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Mark Masselli: This is Conversation on Health Care, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret we're watching and waiting for some movement on the Republican Proposal to repeal and replace the Affordable Care Act. And senate majority leader Mitch McConnell threw an interesting idea into the mix recently, if they can't find enough votes to pass the GOP healthcare proposal then they might be forced to negotiate with the democrats.

Margaret Flinter: Bipartisanship is not a word we can liberally apply when discussing health reform these days but there is a growing sentiment among some moderate republicans that there needs to be more input from all members of Congress on a replacement for the Affordable Care Act, especially in light of the poor ratings for both the house and the senate's healthcare proposals from the non-partisan Congressional Budget Office.

Mark Masselli: The CBO predicts both measures would significantly reduce the number of Americans with health coverage somewhere between 22 and 24 million people according to estimates. Some law makers like Republican Senator Lisa Murkowski have said, they're not ready to support a bill that hurts so many of their constituents. Some are speaking openly about the fact that democrats shouldn't be locked out of the discussions.

Margaret Flinter: Members of both parties agree there needs to be some cohesive insurance reform and insurance pools needs to be stabilized but for the time being we are waiting to see what kind of changes will be made to the Senate Bill, still more uncertainty than anything else, Mark.

Mark Masselli: Indeed. And no matter what happens to the Affordable Care Act, our guest today acknowledges that it helped make some significant strides in bolstering primary care in this country. Dr. Ed Wagner, he is a renowned thought leader on an improving primary care with a focus on coordinative care. We're really looking forward to hearing his thoughts, Margaret.

Margaret Flinter: Indeed we are and Lori Robertson will also be stopping by the Managing Editor of FactCheck.org.

Mark Masselli: But no matter what the topic, you can hear all of our shows by going to chcradio.com.

Margaret Flinter: And as always, if you have comments please email us at chcradio@chc1.com or find us on Facebook and Twitter; we love hearing from you. We'll get you our interview with Dr. Ed Wagner 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. The busy 4th of July recess for GOP senators jockeying for position on the replacement bill for Affordable Care Act, the Senate's Better Health Reconciliation Act was hit hard by a Congressional Budget Office Report saying 22 million Americans would lose health coverage. A number of GOP senators have expressed disapproval over the bill it threats to coverage for many of their state residents. There are measures that are considered that would restore some of the taxes that were removed by the latest bill as well as increasing the amount of money for treatment of opioid addiction.

Meanwhile critics of the ACA are asking for proof, the coverage is actually leading to saved lives. A pilot study conducted in Oregon revealed some interesting findings, in one county sudden cardiac arrest dropped 17% once coverage was expanded to folks under the Affordable Care Act giving them access to preventive care that picked up on the symptoms before they became a fatal cardiac incident.

Meanwhile State Health Officials are sounding the alarm on the Senate Health Bill California for example indicates it would lose more than $114 billion to support its Medi-Cal program, federal funding would drop by 26% over 10 years. Many states including Alabama, Georgia, Texas and Florida would face a drop of less than 10%, Texas and Florida two of the biggest states that did not expand Medicaid coverage under the ACA. Another group that stands to lose under the senate GOP health proposal, half of the nation's 22 million veterans don't get coverage through VA and many rely on Medicaid a severe cut to Medicaid being proposed could impact coverage for millions of veterans. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We're speaking today with Dr. Ed Wagner, senior investigator at Kaiser Permanante Washington Health Research Institute and Founder and Director Emeritus MacColl Center for Healthcare Innovation to advance quality improvement measures in care delivery. He serves as director of the Robert Wood Johnson Foundation National Program improving chronic illness care and developed the Chronic Care Model. He serves as the National Code Director of the LEAP Project learning from ambulatory practices Dr. Wagner has earned numerous distinctions including a Lifetime Achievement Award from the National Association of Community Health Centers and was elected to the National Academy of Medicine. He earned his medical degree from SUNY Buffalo School

of Medicine and his Masters in Public Health from UNC Chapel Hill. Dr. Wagner, welcome to Conversations on Health Care.

Ed Wagner: Thank you so much.

Mark Masselli: : Ed you have spent a lifetime working to transform care and delivery, focused really on primary care and with real commitment to safety net settings who we're often dealing with really large cohorts of patients with chronic and complex health issues. And I am wondering if you could share with our listeners, as you look back from this vantage point of decades of work really looking at areas of health reform in America, what are the sort of lessons learned you wish more providers understood about transforming healthcare in America?

Dr. Ed Wagner: Well I am not used to this 40,000 foot level, but I think primary care was in trouble in, I would say starting about 2000, it was highlighted by the Quality Chasm Report as medical students started to flee to other specialties the situation got worse in the early part of this millennium to the point that people around 2005 and 2006 were talking about the demise of primary care. Tom Bodenheimer wrote a very influential article in the New England Journal asking whether primary care could survive. The response was, we need a new model, and the new model that emerged was the Patient Centered Medical Home which incorporated elements of the Chronic Care Model with elements of more patient centered care and a renewal of the old values of primary care of continuity and access and comprehensiveness and so on.

