

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, I read with great interest that Google announced that they would be shutting down their personal health record portal Google Health at the end of the year.

Margaret Flinter: I was amazed, not used to Google shutting anything down. Usually what Google touches turns to Google Gold and certainly they were real innovator in trying to make Electronic Health Records really Personal Health Records available to the general population.

Mark Masselli: They are, as you said, usually ahead of their time. And often times successful with what they did. But you know still in health care many medical providers haven't segued over to the Electronic Health Record yet. And at the same time the Federal Government is doing all it can in the upcoming year to try to encourage practices to adopt Electronic Health Records.

Margaret Flinter: And from where we start looking around the country and talking to many groups, it looks to me like that pace of acceleration with or without because of or in spite of the federal incentives to get to meaningful use of Electronic Health Records. The pace is really moving forward in the provider practices. So it's really another question about the use of Personal Health Records. I am not sure people see that as a need the way they now see Facebook as a need they didn't know they had before it was available.

Mark Masselli: Well, but one thing that Facebook did, it was efficient, effective and elegant and Google Health really wasn't elegant. And they have to work on that. I think people are ready for it but it needs to meet their needs.

Margaret Flinter: And certainly I think you are absolutely right and another concern is whether Google ever got the trust factor with the public about the storage of their medical records as much as they trust their current system of having it tucked away in their provider's office.

Mark Masselli: Again, I think we will see over the next couple of years as other developers jump into that space. And I think they will get it right because there is a market out there for it.

Margaret Flinter: And that market does drive companies to innovate. And certainly Google is looking hard to integrating wellness data, like information about exercise nutrition or your personal health improvement plan. That based on the number of apps we see available, seems like a general need and interest from the population.

Mark Masselli: There is even interest in behavioral health apps with sites like Mood 24x7, that's developed by John Hopkins University. We are also familiar with Moody Me App and Mood Tracker "hey I am feeling pretty good today" let me mark that down on my app.

Margaret Flinter: Go right ahead. And may be, when all said and done Google gave up a little too early and some people are now asking Google to make their software available as open source so that anybody can set up their own Personal Health Record portal and it seems to me like that might be feasible.

Mark Masselli: Well there are lot of folks in that space Microsoft, HealthVault _____02:40 and many others and certainly in the open space, open source market I think will see more developers working their magic.

Margaret Flinter: And moving away from what Google is been up to, let's talk about the Federal Government and new and very fascinating program that they are launching called their Mystery Health Shopper Program. Something that has been done in states for a long time where people can call and say they are a patient and see how long it will take to get an appointment.

Mark Masselli: Actually in their private sector, many companies use Mystery Shopper just to call up and see how the public is received by their workers. And I think it's a great idea. But nobody likes the government looking over their shoulder and perhaps they said sub this out to a group like the Institute of Medicine or someone else.

Margaret Flinter: Well I think this all stemmed from some recent press about patients particular if they are on a public form of insurance or had no insurance trying to get an appointment and not being able to receive. But market for Federal Government had asked us our opinion I think we would have made one suggestion, don't call and say a patient with a coffin need to be seen, the real question is I am a patient who would like to establish a medical home with my primary care provider, can I become your patient. That's really where the issue of access is and may be we will get them to change their script.

Mark Masselli: I think it's a good idea and also this is going to be important baseline data, as the government is engaged in trying to create more access for all of us. And we have to see how well there is succeed and getting this information will be helpful in measuring that.

Margaret Flinter: And certainly fundamental to what we all anticipate happening in just two short years when the health insurance exchanges are up and Medicaid is expanded and more and more people are seeking a medical home in a primary care provider.

Mark Masselli: Joining us today to explore this issue and others as Utah Governor Gary Herbert. Governor Herbert has been a strong advocate for health care being driven as much as possible by the free market.

Margaret Flinter: And a real innovator. And to him this means less federal government control, more options for the individuals states on how health care reform should be broad about that's consistent with what their state wants to see. We are delighted that Governor Herbert can be with us today.

Mark Masselli: But, no matter what the story, you can hear all of our shows on our website Chcradio.com. You can subscribe to iTunes to get our show regularly downloaded or if you would like to hang on to our every word and read a transcript of one of our shows, come visit us at Chcradio.com. If you are social media aficionado, you can become a fan of Conversations on Health Care on Facebook and also follow us on Twitter.

Margaret Flinter: And as always, if you have feedback, email us at Chcradio.com, we love to hear from you. Now before we speak with Governor Herbert let's check in with our producer Loren Bonner for the Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. The American Medical Association and other doctors groups want debt negotiations between republicans and democrats to include a permanent fix to the formula that Medicare uses to pay doctors. Congress has continued to delay scheduled cuts to the formula that's used to reimburse Medicare providers, leaving doctors on edge and more headaches for congress.

