

Dr. Robert Master
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Chris Lovett: It might be a stretch to call Massachusetts a model for healthcare reform in every single state, but it is certainly a laboratory for new ways to make care more effective and more affordable. Our guest has been working in those areas for several years, concentrating on ways to serve the most vulnerable populations. Five years ago, he oversaw the creation of a new health plan governed by my consumers, the Commonwealth Care Alliance. He was recently honored by the National Committee for Quality Assurance, an independent nonprofit supported by the Robert Wood Johnson Foundation. We would like to welcome Dr. Robert Master. Thank you very much for being with us, Doctor.

Dr. Robert Master: Thank you for having me.

Chris: First of all, tell me about what you've been doing with the CCA, because it seems this is taking on that central question that the President was trying to persuade us of last night, that you can do this better, and save money.

Bob: Absolutely, and this is really been the work that I have done, and by the way the award that you cited really should go to many, many people. This is an effort that has been taking place for years - by community health workers, nurses, nurse practitioners, other physicians, organizations - so I want to make that clear. But what we've all learned over the years is that if you have individuals who are frail, who are elderly, at risk of nursing home care, or who have disability, or complex chronic illnesses, that there needs to be a much greater emphasis on primary care, and care coordination, far more resources, teams instead of doctor and a fifteen-minute visit, a nurse or a nurse practitioner that can spend much more time, for people who can't get to a health center or a doctor's office home visiting as needed, the ability also to take individuals working in communities to provide home and community supports, particularly for elders or those with disability, really use them in far greater ways. And when you do that, what you do is you reduce dramatically emergency use, and you prevent many of the complications of chronic illnesses that cost so much with hospitalizations, and premature nursing home care. So that's what we try to do is develop these systems in these cities for those most in need. And so far, it's working.

Chris: So you have the figures, even though it's just about five years we're talking.

Bob: Five years, it's still small. Today, around the state, we have care for about 2200 people that cost Medicare and Medicaid substantial thousands - tens of thousands of dollars, on balance it's about \$100 million of premium that we are now managing - and we invest substantially more in the community health centers, in community-based practices. Around the state, we have 54 nurse practitioners and 22 social workers that weren't there before, and we pay for 500,000 hours of personal assistance in the home, and that's more than our savings from the hospital and premature nursing home care. So that's the effort, but it's an effort to really build up community based primary care for these populations.

Chris: Talk a little bit about the social workers. What exactly do they do?

Bob: A lot. They do everything from connecting families in need of services to the area networks of aging services. They, along with the nurses and nurse practitioners, identify how many hours might be needed of personal support, or whether a person who was isolated would do better in an adult day health center. They also start the important counseling around end of life care, when that time is appropriate for families and individuals. And that's very hard, or impossible, to do for that harried physician in a fifteen or twenty-minute visit, having to look out in a waiting room and see ten other people waiting to get that next visit.

Chris: Now if you go back in time, adult health care didn't really exist, and it sounds like a soft care in a way, it's certainly not urgent care. Explain why it's so important.

Bob: Well, in fact, these are all funded by Medicaid. And we have, historically, one of the most progressive Medicaid programs. Why it's important, and why that particular service was being funded, was that it was found many years ago that elders were going to nursing homes that otherwise perhaps didn't need to, they could stay in their home, in their community, that a whole array of services were missing in the community. So, when Medicaid established an adult day health benefit, where you could have day centers, and nurses, and socialization, that was really a strategy to offset what would be a far more expensive nursing home placement, and also for the individual a loss of autonomy, independence, and function once they went to that nursing home. And what we do is take these existing resources that are, in fact if you look in the yellow pages, you'd see no end of home care, and adult day health, and put them together in a coordinated fashion around that particular elder or person with disabilities needs.

Chris: I didn't ask you about doctors, but when you talk about primary care, that's a real problem area for attracting doctors.

Bob: It's in crisis right now. In fact, all the primary care sites are experiencing this, many of our community health centers as well. The fact is that multiple payer fee for service system is grossly underpaid physicians, under-resourced, over-hassled primary care. This is an effort to go in another direction, to empower it, to add resources and people to primary care. One of the things that Commonwealth Care Alliance does is spend substantially more in the primary care system, for that reason.

Chris: And you're sure this award with the president's budget director, Peter Orszag, I do have to ask you for the larger picture what kind of lesson can you apply to what the president is trying to do?

Bob: There are a number of things, and obviously it's huge. But, certainly, we work in low income communities, and the first lessons are how do we bring Medicare and Medicaid funding together in one stream. How do we develop community-based accountable entities such as Commonwealth Care Alliance, and obviously there needs to be many here and the rest of the country. And then how, through there, do we then

use the funding to reinvigorate primary care, to bring teams, coordination, and to tap into this extraordinary community resource of personnel that can be all part of the package that's an alternative to failure - unnecessary hospitalizations and premature nursing home placements.

Chris: Thank you very much for being with us, from Commonwealth Care Alliance, Dr. Robert Master.

Bob: Thank you.

Chris: That's our news for tonight; I'm Chris Lovett, and thanks for being with us.