I think what we have seen in the decades since the promotion of the Patient Centered Medical Home is that we have a model that probably works and is in fact contributing to I think major improvements in the quality of care for people with chronic illness across the spectrum of health, and I hope we don't lose that. It's just now beginning to reach larger and larger proportions of the primary care world supported by several elements of the Affordable Care Act. So I think primary care is in a much better place than it was but we still have a lot more to do.

Margaret Flinter: Well Ed you and your team at the MacColl Center have worked so hard on understanding and communicating how we can better manage chronic illness and ultimately develop the chronic care model which we would really appreciate it if you would talk about what are the essential components of the Chronic Care Model and maybe just some of the key lessons that you're research in this area showed.

Dr. Ed Wagner: Well, the elements of the Chronic Care Model embodied some important I think ideas about how primary care needed to change the way it was taking care of patients. One idea was the patient plays a critical role in their health and illness and we as providers weren't doing enough to enable patients to be more effective managers of their own health and illness. Second was that

the Quality Chasm Report made it clear that one of the reasons that American healthcare quality was mediocre was that American healthcare was largely reactive. We waited until you got sick then you initiated contact with the healthcare system and then the healthcare system would put on a Band-Aid.

What the chronic care model tried to do was to change the mindset to anticipating needs and then trying to meet needs before crises occurred. And then the third component was reminding us about patient's living communities that there are many both threats and opportunities in the communities in which they live and primary care needs to connect their patients with things in the community that can help them. So I would say those are the three sort of overarching ideas underlying the elements of the Chronic Care Model.

Mark Masselli: You know Ed I think that you know that team based care works and you have certainly evidenced that in your research work at RWJ with the LEAP Program learning from effective and literary practices how the team based care is working with the nurse's medical assistance and others on the team, and I am wondering if you could give our listeners some example of why this team based approach is proven so effective.

Mark Masselli: What became clear very early as we started working with practices that we're trying to implement the Chronic Care Model we were asking practices and providers to actually do more activities. When my father practiced primary care in the 30s and the 40s and the 50s he was essentially alone in his office and anything that was done he did it. But if we're going to now manage populations, if we're going to now coach patients to become more effective self-managers all of that is new work, so team care in my view is essentially a necessity members of the team, nurses, medical assistants. In addition to kicking up all of these new pieces of work those people brought new skills, new expertise that enabled some basic clinical services to be done even better. So I think those are dominant [Inaudible 00:11:20] for this movement towards team based care.

Margaret Flinter: Well, one of the things that we've seen with the LEAP project and other project is the shift towards patient engagement, and I am curious what are people saying is really effective strategies to engage patients?

Dr. Ed Wagner: I mean I think what works is collaborative self-management coaching by using effective methods of counseling that engage patients, try to understand what's on patients' minds and then collaborating with patients to develop a plan for caring for the illness at home that patients understand. The second element is by engaging patients more explicitly in the decisions that affect their lives. The whole shared decision making movement has been shown to work it leads to higher adherence because patient are co-creators. The third thing is the whole movement around health literacy and cultural competence. Patients were leaving the office 50% of the time confused about what they just

heard and really unable to recite back the recommendations that had just been given to them. And the solution is to address that head-on with approaches like teach back to make absolutely certain that patients are understanding what is being said to them.

Mark Masselli: We're speaking today with Dr. Ed Wagner, Senior Investigator at the Kaiser Permanente Washington Health Research Institute and Founder and Director Emeritus of the MacColl Center for Healthcare Innovation. Dr. Wagner, so often in primary care settings what's on their mind has a behavioral health component to it, and there's increasing evidence that integrated care where behavioral health plays a significant role in disease management is another important contributor to improved outcomes. How complicated is it to redesign these primary care practices to integrate behavioral health into them?

Dr. Ed Wagner: The integration of behavioral health in primary care obviously makes sense because so much of the behavioral health issues present first in primary care so primary care obviously needs to be more capable of responding to behavioral health needs in crises. The evidence is mostly around the ability of primary care to manage chronic mental health issues like major depression. What we're seeing is that things like the collaborative care model which is the most best tested approach to depression management isn't being followed even in clinics that have behavioral health specialists on their staff. So what evidence we do have about primary care's contribution to improve mental health isn't being followed to the extent that I would like to see. Now, there's no question that clinics that have engaged in a truly integrated fashion with behavioral health specialist I think are responding to patient needs much better but we need more evidence to prove that.

Margaret Flinter: Well Ed one of the ways that we know we change things is by making sure that we change how we're training and educating our healthcare professions. How do you think we're doing with shift in the training of health professionals so that they actually learn in an integrated care team way and actually learn this new model of care?