And according to the AMA a permanent repeal to the formula would have cost \$48 billion in 2005, compared with a price tag of nearly \$300 billion to the cuts that are scheduled for January. In an article that appeared in the Washington Post Congresswoman Nancy Pelosi indicated that her party will make Medicare their number one issue in the 2012 elections.

In the article Pelosi said that Democratic Party's, three most important issues are Medicare, Medicare and Medicare. Pelosi believes her party can win back the house in 2012 by attacking Budget Committee Chairman Paul Ryan's, Republican Plan to give Medicare the biggest overhaul in its 40 year history.

Diabetes rates have doubled world wide. According to a new report in the British journal Lancet, more than 347 million patients have diabetes globally and nearly 25 million in the US. This means rates of diabetes have nearly tripled in the US. and more then doubled world wide since 1980. The Wall Street Journal says that the new rates are higher because of a more comprehensive calculation of global prevalence and turn cost associated with diabetes care are expected to balloon as well in the coming years. In 2007, cost rose to \$174 million in the US. according to the latest data from the American Diabetes Association.

Mark Masselli: This is Conversations on Health Care. Today we are speaking with Governor Gary R. Herbert. He was sworn in as Utah's 17th Governor in 2009. Welcome Governor Herbert.

Governor Herbert: Thank you. It's a pleasure to meet with you Mark and Margaret.

Mark Masselli: Governor, Utah began reforming health care long before health reform was signed into law, starting discussions back in 2005 in your general assembly passed in 2007. Utah's health insurance exchange cornerstone of your reform and well, all states must have these exchanges up and running by 2014. Tell us why Utah is way ahead of the curve of other states and what drove Utah to be such an innovator in health reform.

Governor Herbert: Well I think there are a lot of reasons. I think we have been kind of a pioneer spirit you know trying to find a better way to do things and health care has been a topic on everybody's mind for many, many years. And here in Utah, we have just decided, we were trying to tackle it. We think states throughout the country ought to be tackling it individually. In fact as Laboratories of Democracy we probably have ways to in fact address health care, that the federal government would not be quite as nimble about approaching. And we will learn from each other by the way. I think we learn from our successes and our failures. And so as you already mentioned, six years ago, we start to looking at health care and see what we could do to in fact slow down their rising cost, so you can find better ways to have access to health care, help our small business community in particular to address what was becoming a biggest expense item in their balance sheet. And that's health care and hence out of that effort came the Utah Health Care Exchange.

Margaret Flintner: Well, you referred to states as Laboratories of Democracy and we often said that our states are laboratories of innovations. So it sounds like we are thinking on the same path with that. But when we look at these exchanges, we have really got two examples. We have got Massachusetts in the East and Utah in the West. And I understand that your approach to the exchange is quite different from Massachusetts. And I think that would be really interesting for our listeners to hear about. What are the key differences between your approach and the Massachusetts Exchange and may be a little bit about what?

Governor Herbert: Well the key issue difference is we don't have a mandate. We are trying to use the invisible hand of the market place, free market society and let the private sector find ways to attract customers, rather than have some kind of the mandate that you will be a customer. And that's the biggest difference. We are also trying to in fact, control the escalating cost and so we have what's called the Define Contribution Approach as opposed to Defined Benefit Approach. And so our each employer can decide how much they are

going to contribute to the employees health care and pick a number, it could be \$500, \$600, \$700 a month then the employee can go to the webpage and really the exchange it's kind of like a facilitator, our ability for them to match up their dollars that they control now as a consumer with available plans through our webpage and we have right now about a 146 different options available to employees with four different major insurance carriers. And so if Gary Herbert goes there he can look with my money if I have got \$700 a month to spend I can find a plan that suits my unique needs as Gary Herbert and family and I can add _____ 11:01 someone as I see fit but I am in control of spending my own dollars and buying the covers that I uniquely need no more, no less. And so we find efficiencies there and I think economies of scale which would take place, and now the business person has a controlled number. It's not going to escalate, it's not going to fluctuate they control what their expense side is which improves their bottom line, the consumers in control of purchasing the insurance that they need, uniquely sell for themselves and their family and it's win-win all the way around.

Mark Masselli: Governor the free market place is certainly driven by access to information and Utah's website at the office of health care statistics is a real treasure trove with health information. It looks at how Utah compares to the rest of the country and gives data specific to cost and performance by providers. I am wondering how Utah came to be committed to transparency. How transparency and information is playing a role and how you think about health reform in Utah?

