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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, Congress is back in Washington. Already, they have tried to come to an agreement on funding to combat the Zika virus. President Obama has stepped into steer Congressional leaders towards a solution. CDC director Tom Frieden is extremely concerned and he is warning that necessary research is going to grind to a halt without more funding and he believes this particular outbreak could last well into next year without further intervention. Still no known cure and no vaccine ready for consumption. Zika poses the greatest risk for babies whose mothers are infected during pregnancy. Women exposed to Zika during the first trimester appear to have experienced the worst impact in their offspring. We need good science to confront this outbreak, Margaret, and in the meantime, virus continues to spread.

Margaret Flinter: And there are other health issues on the dock at this fall. A house committee is taking up the Mental Health First Aid Act and this bill would authorize the Government to give grants to States and to Communities to equip residents with skills that can help others in a mental health crisis, often when a patient is experiencing bipolar disorder or schizophrenia, things can quickly get out of hand.

Mark Masselli: Unfortunately, these issues often end up being mediated by law enforcement. It is good to see the discussion is at least starting, addressing the gap in access to the right mental health services at the right time.

Margaret Flinter: Well, overhauling healthcare in America is the topic we are looking into today, Mark. Our guest Dr. Vikas Saini is President of the Lown Institute, which seeks to transform the culture of medicine and build a healthcare system that is affordable, personal, and just. He is a very interesting thought leader on this trend towards high value care and we look forward to that conversation, Mark.

Mark Masselli: Lori Robertson also stops by, the Managing Editor of FactCheck.org. But, no matter what the topic, you can hear all of our shows by going to chcradio.com.

Margaret Flinter: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; because we'd love hearing from you. Now, we will get to our interview with Dr. Vikas Saini 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. Law makers in Florida ground zero for the Zika outbreak in the continental U.S. are urging the Department of Health and Human Services to allow the introduction of genetically modified mosquitoes into the region. The mosquitoes have been modified to produce offspring that die before reaching maturity. Studies in Brazil and other countries hard-hit by Zika have shown the process reduces the mosquito population by as much as 90%. In a dramatic move impacting 10s of millions of consumers, the Food and Drug Administration has issued a ban on the use of antibacterial agents in all soaps. The FDA has ordered the chemical triclosan and 19 other chemicals from all soaps by next year. The FDA statement issuing guidelines saying washing with soap and water is efficient protection against most germs and disease. They also warn these soon to be banned chemicals bring more possible harm and not just to users. Studies have shown increased use of antibacterial products have led to strains of antibiotic resistant bacteria. Good news on the teen pregnancy front, teen pregnancies have seen a dramatic drop in recent years; 36% from 2007 to 2011. Researchers from the Guttmacher Institute and Columbia University have found improvement on contraceptive use accounted for the entire reduced risk of pregnancy over the five-year period. The study's lead author says teens aren't having less sex, just getting better contraception protection and Colorado's teen pregnancy rate dropped dramatically almost 50% after a program made long-term contraceptives available for free to all young women in Colorado, who sought the assistance. Public health officials around the country are seeking to replicate the success of Colorado's LARC program. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Dr. Vikas Saini, President of the Lown Institute, which seeks to transform the culture of medicine and to build a healthcare system that is affordable, effective, personal, and just. Dr. Saini is Board Certified in Cardiology, Internal Medicine and he is co-founder of Aspect Medical System, the first consciousness monitoring technology for the OR. Dr. Saini convened the first Avoiding Avoidable Care Conference, which led to the launch of Right Care Alliance. He earned his Bachelors in Philosophy from Princeton, his medical degree from Dalhousie Medical College in Halifax and did his residency at Johns Hopkins. Dr. Saini, welcome to Conversations on Healthcare.

Dr. Vikas Saini: Thank you so much.

Mark Masselli: Dr. Bernard Lown founded the institute on the basic premise that providers had a responsibility to advocate for better care for their patients. He is also co-founder of the Nobel Prize Winning Physicians for Social Responsibility, which saw nuclear proliferation as a significant public health threat. I am wondering if you could talk about his impact, the founding principles of the institute and how the mission is evolved in the 21st Century?

