

# CANDIDATES FOR GOVERNOR OF MASSACHUSETTS SPEAK ABOUT HEALTHCARE

HEALTHCARE BUSINESS CONSULTANT AND BLOGGER  
DAVID E. WILLIAMS INTERVIEWS ALL NINE  
CANDIDATES

David E. Williams, President Health Business Group



# 1 CONTENTS

---

2	Acknowledgements.....	2
3	Introduction .....	3
4	How their backgrounds prepare them for the job .....	5
5	Charlie Baker, Republican .....	7
6	Mark Fisher, Republican/Tea Party .....	11
7	Evan Falchuk, United Independent Party.....	14
8	Jeff McCormick, Independent .....	18
9	Don Berwick, Democrat .....	21
10	Martha Coakley, Democrat .....	24
11	Joe Avellone, Democrat .....	27
12	Steve Grossman, Democrat .....	30
13	Juliette Kayyem, Democrat .....	34
14	About the author, David E. Williams.....	37

## 2 ACKNOWLEDGEMENTS

---

I'd like to express my appreciation to the various healthcare executives, physicians, and patients in Massachusetts who suggested questions to ask the candidates.

Thank you to my Health Business Group colleagues Matthew Goodridge, who edited the interviews and Janice Quartararo, who formatted this ebook.

And finally, thank you to the candidates and their staffs for making themselves available and for taking the time to formulate thoughtful responses.

### 3 INTRODUCTION

---

Massachusetts voters deserve a substantive, competitive campaign for Governor in 2014. I have decided to do my part to foster a productive debate by conducting one-on-one interviews with each of the nine candidates on healthcare issues. Most of the candidates are well known in the healthcare world but even those with non-healthcare backgrounds have studied the issues and have credible ideas.

I asked each candidate the same set of questions. The questions (listed below) span a wide variety of topics: healthcare reform, cost containment, hospital market dynamics, health information technology, children's health and public health. I sent the questions to the candidates a couple days in advance to give everyone the opportunity to think through their responses. As you read the summaries I think you'll develop a good sense of where each candidate stands.

Candidates were interviewed by phone or in person in January and February. The interviews are presented in the order in which they were posted on the blog.

1. Charlie Baker, Republican
2. Mark Fisher, Republican/Tea Party
3. Evan Falchuk, United Independent Party
4. Jeff McCormick, Independent
5. Don Berwick, Democrat
6. Martha Coakley, Democrat
7. Joe Avellone, Democrat
8. Steve Grossman, Democrat
9. Juliette Kayyem, Democrat

Each chapter of the book includes a summary of the candidate's answers to each question along with links to the audio recording and full transcript.

The same questions were asked of each candidate. The questions are as follows:

1. **Does Chapter 224 represent the right approach to addressing rising healthcare costs? If not, where does it miss the mark and what would you do differently?**
2. **Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?**
3. **More than a dozen state agencies have a role in healthcare. Is there an opportunity to consolidate or rationalize them?**
4. **Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?**



5. Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?
6. There are multiple healthcare related ballot questions. What are your thoughts about them?
7. How has your experience as [\_\_\_\_\_] prepared you to be Governor? *[Note: I personalized this one based on each candidate's background]*
8. Much of the emphasis in healthcare reform is on adult patients. Is there a need for a specific focus on children's health?
9. Is there anything you'd like to add?

## 4 HOW THEIR BACKGROUNDS PREPARE THEM FOR THE JOB

---

The candidates for Governor of Massachusetts have diverse backgrounds: from head of Medicare to surgeon to small business owner to Homeland Security official. Of the nine, five have significant healthcare experience. Even those that don't come from healthcare have taken the time to study the issues and develop deep perspectives.

I asked everyone to describe how their backgrounds, especially in healthcare, prepared them for the job of Governor. Here are highlights of those answers.

**Charlie Baker's** experience as CEO of Harvard Pilgrim Health Care and as a senior official in the Weld and Celluci administrations is highly pragmatic. He pledges to create a culture of accountability by setting a high bar, recruiting top people, and measuring their performance. "One of the things I bring is a tremendous appreciation about how important it is to follow through and execute your plans." He also wants to bring a "maniacal" approach to service delivery on behalf of the people, which will translate into a great experience for everyone doing business with the government.

