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Mark Masselli: This is Conversations on Health Care I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret summer is officially underway, kicked off with a traditional Memorial Day celebrations a time to honor the sacrifices and contributions of our nation's veterans.

Margaret Flinter: And many of our nation's vets still deal with lingering wounds both visible and invisible.

Mark Masselli: An estimated 21% of Iraq and Afghanistan veterans are suffering from PTSD and only half ever see treatment.

Margaret Flinter: An estimated 22 veterans commit suicide in this country every day and that is just unacceptable.

Mark Masselli: And then there are some promising new alternatives for helping vets and all Americans for that matter gain access to mental health screening and access to care alternative methods such as online screenings, Telehealth protocols are reducing the barriers between veterans and mental health services and innovative care delivery is something our guest today is world renown for.

Margaret Flinter: Dr. Toby Cosgrove, Present and CEO of the Cleveland Clinic one of the top ranked health care institutions in the country and around the world and Lori Robertson will be stopping by the Managing Editor of FactCheck.org she is always on the hunt for misstatements spoken about health policy in the public domain, and no matter what the topic you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments please email us at CHC Radio or find us on Facebook and Twitter we love hearing from you.

Margaret Flinter: We'll get to our interview with Dr. Toby Cosgrove 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'm Marianne O'Hare with these Health Care Headlines. The Centers for Disease Control and Prevention lauding some promising new numbers on the smoking front, for the first time the number of American smokers is down to 15%. A study found that high cigarette taxes more intervention programs and stigma all

contributed to the drop although there is a concerning trend of teens now taking up vaping of nicotine products. The VA is experimenting with a few pilot programs they hope will improve access to care for the nation's veterans while improvements have been made across the country in access to care issues there are still pockets of long wait times in parts of the country. VA is launching a new pilot program in San Francisco where veterans can go to one of 14 minute clinics at CVS locations around the city and the VA has announced it will also be expanding roles for nurses working within the VA. Nurse practitioners would be allowed to practice independently without the supervision of a doctor the expanded nursing role of the VA would also include nurse and niceties standing in for anesthesiologist to expedite surgery backlogs and measure being challenged by the American Society for Anesthesiologist who feel it would comprise patient safety.

Alzheimer's could it be the result of the brain fighting off an infection, that's the theory of a research team at Harvard according to a report published in science translational medicine, the theory suggest a virus which itself causes few symptoms seeps through the brain blood barrier and causes an immune response, the virus in the brain is then surrounded by a scaffolding technically killing off the cells and leaving the scaffold of amyloid plaque the hallmark of Alzheimer's disease. If a theory bears out it will have significant implications for prevention and treatment of that debilitating disease. I'm Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We're speaking today with Dr. Delos Toby Cosgrove, President and CEO of the Cleveland Clinic a cardiovascular surgeon, he spend his early career as Chief of the US Air Force Casualty Staging Flight in Vietnam earning the brown star during his service he joined Cleveland Clinic in 1975 rising to chairman of the Department of Thoracic and Cardiovascular Surgery in 1989. Dr. Cosgrove has developed over 30 medical patents and marshal development of the Cleveland Clinic Innovation Model. He's published 450 peer reviewed articles medical train manuals in the book the Cleveland Clinic Way. He earned his medical degree at the University of Virginia and completed residencies at Brook General Hospital at London and Mass General in Boston. Dr. Cosgrove welcome to Conversations on Health Care.

Dr. Toby Cosgrove: Thank you very much it's nice to be here.

Mark Masselli: Yeah it's great and I mean we live in interesting times and we do and Cleveland Clinic has been at the forefront a real leader and so many transformations and, you know, your health system is constantly in the top five across the country and certainly your leadership in the thoracic in cardiovascular department had them rank number one in the nation for 10 years in a row. So you set the bar extremely high for

quality care and -- and I wonder if you can share with our listeners the essential hallmarks of this internationally acclaimed health system you've helped create.

Dr. Toby Cosgrove: Well we're really quite a different organization we're first of all a group practice and we have 3400 physicians in it, and we are all salaried, we had -- there's no financial incentives for doing more, doing less. We have one year contracts in fact I've had 39 one year contracts and we have annual professional reviews all of which I think leads to the emphasis on quality and in performance as an organization that it is united in its care for patients.