Dr. Vikas Saini: So, Dr. Lown is a remarkable clinician and one of the things that struck all of us to encounter him was his incredible ability to connect with his patients and develop the kind of relationship that allows you to navigate very complicated care delivery system. He is the inspiration for the saying that, you know, we aspire to do as much as possible for the patient, and as little as possible to the patient. Dr. Lown, you know, led the team that developed the first working defibrillator. He developed one of the first coronary care units, but he started feeling more and more that things were not quite right with the rate at which we were doing things to patients. The rates of surgery seemed inordinate to him and he had the courage to actually begin doing some studies to show that you can do really well taking care of patients and using surgery as a last resort, focusing more on medicine, on prevention, on diet, on psychosocial stress. You know, in the last 20 to 30 years, the data as its grown has confirmed the general wisdom of that approach. So the Lown Institute now is focused on we can do a lot more by doing less and the healthcare system is a complicated Rube Goldberg machine and all it takes is a stint of being a patient to really begin experience that and fundamentally in that sense, it's really sort of betraying its promise and the humanitarian mission that all of us, you know, professionals signed up for and deep in our hearts really continue to want to do and it's getting harder and harder to do that.

Margaret Flinter: Well, Dr. Saini, the Lown Institute vision really does speak to heart of why most of engage in healthcare and I want to read the mission statement, which is that it's to seek a society, where health and healthcare as seen as rights, where physicians and nurses serve as healers and advocates for those most in need of care, where patients are safe from harm, and where spending on healthcare exists for the benefits of patients. We still see healthcare too often is a privilege and not a right. We talk a lot on our show about medical errors and providers who wish to simply be the best healer they can be, have to deal with a whole lot that seems outside that domain. What are the actions that you want to take to tackle some of these very big challenges in healthcare.

Dr. Vikas Saini: Our vision is that that kind of social movement needs to be both within the healthcare system, but also outside the healthcare system. There is system redesign, there is financing redesign. You know, the new models for delivery of care,

but all those changes are being driven primarily top down. I don't think there's been enough input from rank and file, so one part of what we are doing is building the Right Care Alliance across professions, doctors, nurses, you know, pharmacists. You know, we have some counsels that are looking at specific areas like children's health, surgery; for example, we are looking at behavioral health. In each of those areas, we have now convened groups of people who are developing their ideas for what would constitute what we are calling the Right Care Top 10, so it will allow people to both imagine what could really be better in the system that rank and file people can see as possible. That's one way of beginning to elaborate a vision in some detail and then we think that kind of vision is something that people will want to participate and want to promote, advocate for. It also is going to take people from outside of healthcare because in many ways the system is very entrenched. The money flows are huge, habits die hard, and we believe some sort of external pressure is needed. In our vision, the Right Care Alliance is an opportunity to build a network that would have local presence and begin to take on issues that are both local, as well as national. We are actually promoting something called Right Care Action Week. You know, there is a website Right Care Action.org. We are having people do things to make visible what good healthcare is or could be, as well as call out things that shouldn't be. The theme here is listening and that's a stepping stone to action.

Mark Masselli: Dr. Saini, it has been estimated that about 900 billion dollars worth of American's annual health spending budget of 3.5 trillion dollars is considered wasted spending. In 2012, you and your colleagues Shannon Brownlee convened the first Avoiding Avoidable Care Conference. Talk to our listeners about that initial conference, what were the results?

Dr. Vikas Saini: After I read Shannon's book *Overtreated*, I began to realize that it was really and truly a systemic problem and so when I called her up, you know, I said this is a fantastic book. You don't know that half of it in cardiology. She said, oh, yeah, I kind of get a lot emails because of what I have done. I got lots of loving responses when I was praising every new drug because it's all part of the system of selling hope and innovation and so we decided to put on a conference and I imagined we would invite, you know, 30 or 40 people, by the time, you know, we were coming to the day of the conference, funders have stepped up, it worked into a two-day conference. We had to stop inviting people and with invitation only. We had to stop inviting people at about 120. We actually had about 160 over the two days and the atmosphere was just remarkable. It was just sort of remarkable. I don't know how's, I didn't expect it really. People came up to us afterwards and said, do you know, thank God, this reminded of me why we went into medicine or they'd say, you know, this is the best conference I had been to in 10 years and we were looking at each other and thinking, oh, my God, we