**Mark Fisher**, a Tea Party Member running as a Republican, displays an interesting mix of libertarianism, paternalism and suspicion of big business. His main exposure to healthcare comes as owner of a small business providing health insurance benefits for employees. Health plans refused to provide coverage because he paid 100 percent of his employees' out-of-pocket costs, thereby neutralizing the intended impact of member cost sharing and potentially driving up costs. "What I learned is that [health plans] are more concerned about making big profits than they are about providing care for those who are paying the premiums." He intends to bring a "healthy dose of common sense" and skepticism of big healthcare players to Beacon Hill.

**Evan Falchuk** was president of Best Doctors, a company that focuses on helping patients get the correct diagnosis. Once a disease is diagnosed properly the patient can get the right treatment. But with wrong diagnosis comes incorrect treatment, extra costs and poor results. Evan applies the analogy of diagnosis and treatment to the public realm. "It's easy to treat the symptoms rather than the disease and to miss the underlying causes in an effort to take quick action." He's learned how hard it is to make complex decisions. "You have to be able to confront reality. You have to take action that is decisive and that reflects the best understanding of what will address the problem you've identified."

**Jeff McCormick** has 25 years of experience financing growth companies, including several in healthcare and biotech. He studied biology and molecular genetics in school and so is well versed in the fundamentals of health and medicine. He's learned the value of a relentless focus on lowering costs and improving outcomes and plans to apply that philosophy to his work on healthcare and other issues as Governor. He vows to bring "a new set of eyes to identify these problems and solutions and not do more of the same old, same old."

**Don Berwick** has an international and national reputation in healthcare. He's a pediatrician who founded the Institute for Healthcare Improvement and more recently ran the Centers for Medicare and Medicaid Services (CMS), an \$800 billion federal agency. To put things in perspective, that [www.healthbusinessgroup.com](http://www.healthbusinessgroup.com)

## Candidates for Governor of Massachusetts Speak About Healthcare

budget is about 20x the size of the entire Massachusetts state budget. He pointed to his experience motivating the 5500 CMS employees and his conviction that government employees “are just as eager to be proud of their work, and just as amenable to learning about modern approaches to improvement as any workforce” if they have the right leadership. He wants to bring that approach to the Massachusetts government workforce.

Unlike some of the other candidates, **Martha Coakley** does not have a career in healthcare to fall back on when answering my wonky queries. But she points to her eight years as Attorney General and the various learning curves she’s traveled down including in healthcare. She’s learned to appreciate the bipartisan agreement on assuring universal insurance coverage and wants to leverage that consensus in order to cut costs, provide better prevention and address underlying cost drivers such as the prevalence of diabetes and asthma. She suggests that her experience working closely on healthcare issues as AG will translate into rapid progress as Governor and enable Massachusetts to act as a national leader on health reform.

**Joe Avellone** reflected on two major themes from his long career as a surgeon and healthcare executive. He understands the “absolute sanctity of the doctor-patient relationship” and the importance of preventive medicine. He pledges to keep in mind the individual, “inviolable” relationship between doctor and patient even when thinking systemically about big picture solutions. And he asserts that the state is the right agent to invest in preventive health because of the distant time horizon for a payoff. This means taking the long view on public health threats like childhood obesity, smoking, and Hepatitis C.

**Steve Grossman** says he’s learned from his private sector and government career (he’s State Treasurer) that job creation is about investing wisely and creating proper incentives. He cites his experience running a unionized shop that offered earned sick time for more than 25 years. “People who believe that you are willing to invest in them are going to invest in you.” He pledges to “level the playing field” to make sure no one in Massachusetts is left behind on access to quality healthcare even as we grapple with cost containment.

**Juliette Kayyem** has a background in homeland security in both the federal and state government. She looks at healthcare through the lens of harm reduction and public health preparedness. “Homeland Security... is really about buttressing preparedness through various systems that protect people.” As a result she says she wants to focus on public health and community health centers, and to strengthen relationships between elite hospitals and health centers.

## 5 CHARLIE BAKER, REPUBLICAN

---

Audio link: <http://healthbusinessblog.com/2014/02/25/charlie-baker-candidate-for-governor-of-massachusetts-speaks-with-the-health-business-blog/>

Full transcript: <http://healthbusinessblog.com/2014/02/25/transcript-of-podcast-interview-with-charlie-baker-candidate-for-governor-of-massachusetts/>

**Does Chapter 224 represent the right approach to addressing rising healthcare costs? If not, where does it miss the mark and what would you do differently?**

Baker expresses openness to this approach, but only if the Commission and administrators can address three main issues he sees as “fundamental to dealing with the rising cost of healthcare”:

1. Lack of transparency regarding price and performance. Price variations are “known to many people who currently work in the system, but are not known to those actually receiving the service.”
2. 224 must address the “...roughly 5% of the population who account for 50% of healthcare expenditures.” These are people managing multiple chronic illnesses, who end up “pin-balling all over the healthcare system”.



