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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, It's the senate's turn now the leadership in the senate is working to create their own version of a bill to replace Obamacare. A team of 13 republic and senators are attempting to rewrite a bill that dovetails off of the American Healthcare Act which passed in the house by a very slim margin before the congressional budget office had a chance to rate the bill and there is the rub Margaret.

Margaret Flinter: Well the CBO report which came out after the house approved the health reform measure predicted that the ACHA would lead to 23 million Americans losing health insurance coverage and that the ACHA would significantly increase premiums for older and sicker Americans.

Mark Masselli: Senate majority leader Mitch McConnell has already hinted that there may not be a bill that could win the support of 50 GOP senators at the moment. There were senators in the GOP like Senator Susan Collins of Maine, and Senator Lisa Murkowski of Alaska who say they will not support a bill that eliminates coverage for so many Americans. The process is being carried out in relative secrecy.

Margaret Flinter: Well Mark what we do know in the President's Budget is that it signals significant cuts across the healthcare spectrum. In addition to the \$800 billion being cut from Medicaid by the GOP health reform measure, President Trump has proposed a significant cut to Medicaid on top of that which could lead to an estimated \$1.7 trillion reduction in funding over 10 years that is just a devastating blow to healthcare for tens of millions of Americans.

Mark Masselli: There is another area that is facing serious cuts under the President's budget, the President's proposed funding of the National Institute of Health cuts it by 22% and it's something that very much concerns our guest today.

Margaret Flinter: Dr. Victor Dzau is the President of the esteemed National Academy of Medicine, a Division of the National Academy of Science, whose collective goal is to advance research that supports evidence based practices in medicine as well as in scientific research and with that in mind we thought this will be a good time to revisit our conversation with Dr. Dzau.

Mark Masselli: And 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.

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Margaret Flinter: And as always, if you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter because we love to hear from you. Now we will get to our interview with Dr. Victor Dzau 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 Health Care Headlines. They are working behind closed doors on a revised version of the American Healthcare Act. Policy wonks are hard at work in Washington making alterations to the healthcare bill composed by House Speaker Paul Ryan which passed narrowly in the House. The Senate has a tricky road to navigate after the house passed their version of the AHCA, the nonpartisan CBO report came out. The congressional budget office revealing the dark underbelly of the bill namely 23 million Americans losing coverage under the GOP plan and it was certainly the higher premiums for those older folks who would no longer maintain Federal Protections from Insurance premium gauging for preexisting conditions and as recipient's age passed the age of 50 their rates will go up exponentially as well. Senate leader Mitch McConnell has said publicly that at the moment it doesn't look like they have the necessary votes among the Republican majority to pass the bill that they are currently drafting whose details are still rather murky. Meanwhile drug makers have been lobbying Congress especially the Senate hard on health reform while President Trump has said he vows to clamp down on drug prices. So far there has been no legislation in that direction pharmaceutical industry has spent roughly \$80 million in the first quarter alone in lobbying fees. As whether worms the CDC warns brace yourself for more Zika, the Zika virus made relatively little impact in the continental US all though Florida was hard hit and then all there were about 5,000 cases of Zika infection reported in the U.S. doing about 65 babies were born in the U.S. to Zika infected parents and suffered some birth defects. The at U.S. territory of Puerto Rico so about 35,000 cases and a much higher number of affected offspring Zika poses the greatest threat to developing fetuses. The CDC warns they simply don't know enough about this year's Zika threat and warned that emergency plans should be put in place ahead of further outbreaks. Meanwhile the recently released to White House budget proposes establishing an emergency fund to finance responses to outbreaks like Zika but it also slashes \$838 million from the National Institute of Allergy and Infectious Diseases, the agency behind vaccine development. So far there has been little talk from Congress on approving extra funding. An HPV is gaining an edge, cancers related to the human papillomavirus have spiked in recent years with more than 30,000 cancers per year being attributed to the sexually transmitted virus, rates of HPV vaccination however have fallen off.