Margaret Flinter: I wonder if I could for a moment Dr. Cosgrove talk about the Cleveland Clinic mantra of the right care at the right place at the right time. So many care delivery innovations are being developed now to bring the care of the American patient to the places where they spend most of their time, we've seen the growing trend that engage in the trend of health care delivery in settings like school base health centers the satellite clinics all facilitated by the proliferation of Telehealth and wearables and remote monitoring. Tell us a little bit about how you are utilizing some of these emerging care models and how they help address this challenge of meeting patients where they actually live.

Dr. Toby Cosgrove: Well first of all we think that health care needs to be put together as a system from the home through a hospital, rehabilitation and back home again and increasingly we want to concentrate on keeping people well and so the first thing that we did is number of years ago we initiated same day access so that you can call up and see a physician in a same date. You can make your appointment either online or frankly you can walk in -- also we're beginning to try to take the care increasingly to the patient. We have a virtual visits and so we think that that is going to have enormous benefits both for the doctor and for the patient, we think it's going to enhance the patient satisfaction and it's also going to be good for the doctor so that they can more efficient in the use of their time. So our mantra is access anywhere anytime. We've also put together what we call mobile stroke unit and when someone call say a 911 who have the symptoms of a stroke we dispatch an ambulance that has a CAT scanner in it and the CAT scan then can be done right in the driveway cutting down on the amount of time before you get to therapy. We've seen some remarkable results from that with people going from being paralyze at one side of their body to completely normal. So care is really changing and we're trying to knit together outpatient facilities everything from CVS to family health centers to community hospitals to high tech major medical centers each connected by an electronic medical records.

Mark Masselli: And, you know, I'm wondering if you can share with our listeners talk a little bit about the Cleveland Clinic innovation model and how you structured it and

funded it and -- what's in the pipeline that's very promising that might make a difference?

Dr. Toby Cosgrove: Innovation is really in our DNA for having more famous ones were the coronary bypass surgery and coronary in geography. So when I first started to develop some things we thought well gosh, you know, maybe we can put together a system that will expedite getting good ideas out and so we put together what we call Cleveland Clinic Innovations and this is essentially a tech transfer organization that scouts the organization for new ideas and then helps them get commercialized and we may start a small company to do that. We've spout off now about 70 companies, one of the recent ones was a company called Explorers [ph] have the idea of bringing together clinical data and major amounts of it for analysis and they collected 50 million patients records and that was recently purchased by IBM and as you know IBM has developed Watson it's artificial intelligence and Watson have enormous capacity use large amount of data and this is a huge amount of data for Watson.

Margaret Flinter: You know, Dr. Cosgrove I know that you are a big believer in learning from failures as well it's part of the innovation process. What have you learned from the failures from your earlier days as a cardiac surgeon or your more recent incarnation as a CEO running such a large health care organization maybe share with our listeners some of the hardest lessons learnt.

Dr. Toby Cosgrove: You know I did a huge number of cardiac surgical patients and I don't remember any of my successes I only remember the ones that I failed. I remember one of the things that I thought about early on was trying to close holes in hearts by pulling up an umbrella and putting it down end of a catheter and well I eventually took it to a company and the company I was working with finally decided that no one would ever treat the heart with a catheter. And I guess what I learn from that was, you know, you can't get something done before it's time and as CEO I thought that one of the things I'd like to see people do is travel and get new ideas and bring them back and incorporate them into the Cleveland Clinic's therapy so nobody took me up on that opportunity and I just kind of dropped it when no one picked it up and I think you have to learn the chance to be very persistent with an idea then keep pushing it and it takes time for to get acceptance. I think probably it was a reasonable idea but it just -- I didn't put enough effort to it.

Mark Masselli: We're speaking today with Dr. Toby Cosgrove President and CEO of Cleveland Clinic you've erected a state of the art health system in the Middle-East based on your model and maybe give us a sense of its size and shape and what you expect to do there.