Dr. Ed Wagner: We have a lot of work to do. A critical issue in responding to the potential shortage of primary care workforce is to take a close look at how we are training physicians, nurses and others that are thinking about working in an ambulatory care setting. What kind of clinical experience they are getting? Most of the clinics that I've seen are not organized as Patient Centered Medical Homes. They are fragmented because faculty and students and residents come and go so the general sense is that I think we're communicating in our training is that primary care is chaotic. And why would somebody engage in a career that doesn't pay as well as other healthcare careers? If we could ensure that the primary care experience of medical students, nursing students, medical assistant students are in high functioning Patient Centered Medical Homes, I think the response would be very different and career selection choices would change.

Mark Masselli: Well Ed, we're watching Washington very carefully as the Affordable Care Act and attempt is being made to redefine it, repeal it, if you could share what you think some of the ACA's great contributions were to incentivizing the system to be more responsive.

Dr. Ed Wagner: In the 2000 pages of the Affordable Care Act, it is replete with small and some actually large policy recommendations that have played a major role in the advancement of the Patient Centered Medical Home. The Center for Medicare and Medicaid Innovation has played a critical role in disseminating the Patient Centered Medical Home across the country. So if we lose the Affordable Care Act and things like the Center for Medicare and Medicaid's Innovation, I think that would be a blow to this movement to improve primary care that we've been talking about. The movement toward the medical home could survive but it would be clearly imperiled, I mean I think Medicaid expansion has played a major role in increasing not only the use of safety net clinics but also accelerating their transformation to medical homes. So that would be a blow.

Margaret Flinter: Well we've had the pleasure of knowing and working together for many years, so as you now look to the future, we'd like to ask you, what do you find yourself most interested in that you may devote some time and energy to during this new phase?

Dr. Ed Wagner: What I personally want to work on are things like mass incarceration especially of people of color I have mixed race grandchildren so it's a very issue near and dear to me. Obviously we have a lot more to do to improve and disseminate improvements in primary care. The kind of population based system thinking that has led to the improvements of primary care I would like to see some of us turn our attention to specialty care including mental health care. Models like Patient Centered Medical Home aren't existent in specialty care and there seems to be no major motivation to make it better, more responsive to the needs of its referral base. So that's what I would like to focus on.

Mark Masselli: And we've been speaking today with Dr. Ed Wagner Senior Investigator at the Kaiser Permanente Washington Health Research Institute and Founder and Director Emeritus of the MacColl Center for Healthcare Innovation. You can learn more about his work by going to maccollcenter.org or you can follow them on twitter at kpwa Research. Dr. Wagner, thank you for the significant contributions you've made to improving primary care and for joining us today on Conversations on Health Care.

Dr. Ed Wagner: Thanks Mark.

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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: The congressional budget office projects that the Senate Healthcare Bill would increase the number of uninsured Americans by 22 million in 2026 a figure that both sides in the debate are distorting. Senator Bernie Sanders wrongly claims the bill "would throw 22 million Americans off of health insurance." In fact, the CBO estimates that 15 million more would be uninsured next year alone "primarily because the penalty for not having insurance would be eliminated." Conversely, House Speaker Paul Ryan says that the 22 million "it's not that people are getting pushed off our plan. It's that people will choose not to buy something they don't like or want." That's inaccurate too. Under the bill some would no longer be eligible for Medicaid and others would not be able to afford coverage. CBO and the Joint Committee on Taxation said the Senate Healthcare Bill would increase the number of people who are uninsured by 22 million by 2026 compared with current laws. CBO estimated an increase of the uninsured of 23 million under the health bill to repeal and replace the Affordable Care Act.

The biggest jump in the number of uninsured Americans under the Senate Bill would occur in the first year, the Senate Bill eliminates the tax penalty for not having insurance which for tax year 2016 was $695 or 2% of your income. But the CBO said it didn't expect the elimination of that attack to effect those now with Medicaid, and it expects there would 15 million fewer Medicaid enrollees in 2026 compared with current laws. And for those buying insurance on the individual market CBO says, some who would otherwise be insured under current law would be discouraged from buying it under the Senate Bill because of the cost for low income people. 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. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our community in everyday life. Of the roughly 4 million women who give birth annually in the United States, a quarter of them retain at

least 10 pounds gained during their pregnancy. Those numbers go up significantly for African-American, Hispanic and low income women.

Dr. Suzanne Phelan: Something about weight retention during this period after having a baby that increases lifetime risk of health problems, cardiovascular disease and metabolic problems --

Margaret Flinter: California Polytechnic Institute Researcher Dr. Suzanne Phelan wondered if a customized intervention designed around the supplement nutrition program for women as well as the women infants in children nutrition program might help such women shed postpartum weight. Her team designed a website with features such as weekly lessons, a web diary, instructional videos, text messages and monthly face-to-face groups at the WIC Clinics. And the results were significant, more women with the internet intervention 57% lost weight than the WIC participants alone 36%.

The loss translates into a statistically lower risk of later weight gain and the long-term risk for related health issues such as diabetes and heart disease that accompany it. A low cost guided online nutrition and weight loss support program empowering them with additional tools to lose that nagging baby weight so many women struggle with and yielding a greater weight loss success and healthier outcomes, 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 and brought to you by the Community Health Center.