Governor Herbert: Well as we have analyzed the healthcare issue and it's a very complex issue and there is a lot of facets and I think we need to in fact define healthcare reform a little better in this country than we have done in the past. But for us we believe that competition means you have got to have good information. If you can't shop and compare, if you don't know what it is that you are shopping for and comparing apples with apples and do a cost comparison analysis for quality and service. And so having good data, and having good information will allow the consumer now to in fact shop and compare and find out where they get the best bang for their buck when it comes to getting healthcare. And unfortunately we have kind of gotten away from that when it comes to health care. We shop very carefully when we are buying bananas and cereals from grocery store. We have a lot of different options out there which we compare only brand with brand but store with store and we get the thing that we are looking for the best and get the highest quality for lowest price. We need to introduce that same kind of transparency and openness, so that the consumer can shop and compare for health care. And we do adhere to State of Utah and there are places, for example, you are going to get your appendix taken out. For some parts of the state, they will have better quality at lower cost than other parts and that principle of free market and choice takes effect and the competition will drive down the price and drive up to quality, that's the way it's worked in our country and that's what we are trying to do with health care here in Utah.

Margaret Flinter: Governor, the State of Utah is so much further ahead, of course with the exchange process since you have already established one, but one of the unknowns for even Utah and Massachusetts is how the requirements for the exchange will match up with the requirements under the Affordable Care Act? And my guess is that you have continued to fine-tune and improve your own exchange even without knowing what's going to come down from the federal government. I will be curious about what kinds of improvements you have made since you first established it and what's the outcome of it, particularly in terms of the percentage of uninsured in your state or any quality measures indications that people use the ER less and primary care a little more, those are all things I know must be very important to you in this state.

Governor Herbert: Well one thing I would tell our listeners is this is a work in progress. We certainly are at the very beginning stage of this and its implementation and we are learning as we go. The Affordable Care Act is going to have some kind of mandate that comes to all states to have some kind of a health exchange. The concern I have got is that in their mandating, they in fact take away flexibility and we are doing what's appropriate for Utah's unique demographics and our own unique situation and I expect Colorado will find their own niche and other states and they are not going to be the same. That's the problem with what's coming out of Washington DC is a one-size-fits-all approach, which doesn't make probably anybody too happy. So I think 50 states doing their own thing, they will find uniqueness, will learn from each other and improve. One thing we have done is we have got the insurance department that now audits our prices and makes sure the things are competitive, keeping an eye on, making sure there are level-playing fields that we are not having some unintended consequence that comes out of this. We started with about 100 employees with 3000 people being insured. We are planning by 2012 to have 25,000 to 30,000 people that will be insured. And so we are growing, it's not as fast as if you mandate everybody to do it. This is a slower process, but it also is very inexpensive. We are spending probably about \$500,000 or \$600,000 total to put an exchange in place. So, again we are going slow methodically, we learn as we go. We, in fact, are going to have a Health Exchange Summit called the Utah Health Exchange Summit here, where we have our 30 other states in America coming to Utah to learn about how we are doing it. I think in that process, there is going to be some good discussion, some give and take. And we will in fact, at Utah, be a big winner by having input from all these different states as they ask questions or learn about what we are doing. So again, I think that's part and parcel of the process, as we learn from each other, discuss issues and move on to important things as far as quality, cost, accessibility and how do you get from here to there for the current system we have got to something as better. So it's going to be a lively discussion and again this is a work in progress and we are certainly at the beginning stages of this effort.

Mark Masselli: This is Conversations on Health Care. Today we are speaking with the Utah Governor Gary Herbert. Governor Herbert, you have a strong

commitment to states taking the lead in Health Care Reform, if you quite nicely articulate it. And Utah has been a leader as other states have been planning for their exchanges and we know that a number of them, Colorado is reportedly looking closely at Utah, as it plans its final legislation. But tell us a little more though about what do you think the role should be for the federal government, certainly it can't be left up to all the states, should there'd be some minimum standards of which then the states build upon. I am trying to get at your philosophy here and I certainly understand the notion that states are laboratories and they are fonts of opportunities for innovation, but would we have programs like Medicaid or Medicare without the federal government at least laying the ground work for them.

