The AAMC executive vice president told us that medical school growth wasn't the problem in meeting the doctor shortage. Instead he pointed to the lack of residency position that teach in hospitals and that's my FactCheck for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactChecks.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, Lori Robertson, check it out for you, here on Conversations on Healthcare.

Margaret Flinter: Each week conversations highlight a bright idea about how to make wellness a part of our communities into everyday lives. Stanford-based bioengineer Manu Prakash has the simple goal, he wants to create a portable medical labs small enough to fit in the backpack and has already developed a tool that fits the bill. While sitting under a tree in Uganda, he noticed that the local medical clinic store was propped open by an expensive centrifuge machine. One that was reliant on electricity, now broken and no longer in use. And he wondered, how could he create a portable centrifuge that would be inexpensive to make, easy to operate and easy to replace. His inspiration came from a simple ancient childhood toy, the Whirligig, a toy that functions by pulling two ends of a string, threaded through a round object like a button.

Manu Prakash: So we spent a significant portion of this time truly understanding the mathematical face based for how you can convert linear motion into rotational motion. And there are some beautiful mathematics hidden inside this object.

Margaret Flinter: So he took this simple toy idea to another level, creating a human power centrifuge made from simple components, paper twine and plastic, all together each paperfuge as he calls it, can be constructed in under two minutes and cost only 20 cents and yet remarkably it works extremely efficiently.

Manu Prakash: We are able to essentially make a centrifuge that spends all the way to 120,000 rpm. In the lab we can separate and pullout malaria parasites from blood, separate blood plasma.

Margaret Flinter: It's currently being tested for malaria diagnosis but is being readied for far more complex diagnostic challenges.

Manu Prakash: This is a tool that requires no electricity, no infrastructure you can carry them around in your pockets for a price point of 20 cents.

Margaret Flinter: The paperfuge, a cheap but highly effective field through for clinicians providing a portable solution to diagnostic challenges creating a quicker pathway to diagnosis and treatment, now that's a bright idea.

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 wesufm.org and brought to you by the community health center.