I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Victor Dzau, President of the National Academy of Medicine, formerly the Institute of Medicine, a private nonprofit institution providing objective analysis and policy advice to solve the nation's complex problems related to science, technology and medicine. Dr. Dzau, most recently served as Chancellor for Health Affairs at Duke University, and President and CEO of Duke University Medical Center. Prior to that, he was Chairman of Harvard's Medical School Brigham and Women's Hospital and also served as Chairman of the Department of Medicine at Stanford University. Dr. Dzau is a renowned researcher whose work lead to the development of ACE Inhibitors now used widely for treatment of high blood pressure. Dr. Dzau earned his medical degree from McGill University Medical School in Montreal. Dr. Dzau, welcome to Conversations on Healthcare.

Dr. Victor Dzau: It's a great pleasure to be talking to you.

Mark Masselli: Your appointment at the National Academy of Medicine came at a very interesting inflection point in healthcare, your background in translational science speaks to the emerging reality of modern healthcare which increasingly is becoming an interdisciplinary partnership and I am wondering, if you could tell our listeners how that background is shaping the direction that you are leading the academy through during this time of transformation in healthcare.

Dr. Victor Dzau: Well Mark, I would say there is never a more exciting but challenging time in science, medicine and healthcare. If you look at advances in science and technology they are breathtaking. Genome sequencing for \$1,000, precision medicines, stem cell, regenerate medicine, gene editing, and yet the world is facing unprecedented challenges in say increased disease burden such as obesity, diabetes, the emerging infections like Zika and Ebola, and of course, our healthcare system is fragmented and really too expensive. The National Academy of Medicine has been around for about 50 years, and we have found our roots in the National Academy of Science which was chartered by Abraham Lincoln and Congress to be independent advisors to the nation. We must continue to be that evidence-based trusted advisor and independent from politics or any kind of non-science believes. And so we have asked ourselves to be more innovative, more action-oriented and we have recently redone our mission statement to say our job is to improve health for all and to accelerate progress in science, medicine and policy, but address health equity issues. That's what I hope to bring to National Academy of Medicine.

Margaret Flinter: I look back at the work that you have done, you have served at the home at the number of the nation's premier medical institutions most recently were Duke before that Harvard and Stanford, and you oversaw just a tremendous amount of transformation at Duke launching both the Global Health

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and the Translational Science Institute. What did you learn accelerating change at the academic level that's going to inform the work being undertaken at the National Academy of Medicine?

Dr. Victor Dzau: What I have learned in my journey is of course it's really important to take a step back and ask ourselves what exactly are we trying to accomplish, what are we all about, and it is about doing good for society. The recent reorganization of the national academies we are the National Academies of Sciences, Engineering and Medicine, three academies under the same roof. It's about collaborating across disciplines and creating a culture that really forces innovation and evidence-based so that people can trust us that what we say are based on facts and the very best minds.

Mark Masselli: Well, you mentioned earlier a concern about the partisanship that's been happening. I think we are all booted by the passage of the 21st Century Cures Act. As you contemplate the new administration, I am wondering if you have any thoughts about their commitment to the advancement of biomedical research.

Dr. Victor Dzau: I am cautious but optimistic. We anticipated of course a change in U.S. administration, and so we started this initiative called Vital Directions for Health and Health Care. Dr. Mark McClellan Co-Chaired this with me as you know he was the previous FDA Commissioner and CMS Director, he is a Republican, and two of us put together a steering committee of really notable individuals who understand health, but also understand policy and government. We have people like Mike Leavitt and Tom Daschle really in many ways I would say nonpartisan, not even bipartisan.

Margaret Flinter: Right.

Dr. Victor Dzau: And so we worked on policies and actions that can yield timely and measurable progress, and we have three key goals better health and well-being, high value health care, and strong science and technology. We brought together 150 experts to guide us and we had a big summit. And right now, we are synthesizing all these pieces together so that we can give to the administration seven very clear priorities that they need to consider going forward. And so I do think there is a real opportunity to work together with the new administration to look at what's ahead of us and what we must do together to improve health of the nation.

Margaret Flinter: I know Dr. Dzau that you also have a very significant focus on global health, and you warn that global pandemics could cross the global economy some \$6 trillion. What does the National Academy of Medicine recommend as the more sound approach to meeting these global pandemics?

