

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

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, we just got back from that mHealth Summit in Washington DC and what a great conference that was, it was a blue ribbon panel Bill Gates, Aneesh Chopra, Ted Turner, Judith Rodin and really thinking about ways to discuss the ways that mobile technology can increase, excess efficiency and effectiveness in the health systems in both the developed and the developing world. One thing I was really struck by is that the developing world is much further advanced than the developed world when it comes to mobile technology.

Margaret Flinter: And also I was struck by just how many people there were from all over the world at the conference. I think over 2500 participants but when I think it was Bill Gates asked people to raise their hand if they were from outside of the United States from the front to the back of the room, hands went up from all corners of the globe. So I think you are right the density of the cellular or telephone usage around the country has certainly contributed to that but also people aren't dealing with some of the legacy of our systems here in the United States. I did have the sense there were a lot of these still garage phase. I think we frequently heard that ready for prime time and some of the difficulty reaching to scale but a tremendous sense of enthusiasm and innovation and I think we are going to see enormous development in this area over the next year or two.

Mark Masselli: I think you are right, but it's a big garage, there were five billion cellular phones out there in the world and there were lot of people working on that transformation and really in developing world it's about delivering access to healthcare and really in the developed world it's about improving efficiencies seem to be the dividing line but you are right we are still kicking the tires and we all want to keep our eye on the mHealth Alliance which was one of the sponsors along with the Foundation for **NIH** and NIH as well. So we really had I mentioned just a few of the people who were there but it was a long list of very talented people innovators, entrepreneurs, researchers from all parts of the globe.

Margaret Flinter: And one thing we have heard a lot about in the last couple of months we heard from Melinda Gates not too long ago was the work of the United Nations around the millennium development goals and there were big goals to significantly reduce poverty, maternal child death to improve education for women and girls across the world and we saw some of that reflected and the big privacy has been made around controlling infection, reducing infant mortality rates and reducing the number of children who die before they reach their first birthday and it couldn't help thinking and looking at the newspaper and the cholera outbreak in Haiti. We know mobile helps one of it's biggest impact has

been in the area of surveying for the spread of infectious diseases and trying to get an early jump on them and I am sure that's being used right now and we hope we will have some good results in controlling that epidemic.

Mark Masselli: We certainly do and this week we are looking forward to having a conversation with Dr. Andrew Morris-Singer who is President and Founder of the Primary Care Progress, a group he founded well in Medical School at Harvard that's been working to engage clinicians, trainees and students in their local primary health communities with the ultimate goal of expanding the primary care work force. We are happy he can join us today.

Margaret Flinter: And no matter what the story you can hear all of our shows on our website www.chcradio.com. Subscribe to iTunes and get our show regularly downloaded or if you would like to hangout to our every word and read a transcript of the show come visit us at www.chcradio.com. You can also become a fan of conversations on healthcare on Facebook and follow us on Twitter.

Mark Masselli: And as always if you have feedback email us at ChcRadio, we would love to hear from you. Before we speak with Dr. Andrew Morris-Singer, let's check in with our producer Lorren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. President Obama defended the healthcare law after health democrats lost their majority to Republicans in last week's mid-term elections. Told that the exit polls showing that one in two voters would like to see the law overturned. The president countered by saying that it also means one out of two voters think it was the right thing to do. The President said he expects the issue of repeal to come up in discussions with republican leaders going forward and he says he is willing to listen if Republicans have ideas for making changes to the healthcare bill.

Barrack Obama: There are going to be examples where I think you know we can tweak and make improvements on the progress that we have made. That's true for any significant piece of legislation.

Loren Bonner: Not up for discussion however our provisions in the Patients Bill of Rights such as guaranteeing that people with preexisting medical conditions are not denied health insurance. The department of health followed instead by announcing that it will offer new plans with cheaper premiums in the 24 federally run state polls recently set out for people with preexisting medical conditions. HHS will lower premiums by about 20% in 2011 and offer different plan options to those enrolled in the new preexisting condition insurance plan. The temporary program which ends in 2014 when insurers will no longer be able to discriminate based on a person's health status has only 8000 enrollees since it opened on July 1st. HHS hopes lower premiums will attract more and release to the program. The congressional budget office has estimated that as many as 4 million uninsured Americans are eligible and that 200,000 would be enrolled by

2013. A new report issued by the Department of Health estimates that under the new health law average savings for those enrolled in traditional medicare will amount to more than \$3500 over the next ten years. Savings will be even higher as much as \$12,000 over the same ten-year period for seniors and people with disabilities who have high prescription drug costs. The department also wants to remind seniors that medicare enrollment begins November 15th. The annual enrollment period which closes December 31st allows beneficiaries to make changes to an existing plan or to choose a different plan. The US Supreme Court rejected a long-shot request for review of the Obama administration's healthcare overhaul before the matter has been fully litigated. The high courts rejection of the healthcare challenge was brought by a conservative legal group in California.

