

(Music)

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, another State of the Union address by President Obama last night in which the President called for a renewed commitment to stimulating growth by promoting new technologies, sustainable energy initiatives and a call to promote products that are made in America. He also made a commitment to uphold the continued performs underway to deal with the inequities in our health care system via the Affordable Care Act.

Margaret Flinter: Well Mark, for myself I found myself amazed that this is the fourth State of the Union address, the last of this term of the presidency that has flown by and really so much has been done. And on maybe a less grand note, it was announced last week that 29 states in the nation have benefited from enhanced payments because they have updated their technology, streamlined the way they enroll folks both children and adults in Medicaid, how they keep them on and this convergence of technology and support for people has been very impressive and that's all at least partly related to the Affordable Care Act.

Mark Masselli: And we have talked about it on this show Margaret many times about the great initiatives that have come out of the act. Certainly if you are a family with a child who is 26 and under you can still keep them on your plan. And if you have had a preexisting condition, you can now buy insurance, it's always great news. And finally, for seniors, who are facing the increasing cost of prescription drugs, the donut that's made a little smaller that hole in the middle where seniors have to pay out of pocket so lot of good things to reflect on in this first term of the President's.

Margaret Flinter: And in another move in the news, Mark, certainly it held front page that the administration upheld the directive to cover contraceptives for all women in America, for insurers to cover contraceptives for women in America without co-pays. And of course, there is strong opposition to that from the Catholic Church which runs more than 600 hospitals and educational facilities in this country; they have sought an exemption citing religious beliefs. But the Department of Health and Human Services overruled the request and said that the health of the population had to be the paramount goal. And Mark, I know that a former guest on our show was interviewed, as often seems to happen, Cecile Richards from Planned Parenthood, who really spoke about this as a women's health issue not a religious issue.

Mark Masselli: We will keep an eye on this issue. The church-run organizations have until 2013 to comply. Margaret, a minute ago you talked about the

technology enhancements that have happened at the state level and there is probably no greater company that's using technology advances to seriously impact global health than Microsoft.

Margaret Flinter: We are very fortunate to have Dr. Bill Crouse with us today. He is the Microsoft's Senior Director of Worldwide Health and at the forefront of rolling out the new technologies that seem to be able to help patients and providers do just about everything from monitoring blood sugar to logging in exercise and diet goals to actually delivering frontline health care using telemedicine and wireless technology.

Mark Masselli: Dr. Crouse will join us in a minute. But no matter what the story, you can find all of our shows and hear more about us by Googling CHC Radio.

Margaret Flinter: And as always, if you have feedback, e-mail us at www.chcradio.com because we love to hear from you. Now, coming up, our conversation with Dr. Bill Crouse but first here is our producer Marianne O'Hare with this week's Headline News.

Marianne O'Hare: I am Marianne O'Hare with Headline News. The Department of Health and Human Services has upheld a ruling administered by the Obama Administration which ordered most insurers in the nation to provide birth control to all women without a co-pay. The measure was challenged by several groups including the Roman Catholic Church which argued they should be exempt based on religious beliefs. The ruling by HHS Secretary, Kathleen Sebelius, determined last week that birth control is a significant public health issue and cost should not be a deterrent in providing it to all women. The church and other institutions, who employ large numbers from a variety of beliefs, must devise a plan to comply with the ruling by 2013. And US Department of Health and Human Services is also shoring up defenses in the arsenal against Alzheimer's disease. As the population ages that number is expected to rise to 16 million by 2050 if left unchecked, making it one of the nation's most serious health threats as well as its most costly. Last week, as part of the National Alzheimer's Project Act, a panel of experts met to discuss pathways to new treatments, better management of care and a growing number of Alzheimer's patients receiving perhaps a cure with a target date of 2025. Meanwhile, more than one study has supported the notion that minds that are kept active throughout adulthood have a better chance of staging off the onset of Alzheimer's. Studies show a steady diet of mental stimulation like game-playing and problem-solving cause to reduce level of the protein responsible for triggering Alzheimer's disease. I am Marianne O'Hare with this week's Headline News.

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Mark Masselli: Today, Margaret and I are speaking with Dr. Bill Crouse, a thought leader in the development of mobile health strategies and telemedicine

for the 21st century. Dr. Crouse is Senior Director of Worldwide Health for Microsoft. He is also a major contributor to the Microsoft HealthBlog. He also spent 20 years as a family practitioner. Dr. Crouse, welcome to Conversations on Health Care.

Dr. Bill Crouse: Thank you very much.