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Dr. Victor Dzau: You know, what happens in a far corner of the world can rapidly affect us, you know, be a pandemics, law, security, refugees, climate change, and we have to lead, everything is hyper connected, health influences, economy influences national and global security. I think that the decision makers who understand that if we stand on sideline we don't invest enough in health we may end up with negative impact on the economy and the security. Take for example, Ebola during the outbreak, borders were closed, people stopped traveling, lives were lost and the impact was huge and our report when we assess the loss per year by pandemics in the world is \$60 billion. So the trillion numbers to say if you imagine this for a century, but I think security is the other issue. Think about the security issue in terms of borders and people moving one to the other, and think about the world now which these pathogens can be used as weapons. That report basically highlight the importance of health in a connective fashion and everything else. We put that much money to Homeland Security, into military, and to Cybersecurity we got to put money into health security.

Mark Masselli: We are speaking today with Dr. Victor Dzau, President of the National Academy and Medicine. Dr. Dzau, as I hear you speak about the work and the mission of the National Academy of Medicine you are standing on the shoulders of so many tireless dedicated volunteers. One of the memorable reports was your 1999 Report 'To Err is Human' which shined a spotlight on one of the medicines most concerning shortcomings the high rated deaths related to medical errors. And it's now been 17 years since that initial report, and the numbers still remain unacceptably high, and I wonder if you could talk to our listeners about the works that's been done and chart some of the strategies that you have going forward.

Dr. Victor Dzau: We have some 2,000 academy members who are being elected every year leading scholars and experts in health and science and medicine I think we have something like 15 noble laureates. So that we have the best minds in engineering and economy, etc. So this report 'To Err is Human' is an example of the contribution that we can make 17 years ago I remember this report that says, you know, up to 90,000 U.S. citizens can die from preventable deaths in the hospital and it's from errors and that was a wakeup call. In the last 17 years, the world has gone on the journey on understanding how important it is to say quality is important, safety is important. If we have a system and a culture of patient first quality of care, safety of care and that system should greatly reduce the error that you could make inadvertently as you know I was at Duke and we have some infamous cases of patient safety problems, we learn huge amount, we have to have a culture where people say if I see something that's not right, I can speak up and there will be no retribution. I will say the impact is enormous, you know, from almost like dark ages to where we are today using now of course technological tools to report, to track and we are able to collect much better numbers than we collected 17 years ago. I am sure you follow that arc 2016 we plotted the data showing that some of the changes they put in place

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particularly in terms of measuring hospital performance, have greatly reduced errors and save lives and save money.

Margaret Flinter: Well Dr. Dzau, another area where we admire and follow the National Academy of Medicine is in its commitment to fostering workforce development so as, you know, the academy released a lauded groundbreaking report at the future of nursing several years ago and they followed up with the report just about a year ago I think looking at progress on those recommendations. Can you address that initiative and how the National Academy of Medicine is working to advance that cause?

Dr. Victor Dzau: When I was at Duke, I was responsible for the nursing school as well and the medical school and the hospitals, and I see this entirely of nursing in frontline but also in education and research. It is the most downloaded report ever.

Margaret Flinter: That's right.

Dr. Victor Dzau: And I think what this report really said was we have to have nurses practice to full extent of their education training and not the old days where they are just to serve the doctors. Particularly when you think about what they do and how compassionate and capable they are and the fact that we have shortage of physicians nurses should lead, should practice to full extent of education. The report says they should have high levels of education because the evidence show the more educated nurses are the better the patient outcome, their goal is to say how many must obtain their bachelor degree, how many should get higher education doctor of nurse practice and PhDs, etc. and the report says they should be full partners with physicians and other health care providers and they should become involved with effective workforce planning. Surely have to release report RWJ launched this 'Future Of Nursing Campaign For Action' which is say how do you implement all those recommendations. So we have certainly seen changes in states that remove major barriers and giving full practice authority to nurse practitioners. But let me say that it's not just nursing, it's inter-professional education. That there is a recognition that we work around the patient and the team supporting the patient, doctors, nurses but also social workers, pharmacists. Certainly when I was at Duke we push for what we call inter-professional education, getting people from different professional work together early doing their training to learn to work as a team working for the same purpose which is improved care for the patients.

Mark Masselli: Dr. Dzau, you were saying that we want to contribute to the health of our people and globally, and I was thinking about the work that's happening over the NIH with their Precision Medicine Initiative this million lives study that the President has been behind certainly the 21st Century Cures Bill is adding some money to it. Thoughts about genomics that sort of intersection of medicine science and personalized health many of the ways they have tried to

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put this together is this sort of an interdisciplinary approach trying to bring everybody to the table. Some thoughts about that?