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with Dr. Andrew Morris-Singer President and Founder of Primary Care Progress, a group that seeks to grow the primary healthcare workforce and engage clinicians, trainees and students in their local primary healthcare communities. Welcome Andrew. You are a graduate of Harvard Medical School and now a practicing primary care provider with Brigham in Women's Hospital in Boston. You founded the Harvard Primary Care working group in 2009 in order to engage the Harvard Medical community to help transform primary healthcare training at Harvard. This later became Primary Care Progress. Many would say that institutions like Harvard Medical have moved away from a focus on training Primary Care Providers. After all Boston is the medical mecca of the world what drew you to primary care and what was the inspiration for establishing Primary Care Progress?

Dr. Andrew Morris-Singer: When I was training the primary care providers that I worked with were really some of the committed, passionate and inspirational people that I came in contact with. And pretty quickly I realized that that was sort of my community that I want to be a part of. And I also had a pretty tiring experiences of medical students when I almost lost my mother to a very severe infection that really had gotten out of control because she had a lack of access to primary care and everything turned out okay but it was a really moving experience that helped me understand you know how important primary care is and then finally towards the later years of my training it just became clear that primary care is a field that's reinventing itself that you know there are inspiring providers all over the place who are really transforming how they provide care and I saw that and realize that primary care would be a wonderful field that I could really carve out a really fulfilling career. And so that was really what drew me into primary care, kind of a no-brainer for me. And in terms of Primary Care Progress the inspiration was really around engaging members at the primary care community to come together in local communities around collaborative activities that revitalize the local primary care community and as you mentioned we came together at Harvard Medical School around this issue of the de-funding of the division of primary care. That's what spurt us on there but pretty quickly

we realized that communities all across the country, primary care communities were hungry for similar opportunities, similar activities and that's really what primary care progress is all about bringing people together to engage local communities to revitalize primary healthcare.

Margaret Flinter: And Andrew I think you are with the wave in the country around renewed focus on primary care and Harvard University itself just took another big step forward in this arena right with the announcement of the new center for primary care funded by a \$30 million gift and that's to support primary care through new educational programs and innovative research looking at both the way primary care providers are paid and the way they deliver care. May be you can tell us a little bit about how your group contributed or was involved with the formation of the center which I understand is to due to open next year.

Dr. Andrew Morris-Singer: Sure the center is incredibly exciting for our community and I think it comes out of you know 16 months of the Harvard Primary Care Community coming together in an unprecedented way. Our group Primary Care Progress really played a pretty critical role in that. You know when the division was initially de-funded there were many in the community who sort of saw that as the sort of final nail in the you know the coffin of Harvard Primary Care but there were many of us who saw it really as an opportunity to bring together residents, medical students, faculty who are passionate about primary care to really harness their perspectives, their passion and bring that together in a dialog that could really help Harvard reimagine its primary care focus. And we had a series of town-halls, petitions. We worked collaboratively with the dean's office and I think that this new center represents the sort of product of that collaboration so we are incredibly excited by it and I think it's going to have really transformative potential both locally as well as hopefully nationally.

Mark Masselli: We will all keep an eye on it. Now part of the mission statement for Primary Care Progress says that the central premise of PCP is that of addressing the challenges facing primary health care requires a grassroots bottom-up approach that the next generation of primary health care clinicians has a critical role to play in this transformation. That's exactly what those challenges are and to what extent does the transformation of primary care now under weigh team based, patient centered medical homes, use of electronic health records both well for primary care.