Mark Masselli: Well, you have been at Microsoft now for 10 years and spent a lot of time analyzing new developments in telemedicine, electronic record keeping and patient centric care. During that time there has been a revolution in communication technology and platforms for sharing data and yet, you say in the medical community we won't see a revolution in change but rather an incremental one. Tell us about what you think inhibits the patient change. Is it provider resistance, patient resistance or technology limitations today?

Dr. Bill Crouse: It's a little bit of all of that. But probably more than anything it is the business model of American health care to the way we pay physicians, the disconnection between the provider community and the people who pay for health care. By that, I mean the patient more often than not is not the one paying, it's a third party, it's an insurance company. And right now health care in America is still pretty much a volume-based business; providers are paid only when they see you in the office and do something for you; the more they do, the more they get paid. And less so the way I think health care really needs to go which is first of all paying for quality; secondly, paying for keeping you well and thirdly, there is very much that goes on in the transactions between patients and physicians that doesn't always have to take place in the office today. It would be far better if lot of those transactions took place using technology and by technology, here I am talking of things like email and smartphones and tele-visits over the web or even eventually one day in probably your television set in your living room. And we are seeing those changes. And I am seeing third party payers, large insurance companies at least more receptive to this idea. Certainly the Obama Administration's HITECH Act which is pumping a lot of money into electronic medical records, all of these things help. But fundamentally, we need changes to the payment systems and business models within health care for a lot of these things to really take off.

Margaret Flinter: Dr. Crouse, you have been advocating for patients as well as providers to have access to their medical records and histories online. And we have talked on this show before about the Blue Button Initiative, the program that the President announced in 2010 that gave veterans access to their medical records has been a great success. But you have recognized and seem to understand that there is still this resistance and wariness among many in the general population worried that their data could be vulnerable. So what do you think the patient/consumer role is in giving consent?

Dr. Bill Crouse: Yeah rightly, people have reason to be concerned. And it's not just the idea of putting personal health records online and making them available; people should have concerns about the electronic storage of their health records no matter where those records are. And having said that, I would also caution folks to understand that if we go back to the days of paper and medicine and there is far too much of that still today, back when I was doing sort of my journalistic work we would send dumpster divers behind hospitals to forage through dumpsters and they would come up with all kinds of information, Social Security Numbers and HIV status. And in fact I ardently believe that our records stored electronically are probably safer than they have ever been. In the same way that I asked you perhaps five years ago if you bought anything online, there was a great resistance to purchasing things online because people had a fear of their financial information, their credit card or the personal information getting loose.

What happens overtime is people begin to understand that the relative risk is very low. Today increasingly, we are seeing people who are interested in having their information online. Some of them are participating in sites like for example PatientsLikeMe which is a website, as you probably know, where people with very serious diseases are sharing their personal information because they want to. There are other services, and I will mention our own Microsoft HealthVault, which is available to people. We take that responsibility of holding that information very personal. We apply the strictest security standards you can imagine to holding that information. And here again, we see people wanting to participate, putting their health information online because of the value it adds in being able to share that information and bringing it under their control. It's been slow-going. We have seen some others enter the personal health record market and leave and the reason for that is again, I believe it falls very much today on the business model of health care and the fact that we don't have the appropriately placed incentives through employers, through insurers. But increasingly, as we move toward more consumer-driven health plans where consumers have an increasingly sort of larger part of the payment for the health care they receive, I think we are going to see the tide turning there.

Mark Masselli: That's interesting. You talk in your writing about the consumerization of IT where powerful consumer technology, social networking, Smartphones, tablets and gaming are increasingly utilized by consumers and opening new exciting avenues for health care IT. But it seems like the health care folks are way behind because I am thinking about banking. I can go anywhere in the world and do this transaction but that's not new, that's been around for a long time. So why is it taking so long, and what are these unique incentives?

Dr. Bill Crouse: Here in America, when it comes to health care IT, America is behind most other industrialized nations in the world in the way health care IT is used to connect health information and connect patients and consumers and

physician and hospitals. So we have fallen behind, we are still doing about 40% of our work here in America on paper that is unheard of in Western Europe. In places like Western Europe and parts of Asia and Australia where there is a greater sort of public footprint in health care, I see amazing technologies are being used to deliver care right into the home. Although our hospitals are fairly hi-tech and have been for sometime, a lot of the technology that's in place is old legacy systems that don't talk to one another. I am a strong supporter of health information exchanges on a local level but I think if we take strong regional approach of health information exchanges and quite frankly most health care is a local business then I think we can look at something that will get providers and patients at least at a minimum the kind of information exchanges that we would really like to have.