have hit a nerve and I think clearly what people were reacting to, was not just the technical side of how you make decisions, you know, what's the evidence for this technology or that. You know, I think people were reacting to the kind of moral argument as the kind of call for moral renewal really and it was just quite remarkable and that's been, I think what we've been carrying as we talk to people. When we frame it less about bean counting and money, and when we think about this as what it does to patients, the waste is, you know, wasted money, but it's also excess harm and between those two things, you know, the money could be spent covering lots of people who don't have healthcare, it could be spent, you know, funding primary care, funding neighborhood care, funding home visits, and you know, patients would be better off, would have a better experience.

Margaret Flinter: Well, Dr. Saini, I think you've really tapped into a vein of moral outrage. You bring together a couple of those concepts and a sense of people's own commonsense kicking in, their sense of fairness about what's reasonable and of course, we saw this played out on the front pages in recent weeks with the cost of the EpiPen, in the midst of all, something comes along which all of America can relate to, you have parents sending their kids back to school, who know they have to provide that EpiPen and suddenly they are paying 100 of dollars, you know essentially for a general drug, that we've, you know, had around for a long time and people are outraged, but are they going to not get their kid back to school. Of course, not and then we see solutions like the pharmacy company's pricing one version of it at \$500, but another version a couple of 100 dollars less and I wonder how is the Lown Institute addressing specifically the pricing issues in pharmaceuticals, because it seems to be one where people feel kind of held hostage.

Dr. Vikas Saini: Well, that's because they are being held hostage, I think. I mean I think the reality is the cost of drugs are through the roof. I recall that for every new cancer drug that came on the market last year, I think the cost was you know like 120 or 130 thousand dollars for a year's worth of treatment and if that brought you a cure or you know a year or two of life, that is something, but the reality is many of these drugs just don't work and quite often, the ones that do work, work very modestly, so there is a real mismatch between the pricing and the actual benefit, but besides that, I think when you have a system that is driven primarily whatever the market can bear, you know, with regards to the EpiPen for example, companies do, what companies do. Their job is by the way is not to help people. Their job is to make money. There are responsible for their shareholders, so our view about how to check is that is really that, you know, everybody has been getting bigger. Pharma companies have been getting bigger and then hospital systems are getting bigger to compete with insurance companies, who are getting bigger. Government is also a big player, but I think for most people in America today, it's fair to say most don't really feel the Government on their side. So, we don't, you know, we don't have a policy position at the moment on a specific piece of legislation or anything like that, that's not who we are. Who we are, are active who want

people to come together so that there are well informed about what the problems are. It could begin to create some of the solutions and co-create some of the solutions in partnership with each other. If that's a movement that's big enough and large enough, then the kinds of pricing things we are seeing in the darkness won't be able to happen, because it will be more than outrage, it will be organized action and organized ability to influence the results.

Mark Masselli: We are speaking today with Dr. Vikas Saini, Board Certified Cardiologist and President of the Lown Institute, an organization dedicated to improving health and healthcare by building a grassroots coalition of health professionals and individuals committed to transforming healthcare systems and improving the health of communities. You were talking about the drugs that don't work or work modestly and I was thinking about sort of evidence-based research that helps us find this out, but then I happen to catch Dr. John Ioannidis' lecture, I think, at the Lown Institute on evidence based medicine being hijacked. I was totally interested in your thought of what we are going to get these activists together, they are going to come, they are informed, they come up solutions, but you know, it was a pretty depressing talk that he gave, because he sort of walked through how all this evidence that we have out there has been, you know, taken right from people who have self interest. So how do you cut through all of that and lay out really clearly and honestly to the public, here are the right solutions and here's the evidence behind them. It seems to be an enormous challenge in that context.