Dr. Andrew Morris-Singer: So you know it's interesting people talk a lot about the challenges facing primary care. And there are number of things you know we have the imbalance between supply and demand of services. There is an increasing demand for services, there is a decrease in suppliers, you know fewer and fewer physicians are choosing to stay and practice fewer and fewer medical students have been choosing to go into primary care, you know we also have a dysfunctional payment system that really drives a lot of these problems. So primary care providers are paid less. Many of the things that they do are not

compensated, medical students see this and you know they haven't been as enthusiastic about going into the field. So there are number of challenges, one of the biggest is this issue of the pipeline and what we found is that we don't actually have to recruit people into primary care because what we know is that huge numbers of medical students actually show up to medical school on day one, very interested in being Primary Care Providers, very curious about it maybe they were you know encouraged to become a doctor by a family member who is a primary care provider or their own doctor so they want to be primary care providers and what we know happens at medical school quite frequently is they get discouraged. They have bad experiences, they have bad shadowing experiences, they are not exposed to the exciting things going on. So we know that a huge thing that we have to do is get these folks exposed to the exciting things going on in primary care and exciting people doing those things. And that's one of the fundamental principles of primary care progress that we actually think that by getting these trainees engaged and involved is going to be one of the best ways to get them to you know enter the field. And we actually think that they have a number of skills to contribute to help accelerate the transformation of primary care as it exists right now.

Margaret Flinter: And that sentiment is certainly echoed by the Harvard Medical School dean, it's Dr. Flire right, who he said that the center's overarching goal would be to change how the primary care profession is viewed by medical students and as you say many are initially interested and then end up choosing specialty. And he even had to say that the shift takes place right as the country begins to implement the health reform that rely so heavily on a better primary care system both to improve quality and contain cost. We know you have good company in New England with the Dartmouth Medical School and the work they are doing with the Dartmouth Center for Health Care Delivery Science which is also focused on innovations and quality and delivery. Harvard, Dartmouth is this enough to suggest a trend across the country? Are you collaborating with other partners nationally to advance your mission?

Dr. Andrew Morris-Singer: Absolutely, primary care progress is reaching out to all of the different national and local community groups that are really trying to promote primary care and revitalize the community. I think the bottom line is you know we have had medical advances, biomedical advances for years and that's really been the forefront, pushing forward you know our health care system and unfortunately though we have not had a parallel you know advance in how we deliver services. So you know we have got robotic surgery these days but we also have 50% of diabetics not receiving the recommended care that we have known for decade save lives and I think more and more individuals in institutions are starting to understand that, that we need parallel advances in how we deliver care and how we organize care and I think academic medical institutions are also starting to understand that they really have an important role and opportunity here to really transform how providers are trained. And I think the Dartmouth Institute as well as this new Center for Primary Care at Harvard are real clear

indications to that. And I am hoping that we are going to see similar changes across the country.

Mark Masselli: This is Conversations on Healthcare. Today we are speaking with Dr. Andrew Morris-Singer President and Founder of Primary Care Progress. Andrew, a big part of your mission at Primary Care Progress is engaging trainees in clinical innovation. I read about a medical student at Brown University who began working with health center to improve patient care in clinic. He changed patient management at the clinic by using a shared Google doctor and make it easy for staff and providers to communicate in real time. So how do you encourage innovations through your organization and can you give us some examples of how you have done this in your own community?

Dr. Andrew Morris-Singer: Absolutely, and I think that story is a wonderful, a wonderful example of the concrete change that a medical student can be involved in. I mean when I was a medical student you know we would go into practices and this wasn't that long ago mind you, we would go into practices, we would sit there and "shadow the provider." They would be treating the patient, we would watch may be we would say a few things and you know that would sort of be that. But I think these new opportunities for students are far more engaging and far more productive where they are actually taking part in you know transforming a small piece of the delivery system in that particular clinic. And trainees who you know are now looking at these opportunities and saying hey you know I might not be able to manage diabetes as a first year medical student but I can come to your clinic and I can help you rethink you know the way the nurse practitioners interact on the phone with the hypertensive patients or the way your community healthcare worker organizes his or her time to better meet the needs of patients. And we are starting to see that more and more locally as well as nationally, and what our group is trying to do is help individuals and communities set up these collaboratives, these students faculty clinical innovation collaboratives to pair students and faculty together to create and implement similar project.