Margaret Flinter: This is Conversations on Health Care. Today, we are speaking with Dr. Bill Crouse, Senior Director of Worldwide Health for Microsoft Corporation. Dr. Crouse, you note that medicine will have to increasingly find ways to meet the patients where they live through telemedicine, remote monitoring and mobile health and certainly this going where the patient is would support the Triple Aim that Dr. Berwick talked about at CMS about better care, better quality and lower cost. But I think our listeners would benefit perhaps from you giving a tangible example or two of where this is in place.

Dr. Bill Crouse: It is happening today. I could cite the very good work of the Hawaii Medical Service Association in the State of Hawaii who are working with a company called American Well have made it possible so that every citizen in the State of Hawaii has online access to their physician or a physician through email, messaging, and even video visits over the web. And the good news there is if you are a member of HMSA which is where 60% of the Hawaiian population is, those visits be they email or video visits are actually paid for by the insurer minus a small deductible which would be similar to what you would experience in the office as a co-pay.

I am seeing similar services now being offered. In fact, I will be in Las Vegas at the CES. I will be spending some time at the UnitedHealthcare booth and there they will be demonstrating some of the work they are doing with something called NowClinic which is their network of physicians that they are making available online again, messaging, email, video visits over the web. And these are the kinds of things where they are scaling through the retail movement, take care, mini-clinic, the kind of work that's going on at Wal-Mart in their in-store clinics. We need these kinds of things to scale the primary care services that people must have. Wouldn't you if you just had a simple question or answer, wouldn't you prefer to pick up the phone or do an email or hold a video visit with a health care provider than taking time off work, driving across town, finding parking, arranging for child care just for a quick recheck or question answered? We have the technology today to solve this, a technology that could be made available to the majority of Americans on a smartphone, on a computer. It will become

mainstream when everybody gets on the same page and realizes that we need to be much smarter in the way that we deliver health care.

Mark Masselli: Well, for our younger audiences, I want them, particularly those who are gamers to listen in right now because you say that it's not enough to have technology available to us but it has to be easy, intuitive and even fun to use. You refer to the Connect Effect and for the gamers we are talking about Xbox Connect. And the advent of gaming is a way to engage and encourage patients to participate more in their own health outcomes. What makes gaming so compelling and why do you believe this could have such a significant impact?

Dr. Bill Crouse: Well, consumers like things that are fun and engaging. Don't forget that physicians and health care workers are consumers as well.

Mark Masselli: They are.

Dr. Bill Crouse: That's why you are seeing the explosion, the explosion of devices out there, tablets and various smartphones and things that now the physicians are bringing into their hospital and walking up to CIO and say this is what I want to use. But yes, gaming is going to be huge. I have commented frequently in my blog and in my talks I am giving around the world that of all the things that I have seen at Microsoft over the past 10 years, I am perhaps seeing more excitement around Connect for Xbox 360 than anything in recent history that I can think of. And that is because it is so engaging, it is so intuitive. You see little children simply walking up to the screen and you see 80-year-olds walking up to the screen and just intuitively kind of knowing what to do.

Now we are seeing people getting up, getting active, we are seeing whole families participate, we are seeing people across distances challenge each other and do things. And so obviously I am enthusiastic about anything that engages people in exercise, gives us a platform for delivering health messaging and engaging people in gaming, it's just great. I think we will be seeing entirely new ways that we will be using our computers and navigating through information and this will create a wonderful platform to deliver into the home everything from tele-visits to in research centers and in physician offices I am seeing a lot of excitement about using technologies like Connect and Xbox 360 and building custom applications that would allow people to for example, do rehabilitation, for physicians to monitor people. There is some work going on in senior centers where Connect is being used among other devices to monitor people in assisted living centers and lot of work going on with children with disabilities, ADHD and ADD. We find that they are immediately attracted to this very intuitive interface and immediately start participating.

Now, in fact, there is lot of excitement in hospitals where surgeons are scrubbed in, you don't want to break sterile field. They are looking at devices like Connect as a real problem-solver for them because it allows them to get out and

manipulate and use information on a screen without having to touch anything. And this is true not only in surgical kinds of situations but throughout a hospital when a worker might be gloved or doing a procedure or something else.

Margaret Flinter: All of this seems to have two profound impacts on workforce. One is the potential particularly when we look at things like online interactive counseling or rehabilitation services, we may be able to have fewer people helping to care for, motivate, organize care for more people and maybe that helps us with some of our workforce shortages but also has a profound impact on the way we train our health care professionals. I wonder if you like to comment on where are the frontrunners in this and where is the exciting work being done either on again a policy level or at the academic health professional training and residency level.