Dr. Vikas Saini: It is, so let me make a confession. As a practicing clinician, you know, when I had left academy and I was just in community practice and you know, you are really busy and you are trying to do the best you can, and a new drug comes out and you read the paper, in the journal, you read the abstract, but you don't go over that with a fine-tooth comb. I was influenced, you know, so as I spent more time to go back and investigate, you know, I am realizing that a lot of that what best for evidence was really skewed. So, I think it would be dishonest to say that you know we can just check the literature, we can figure out what's right, somehow we'll have good care. Sadly, that's really not sufficient. I am increasingly recognizing that the way we generate evidence, that has to be reexamined and I think the American public needs to understand that a lot of what gets ballyhooed is hype for lots of reasons, money one of them, you know, people want to make a name, you want a career, but all of that plays in to the media and marketing machine. I think when it comes to the generation of evidence, a lot of companies sponsor the large pivotal clinical trials, then reap the rewards, but much of the risk is much earlier. That risk is in the basic research and in the early stages and phase 1 and all of that. In some ways, I think we need to reorganize how we fund healthcare. My own feel is, it would make a lot of sense if the pivotal trial that determines whether something is going to be a blockbuster or not, that that is interpreted by and reported by people who don't stand to make millions or hundreds of millions of dollars. I don't think the way we are doing it now really allows us to know exactly what is the best evidence. The idea that the public interest is somehow served by unfettered innovation, where you know, the designer and the judge of whether it

works and the setting of the price and all of that's kind of held in more on one side of the ledger does not make sense.

Margaret Flinter: We've been speaking today with Dr. Vikas Saini, President of the Lown Institute, which seeks to transform the culture of medicine and to build a healthcare system that is affordable, effective, personal, and just. You can learn more about their work by going to Lowninstitute.org or Rightcarealliance.org. Dr. Saini, thank you so much for joining us on Conversations on Healthcare today.

Dr. Vikas Saini: Thank you so much for having me, it's been a pleasure.

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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: In an NBC news Presidential Forum on military issues, both Donald Trump and Hilary Clinton made inaccurate claims about each other stances on the Veteran Health Administration. Clinton said she would not let the VA be privatized and said that Trump supported doing just that, but Trump hasn't supported the complete privatization of the VA Healthcare System. Trump's campaign published a Veteran's plan on its website last October. One of the biggest changes that plan would make is allowing Veterans to get care at any non-VA Medical Center that accepts Medicare. That would go further than current programs that allow Veterans to access care outside of the VA under certain circumstances, such as when the VA Medical Centers can't provide services or can't do so in a certain timeframe. Trump again stuck with the idea of allowing Veterans to choose between public and private hospitals in his most recent Veteran's plan released in July; giving Veterans a choice isn't the same as complete privatization, but Trump twisted Clinton's words too, when he claimed that she had said the Vets are being treated "essentially just fine, there is no real problem." Clinton in the October 23, 2015 interview on MSNBC said the problems in the Department of Veterans Affairs were not as widespread some Republican supporters of privatization of the VA claim, but she went to acknowledge problems in the VA system including the issue of wait times for doctors and what she would do to address them. Trump cherry picked part of Clinton's response in that interview. In fact, the Clinton campaign website says Clinton wants to "fundamentally reform Veterans healthcare to ensure access to timely and high quality care" 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 Healthcare.

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

Nalini Saligram: So the text messages themselves were developed with Emory Universities, Rollins School of Public Health, because we wanted them based on science.

Margaret Flinter: Nalini Saligram, CEO of the Arogya Foundation, says the prevalence of diabetes for those of Indian descent is dramatically higher, four times higher than those in Western populations. The text messaging study was designed to generate improved activity around four simple goals, consume more fruits and vegetables, avoid fried foods, and exercise regularly.

Nalini Saligram: You know, the message is themselves more quite simple, but the sequence of the messages and how frequently they were texted was all based on behavior change theory.

Margaret Flinter: Researchers saw some promising results. Participants who received just two text messages per week, reminding them to keep their diet and exercise goals showed an average 40% more compliance with those activities than those who did not receive the messages. Dr. Saligram says it could prove a useful tool for clinicians trying to affect behavior change across large patient populations and across a variety of chronic illnesses. A low-cost targeted text messaging system, sent directly to consumers to maintain simple lifestyle changes that can improve their chances of

preventing or better managing diabetes and other chronic illnesses. Now, that's a bright idea.

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

Mark Masselli: And I 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.

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