Dr. Victor Dzau: Right.

Mark Masselli: Some thoughts about that?

Dr. Victor Dzau: And more than that they bring patients to the table.

Mark Masselli: That's right, yes.

Dr. Victor Dzau: Yeah right. It's a big voluntary program where we want people to volunteer being willing to share their DNA information, being willing to see that this is collectively where we can learn from engaging the patient population so a big part of this is in fact engaging patients. You know I think this Precision Medicine Initiative is one of the signature initiatives of President Obama. I certainly feel that he has been a great support of science and health, look at some of the initiatives he has taken on in brain, precision medicine and many other areas. As you all know the promise of precision medicine is that we will be able to develop the tools that can precisely identify the appropriate vulnerable individuals and very early intervene if not find specific treatment. Sequencing human genome is only one part of information you got to get lot of other information to link them together that includes all the [inaudible 00:19:08] Technology, biomarkers but also the data that you can collect from electronic health record, from the wearables, biosciences from Big Data and because of these huge amount of scientific and clinical information, there is a long way to go to be able to collect them, to coordinate them, being able to analyze them, and to make useful information out of them. But importantly, we have to address of course patient privacy, we have to understand security of the data. So this initiative is really moving the whole nation forward for the future and I am very excited about this.

Margaret Flinter: We have been speaking today with Dr. Victor Dzau, President of the National Academy of Medicine and the National Academy of Sciences. You can learn more about their work by going to www.nam.edu. Dr. Dzau, thank you so much for joining us on Conversations on Healthcare today.

Dr. Victor Dzau: What a great pleasure. Thank you very much.

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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

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reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Health and Human Services Secretary, Tom Price, made two claims about opioid addiction that are contradicted by the National Institute on Drug Abuse which is part of the Department Price had. Price said, “Folks need to be cured so they can be productive members of the society, but there is currently no cure for addiction to opioids or any other drug.” The National Institute on Drug Abuse says, “Addiction is treatable and can be successfully managed.” According to experts, substance use disorder can be successfully treated but it can’t be charred. Speaking about treatment, Price claimed, “If we are just substituting one opioid for another, we are not moving the dial much.” But using opioids to combat addiction to more dangerous opioids including heroin is effective say experts in the National Institute on Drug Abuse. While there is no cure for opioid addiction, medication assisted a treatment “save lives” help to stabilize individuals allowing treatment of their medical, psychological and other problems, so they can contribute affectively as members of families in our society. One expert told us that the science is clear, with medications, addicts have at least double the chance of becoming opioid free. Nationally, the rate of opioid related deaths increased from around 3 per 100,000 people in 2000 to more than 10 per 100,000 people in 2015, over a 33,000 people died of opioid related overdoses in 2015 alone. This includes not elicit opioids such as heroin and prescription opioids including oxycodone and hydrocodone. Price’s spokesperson said that he supported “expanding access to treatment and recovery services including medication assisted treatment.” And that’s my fact check for this week. I’m Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Diabetes is a chronic illness for which behavioral choices such as diet and exercise are extremely important. But incentivizing behavior change and large patient populations is very challenging. A recent study done by Emory University and the nonprofit organization focused on improving the health of India’s population of a billion people found that text messages sent through smartphones might be a powerful tool in promoting diabetes prevention behaviors. They partnered with India’s leading provider of mobile phones Nokia to harness a research cohort of a million clients receive diabetes prevention text messages.

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Nalini Saligram: So the text messages themselves were developed with Emory University's Rollins School of Public Health because we wanted them based on science and behavior change theory.

Margaret Flinter: Nalini Saligram, CEO of the Arogya Foundation, the text messaging study was designed to generate improved activity around four simple goals, consume more fruits and vegetables, avoid fried foods, and exercise regularly.

Nalini Saligram: The sequence of the messages and how frequently they were texted was all based on behavior change theory as well as on Nokia's experience from their consumer base.

Margaret Flinter: Participants received just two text messages per week showed an average 40% more compliance with those activities than those who did not receive the messages. A low-cost targeted text messaging system sent directly to consumers reminding them of the power they have to maintain simple lifestyle changes that can improve their chances of preventing or better managing diabetes and other chronic illnesses, 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'm 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.