Dr. Bill Crouse: As you know, I am going to be in Boston on February 4th participating in the Harvard Business School Conference on Health. And I am thrilled to be there because these are the bright young minds that will be driving health care of tomorrow and in the future. And there is just tremendous excitement of how we harness the power of smartphones and tele-services that we can now bring into the home, there is talk of our smartphones getting closer and closer to the tricorder of the Star Trek series. And indeed, often times when I visit countries that would be considered to be one of those underdeveloped, developing markets, you see this kind of leapfrogging effect where they go straight to wireless; they go straight to off-the-shelf commodity software; they build solutions that are actually more flexible, less costly, more intuitive, frankly better than a lot of stuff we are using in America that costs way, way more because they have to, they don't have a lot of money to spend and they are very creative. So I think our medical schools are starting to wake up to a new way of educating students. In fact, the challenges that I often hear from medical school deans is these young people are coming in with all of their devices and they are saying wait a minute, we know how to do this better. But in the end, technology will win, consumers will win, it is going to happen, resistance is futile.

Mark Masselli: You started off the conversation today talking about the shift from volume to value based systems and I think that's what you are getting at with this new generation. And you have seen the rollout of new models, patients-centered medical home and under the Affordable Care Act there is the Accountable Care Organization. How will these models be enhanced by technology and how do they all link back together those models with your own perspective, the sort of the 360 degree patient experience?

Dr. Bill Crouse: Well you mentioned Don Berwick, I mean it really is all about faster, better, less costly and I would also emphasize and with higher quality. We can't count just on government for health reform. Business has a tremendous responsibility here as well. Business applies metrics and measures and analyzes to the Nth degree everything they purchase for their enterprise with the

exception of health care. And they haven't had good tools, they haven't had the scrutiny to really look at what they are spending and whether or not they are getting true quality and value from what they are buying. That's changing. These are the bread and butter of primary care that are costing business a lot of money. It's headache, it's depression, it's back pain, it's joint pain. We have the technology today to deliver health information and services in new and innovative ways but we won't see true widespread adoption of this until there is that sort of perfect alignment of the business models, reinforcement from employers and then the willingness of third-party payers and here I would include government. Medicare and Medicaid, they really need to step and say, we are wasting a lot of money; we are paying for lot of things needlessly; our investment in technology is a good thing, I am pleased to see that investment taking place here in America but we need that perfect alignment and particularly the business model and the incentives for this to become kind of health care environment I think that all of us in America would want.

Margaret Flinter: So Dr. Crouse, we 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 generally and who should our listeners at Conversations be keeping an eye on?

Dr. Bill Crouse: There is innovation taking place under almost every rock you overturn. And in some places it's a couple of people in a garage that will one day become the next Microsoft or the next Apple. We spend a lot of money at Microsoft on research, about \$9 billion a year invested across the entire platform in all of our technologies and much of that actually ends up and spills over into health care. Even the Connect for XBOX 360, when these were first in the labs I think nobody was thinking about health care and yet, when they come on to the scene and consumers start using them and academicians start looking at them, the next thing you know, there is a million ways they are being used to improve health and health care around the world. So whether it's some individual out there who is write a smartphone app that helps you track your exercise or help you lose weight or the glucometer of today in the future which is going to be tied to the smartphone constantly communicating with your personal health record or with your physician and that's just beginning. We have labs on a chip. I mean I am quite certain that within 10 years you will be going to the pharmacy purchasing a home health chip and you will do much of your own testing probably for 20 or 30 different things on this single chip and send that information into personal health record and again, it's all about consumerization, commodities, scale, lower costs, high quality.

Mark Masselli: Today, we have been speaking with Dr. Bill Crouse, Senior Director at Microsoft for Worldwide Health. Dr. Crouse, thank you for joining us today.

Dr. Bill Crouse: Absolutely, my pleasure.

Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives.

Mark Masselli: The American Dental Association has a pretty lofty goal to eliminate tooth decay in children by the year 2020. But still, millions of uninsured and underserved kids in America are not getting regular access to preventative dental care and that's a real concern to the ADA which 10 years ago launched Give Kids a Smile Day to marshal the forces of the nation's dentist to provide free access to dental cleanings and screenings for underserved kids on the first Friday of every February. Last year alone some 400,000 kids were evaluated and treated by thousands of participating dental professionals, paving the way for the children to receive whatever care they needed. When you think that 85% of all tooth decay occurs in 25% of the population, and children who don't receive preventative dental care will likely end up in that group, this program is making a huge impact. A national initiative in cooperation with a voluntary participation of thousands of dental professionals, positively impacting millions of kids' dental health for lifelong well being, 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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