Governor Herbert: Well, we certainly do have a national health care system called Medicaid and Medicare in a same place. I think we need to leave flexibility to the states. There can be some minimum standards, but I would emphasize they have to be minimum. And let the states build upon that. I would much rather have a block grant of money given to the states and based on some kind of proportionality. And so California would get lot more money than would say Utah, but we will then be able to find better ways to spend the money without having to say "Mother May I" did the federal government. I will just give you an example, we in our Medicaid Reform efforts here in Utah, wanted to go paperless, it will save us about \$6.3 million and provide us with better service to our Medicaid recipients. Unfortunately, the rules in Medicaid out of Washington DC say, you cannot go paperless. And we made a request, we asked for our federal waiver of that requirement and the interesting thing is we got a denial of that request sent to us by, of all things, e-mail. They sent us a paperless reply they say no, you can't do this. Well this has been silly, and actually I talked personally with President Obama and said, hey I got a great idea of how we can save \$6.3 million in Utah and close to a billion dollars, if other states in fact embrace the concept of going paperless. And he said, hey it sounds like a good idea to me if it's voluntary and I said it is voluntary. And so he called upon Secretary of Health, Sebelius to, in fact, work with Utah. We now are signing an agreement to allow us to have a federal waiver to go paperless. Well that's an example of the creativity innovation that comes from a state and at the federal government, it just lets us, this laboratories of _____19.50 within an umbrella, some kind of a skeleton approach as far as what we should be doing as a minimum, I think each state will build a program with the available funds that they have and match it with funds of their own and although they will not be the same, they will in fact be flexible and I think serve their demographics better than a one-size-fits-all that becomes more costly and ends up causing, like I said like Utah, they take money out of education, for example, or other critical needs in order to fund the growing demand for Medicaid. So we have got to work together on it, it's not just the states alone, it's certainly not the federal government alone, it really is a requirement for us to work together and I think giving the states flexibility with the kind of an umbrella approach for the federal government.

Margaret Flinter: Governor Herbert, we would like to ask all of our guests this final question, when you look around the country and the world, what do you see in terms of innovation and who should our listeners at conversations be keeping an eye on?

Governor Herbert: Well I think there is a lot of things that are happening throughout the world and I certainly am not an expert on everything, but I know here in Utah, we have a significant medical device sector of our economy, where we have with Edward Lifesciences, for example, medical Fresenius, some other different medical device companies that have significant market share not only in America, but in the world. And it really fuels not only good health, but it fuels economic expansion and jobs. And frankly, as we look around the world, those countries which were the wealthiest just happened to be the healthiest, so it follows that we all ought to be concentrating on growing the economy, have a healthy economic and that will follow, will have healthier people. People have more disposable income, have healthier lifestyles, better nutrition, better prevention as far as our healthcare's approach goes. And so it goes at least in my review and what we are trying to do here in Utah, let's grow the economy and in return, we are going to find better health. I think there is a number of countries out there that are trying to find innovation and creativity. I think that comes mostly from the private sector and I think as we free up the private sector and don't inhibit their ability to be creative and have that risk reward, which we call capitalism in a free market, we are going to find great success out there. As government steps in and inhibits that or un-levels the playing field, we are going to have a _____ 22:33 that ability in a free market to be creative. And again as you look at founding of our country and what we have done in this last 120 years is come from free market principles, where people said you know, what if I can build the better mousetrap, I can make money, I will be better off and the community will be better off because of my new invention. But that is no more true in healthcare than anything else, so let's unleash that power of creativity, innovation and every state ought to be doing it, 50 laboratories of democracy finding better ways to do things with research and technology and in doing so, we will improve everybody's health.

Mark Masselli: Today, we have been speaking with Utah Governor Gary Herbert. Thank you so much for joining us today.

Governor Herbert: Well thank you Mark and Margaret.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. This week's bright idea comes to us from Massachusetts where three health centers are experimenting with the new tactic for combating obesity, prescribing more fruits and vegetables. The Project Prescription Produce centers on doctors prescribing their patients coupons from local farmers markets. The coupons amount to a dollar a day for each member of the patients' families, although farmers' market

voucher programs had been used in Massachusetts for decades. This project is unique because it specifically targets obesity and doctors actually write prescriptions that are filled at farmers' markets rather than simply issuing coupons. The target patients are obese or at risk of becoming obese in most living neighborhoods where healthy produce is expensive and hard to come by. The project's goal is not only to increase patient's access to fruits and veggies, but in the short run to increase daily consumption of these essential foods by one serving a day. On a larger timescale, participants, patients will establish consistently healthier eating habits. The pilot project will include 50 families at three Massachusetts health centers. The project's designer see this program as vital because long lasting health improvements will only endure if an increase in fruits and vegetables is coupled within equal or decrease in sugary high fat processed foods. So patients will learn how to make better diet choices while receiving the resources to make those choices a reality. To gauge the pilot success doctors will monitor their patients' eating patterns and attitudes body mass index and weight change. The Ceiling and Visibility Unlimited Foundation which sponsors the program is also working on expanding it through a year-round partnership with local grocery stores, so that the closing of our farmers market in the winter will not set patients back. By increasing immediate access to essential fruits and vegetables, the Massachusetts' Prescription Produce Project is tackling the obesity head-on and helping people establish lifelong health eating habits. Now that's a bright idea.

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

Mark Masselli: And I am Mark Masselli, peace and health.

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