Dr. Toby Cosgrove: One of the things that happen to us is after 9/11 we got a lot of invitations from different countries to go places and we have a wonderful opportunity to go to Abu Dhabi and we thought that that this is really about not just putting our name there but in fact doing what we call a cultural transfer. So they built with us 22 storey four million square foot facility and we completely staff it and run it and we're in the process of starting a long term relationship with them. We'd learned an enormous amount in the process it's almost like getting paid to go to school, we didn't know anything about the expanding differently or internationally, we've learned a lot about that about working in a different country and how you design staff bring up a hospital this magnitude in [inaudible 11:54] so that has been a tremendous learning experience for us and we were now in the process of trying to replicate that in London.

Margaret Flinter: Well I hear a sort of continuing theme in your work of innovation and as Mark said a sort of continuous learning community certainly we've seen a lot of innovation a lot of it being spurred by data and by technology and I wonder does our practices or hospitals or health care organization struggled to become more and more data driven to contain cost to improve outcomes. What are the technologies and trends that you think are going to move the United States health system forward more rapidly in that direction?

Dr. Toby Cosgrove: I think one of the things that the Affordable Care Act has done is begin to bring us together as a health care delivery system. We recognize that we have been a cottage industry overtime and we're now overseeing health care systems come together and as health care systems come together we -- we were starting to look at the data so that we can understand how we can drive efficiency and affordability and we are incredibly data driven organization who are wondering, you know, how we're going to manage all this data and clearly it's going to take a whole lot of artificial intelligence I think is going to be a huge help for us dealing with this data because we hope that we're going to get to the point where we see indentified people actually before they sick vast amounts of data to do that. And the Watson is the world -- I think are going to be a big help with us as we do that.

Mark Masselli: Yeah I'm wondering about this issue of attracting the best and brightest people that come and stay with you and certainly others been a lot of conversations going about burnout. I know -- I'm wondering what your thought is about how organization should be dealing with these large transformations that are going on in the health care system and how we make sure that clinicians stay engaged and involved an active participants?

Dr. Toby Cosgrove: Data suggest that there's probably 50% of the physicians across the country experiencing some sort of disenchantment or a burnout with the health care delivery system, and there's probably several things that are accelerating and first of all

the affordable care act is changing everything about how health care is delivered and paid for, there are more quality metrics that you're getting paid for delivering values oppose to just volume. So doctors are having to change enormously about how they practice medicine and second one that is huge is the explosion in technology. Last year our physicians had to answer 3.5 million emails from patients, they are huge demands on doctors to go beyond what the normal patient visit is, and then you look at the explosion that's going on in new knowledge and the total amount of knowledge and health care doubling every two years with 880,000 articles a year. So there's terrific pressures on physicians and I think what we have to do as physicians is to listen to them, we have to solicit their ideas and how to bring joy into caring for people and to remind them when we all became physicians. So we are in the process of really attacking this problem on multiple fronts, and a lot of it is about communication, about how you get the objectives of the organization out to physicians and then how people communicate amongst themselves and amongst all the caregivers but I think the principle thing if you focus on why we're here we're all caregivers and we're there getting paid for making people's lives better and that is a gratification that comes in very few professions.

Margaret Flinter: I think to talk about another issue that we have focused on for years but continues to plague all of us in that's medical errors and their impact on our patients and the outcomes of the care the care that we provide we've confirmed what we've known for a long time that about a 5 [ph] million deaths per year are linked to medical mistakes and errors and I think you have a very interesting approach to the problem at Cleveland clinic where you've really made a huge commitment to transparency and I understand actually posting annual report on all patient outcomes including medical errors. Tell us about that process.

Dr. Toby Cosgrove: Well we've started as an organization about a decade ago putting out what we call outcomes books and we did it for two reasons, first of all we think that it's very important that we look at our own results in a very analytical way because every time we do that we find that there are things that we're not doing as well as we should and we can begin to examine those in a rationale way improve them and as we have done that we've seen the results improve. The second reason that we thought it was important to do it and --- was the fact that we are community resource and we owe it to report to the community how we're doing and to be absolutely transparent about those outcomes, now we're transparent both externally and internally and in fact we post scores that the doctors have with as far as patient satisfactions concern by name in rank order and we think that people should know how they are doing and we also realize that doctors are very competitive and no one will signed up to be last on the list and we've seen their scores that we post and we find as many things as a document as possible. We are huge believers in that, now as far as medical errors or concern we

adopt to the policy and said look if we think that we have committed an error which is hard to the patient. We go to the patient and tell them about it rather than trying to hide it and hopefully that doesn't result to the malpractice suit and we think that -- that sort of transparencies goes with honesty and the best interest of everybody involved.0

Mark Masselli: You know, as the CEO and really somebody who just is really leading the strategy of Cleveland Clinic you're somebody who's certainly well aware of where you've come from that's the best way to know where you're headed but I'm wondering as you sort of look out into the future what are the values that might be different, how do you see things evolving out in the distant future?