Margaret Flinter: So Andrew you really speak out currently to the energy and passion the commitment and the interest that young medical students have in primary care all of which I would agree with you completely on. Where the rubber often meets the road is in the issue of payments and reimbursements once people are in practice. And the Patient Protection and Affordable Care Act really try to address some of that, what are your thoughts on how successful those interventions will be and they range from paying primary care providers who work under Medicare and Medicaid and to Accountable Care Organizations and other strategies, but what's your thought on whether that's going to really accomplish what it needs to?

Dr. Andrew Morris-Singer: We have an incredible challenge right now, where the primary care system in our country has been completely you know devitalized

you know three years of neglect in many ways. And we have a number of challenges like we have talked about and I think the solution to this, the way we are going to remedy it is really going to be multifaceted approach. We need reimbursement reform, we need innovation grants to really encourage local providers and support them in their efforts to redesign care. We need to support the creation of more primary care training programs and you know create loan forgiveness for those people who are training so I think many of these provisions are absolutely critical. We also need patients to have access to insurance because without access to insurance they are not going to be able to get access to primary care. At the same time though we think that you know many of these conversations about payment and about what the government's role in regulating and basically managing the system have kind of overshadowed some other important conversations about what do we actually want care to look like and how do we train providers to prepare them to actually deliver this care and that's what Primary Care Progress is really focused on. We are focused on ensuring that we can actually provide the care that patients need in a manner that works for providers.

Mark Masselli: Andrew, we would like to ask all of our guests this question, when you are looking around the country in the world what do you see in terms of innovation who should our listeners at Conversations be keeping an eye on?

Dr. Andrew Morris-Singer: There are a ton of people doing really exciting stuff and people have probably heard some of these names like Geisinger, Group Health, The Green Leaf Practice in the South, I mean these are folks who really at the forefront of transforming care delivery to meet the needs of the patients and providers alike. So those are definitely systems that are going to teach us a lot I think. At the same time though I think it is important for listeners to understand that innovations are taking place literally in a clinic around the corner for them and there are providers who are really recommitting to transforming their care to better meet the needs of the patient. And so, I think it is very important for us to look at these practices that are doing huge change and huge transformation but there are providers all around the country who are doing small subtle things there haven't really profound implications for their patients. Those people need our encouragement as well. They need us to spotlight what they are doing and you know many cases they need help and that's one of the things we are hoping to do is get trainees engaged with those local providers so that they can learn from the experience, they can get energized and they can also, really contribute to transforming care to better meet the needs of patients and providers.

Margaret Flinter: Well, you are making a great contribution to the next generation. Today we have been speaking with Dr. Andrew Morris-Singer, the President and the Founder of Primary Care Progress. Andrew, thank you so much for joining us on Conversations today.

Dr. Andrew Morris-Singer: Thanks so much for having me.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. This week's bright idea focuses on a ChopChop a non-profit quarterly food magazine that aims to fight obesity by promoting nutritional literacy and cooking skills to children. Sally Sampson a long time cookbook author and food writer created ChopChop in early 2010. Inspired by her many hospital visits with her chronically ill daughter, Sampson was eager to make more of a difference with her writing and saw the obesity crisis as an area in which she could help. Sampson envisioned giving pediatricians recipe cards to pass out to their patients during well child visits to help children and their parents learn about healthy cooking. All the doctors she approached eagerly agreed to distribute the recipes. Many told her the written information would serve as a valuable resource when they talked about nutrition with their patients. ChopChop quickly expanded to a full 32-page magazine format, writing a wave of growing enthusiasm for the project. In a matter of months Sampson secured sponsorship and support from all over the nutrition advocacy world. This past spring ChopChop sold over a 150,000 copies of its first edition whose contents include 11 recipes, cooking tips, explanations of kitchen tools, a food related word game and an interview with a 12-year-old Orren Fox, a young local food activist. All content is designed for and reviewed by 5 to 12 year olds. While Sampson initially expected to distribute ChopChop only through pediatricians the magazine's reach has expanded to encompass grocery stores, after school programs, farmers markets and schools, including the entire Somerville, Massachusetts Public School District. Sampson says her ultimate goal is to put the magazine in the hands of all 28 million school-aged children in United States. Interested listeners can visit chopchopmag.com for more information. By making nutritional information entertaining and empowering children to cook healthy foods, ChopChop magazine is helping to reverse the trend of childhood obesity one recipe at a time. Now that's a bright idea.

Margaret Flinter: This is Conversations on Healthcare. I am Margaret Flinter.

Mark Messalli: I am Mark Messalli, peace and health.

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