Dr. Toby Cosgrove: Well if you look at where we are right now and what we're trying to do, we're trying to improve quality, we're trying to improve access and we're trying to make it more affordable. Now all those are going to result in multiple changes, you're going to change where you get your care, who cares for you, diseases are going to be different and you're going to see different therapies. Now by way of where are you going to get your care we're seeing more and more care being done as outpatients and less and less the hospital the center of health care delivery, you're seeing more and more advance practice nurses, helping to meet the demand and the diseases that we're going to be treating are going to be increasingly chronic diseases rather than acute disease and they're going to be cared for as outpatients at home and the technology is going to be less and less invasive as we go forward. So, you know, I think the whole landscape is undergoing an enormous change. I look at this as the biggest changes happening in health care in the century.

Margaret Flinter: We've been speaking today with Dr. Toby Cosgrove, President and CEO of the Cleveland Clinic one of the world's leading health care institutions. You can learn more about their work by going to ClevelandClinic.org or follow them on Twitter @ClevelandClinic. Dr. Cosgrove thank you so much for the work that you do and for joining us on Conversations on Health Care today.

Dr. Toby Cosgrove: It's been a great pleasure thank you for having me.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about health care 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: Well does Donald Trump was to abolish the VA? That's what Hillary Clinton claimed that she read well it's the opposite of what Trump had said. Clinton the

democratic presidential frontrunner got her information from a Wall Street Journal article she said at a campaign rallies at quote "I should verify it but I read it, he had said he wants to, you know, abolish VA." The Wall Street Journal article said Trump's campaign co-chair and chief policy advisor indicated that Trump the presumptive republican presidential nominee would likely move the VA health care system to privatization and more of an insurance provider like Medicare. Does that mean that Trump wants to end the program that provides health care to nearly 9 million US veterans? The article quoted the same policy advisor as saying there were a lot of well run VA facilities and that Trump doesn't want to take away the things that are working well. Plus, in late October Trump said at a campaign rally that he wanted to transform and modernize the Department of Veterans Affairs. He told the crowd quote I don't want to get rid of it and his campaign website includes information on initiatives for veterans that doesn't say anything about abolishing the VA either. One of the biggest changes Trump proposes would be to allow veterans to get care at any non-VA medical centers that accepts Medicare that would go further than the current programs that allow veterans to get care outside the VA under certain circumstances. Clinton too had said she wants to improve the VA but she opposes efforts to privatize its health care system. We don't know for certain how Trump plans to transform the system but neither Trump nor his policy advisor had said Trump wants to abolish the VA. And that's my fact check for this week I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives. One in six people in the world lacks access to drinking water or basic sanitation and statistic show that diarrhea is the leading cause of death for these populations but access to clean and portable water continues to present a real challenge. In Africa the numbers are staggering with 46% of the residents of Sub-Saharan Africa having no direct access to clean water. In 2005 artist Tracy Hawkins went to Tanzania to see what she could do about it. Clay pot water filtration has been around for several 100 years where simple clay pots lying in the bottom of silver oxide can remove up to 99% of the impurities for most water sources but no one had undertaken a dedicated program to produce and distribute these pots. Tracy founded the Sing'isi Pottery Project with a local activist and began making the pots with local artisans in this region of Tanzania. By 2008 she and her team were able to get a factory built so that they could increase production. The project to serve multiple communities and continues to expand and the best part the health of entire communities has been improved significantly once each village resident is

Dr. Toby Cosgrove, President and CEO of the Cleveland Clinic

provided with a clay filtration system. The pots are inexpensive to produce easy to handle and the factory has also create a jobs for local residents. A simple easily manufactured solution that improves access to potable water for a community that previously had few options, one that improves health, wellbeing and economic conditions at the same time, now that's a bright idea.

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

Mark Masselli: And I'm Mark Masselli, peace and health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.