3. 224 has the potential: “to move us in the opposite direction” due to the “enormous amount of administrivia in healthcare.” The state should focus on working with the provider community to reduce the amount of “non-value-added” paperwork and bureaucracy within the current system. “There’s a lot of money we’re chewing up that isn’t really adding very much to the patient experience.”

***Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***

Baker believes the state already has the power to “make the system more transparent.” He thinks the state should be “a lot more aggressive” about making information publicly available.

He says providers that do a good job at offering a reasonable price for services should be “rewarded...and given the public recognition they deserve...”

## Candidates for Governor of Massachusetts Speak About Healthcare

Baker highlights disparities in reimbursements for the same services between Medicare, Medicaid, and private payers, which are known to those within the healthcare system, but not the general public. “The more sunshine the better. If everybody looks at [this issue] and says we’re fine with it, that’s one thing. But that ought to be something the people are made aware of.”

### ***More than a dozen state agencies have a role in healthcare. Is there an opportunity to consolidate or rationalize them?***

Baker is critical of the state’s approach to addressing healthcare issues, saying: “...when we have a problem, we create a new agency.” He believes this approach has the effect of “fragmenting a lot of the decision-making, a lot of the data collection, and a lot of the regulatory activity across multiple agencies.”

Baker says that this leads to conflicting regulatory directions coming from multiple agencies.

He says “there is a big opportunity, to rationalize the way the state works with, and relates to, all the players in the system.”

### ***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

Baker says the most important role the government can play in this area is requiring provider organizations to use interoperable technology for electronic medical records.

He says the trend has been to develop closed systems that work within providers, but “don’t connect and communicate with anybody else’s system.”

Baker states: “Electronic medical records need to be able to share data with other provider organizations”, and he believes that patients should not be “responsible for owning and carrying around their medical records from...provider to provider.”

### ***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***

Baker says: “it depends on facts that I don’t believe are currently available to us.” Once more information is collected the state can develop conclusions about best practices using models that have been proven to work in other areas.

He cites his experience in state government, especially the development of strong community-based networks to ensure universal access to vaccines for children. For Hepatitis C, he would “develop a delivery strategy that builds on some of the successes we’ve had with joint efforts with the provider community and the plans before.”

***There are multiple healthcare related ballot questions. What are your thoughts about them?***

Baker says he believes the state “has capacity to create more transparency,” but indicates that he needs to spend more time to get a better understanding on what the state has the ability to accomplish, and whether a ballot question is the best route to address transparency in hospital financial reporting.

On nurse staffing ratios, Baker says “there’s nobody who likes, admires, and appreciates nurses more than me.” When he was in state government he pursued a number of initiatives to help nurses “significantly broaden their portfolio with respect to what they were able and capable of doing under existing and proposed state law and regulation.”

He states that before making a decision on the ballot question, he would seek input from the nursing community, so that his actions don’t “freeze in place the notion that we absolutely, positively, know and understand what it is we think nurses should be doing...”

***How did your experience as CEO of Harvard Pilgrim Healthcare prepare you to be Governor?***

Baker says his eight years working in state government and his ten years as CEO of Harvard Pilgrim Health Care give him unique qualifications.

He describes two major things he learned from his past work:

“You have to be able to create a culture of accountability. Set the bar high, hire really good people, and work with the people you have.” But he states that the most important move is to “come up with metrics and ways to monitor performance, and then expect people to perform and achieve to that level.”

The second thing is to create “a real culture of service.” This, he says, is why “Harvard Pilgrim went from receivership to number one in the country for member satisfaction when I was there.” Baker says: “I would like to bring that same maniacal approach to dramatically enhancing and improving the state’s ability to think about service and to deliver service on behalf of the people of the Commonwealth.”

Baker continues: “I would very much like to have the chance to turn Massachusetts into a national model around its ability to deliver a high quality service experience for everybody; people who are looking to get permits, people who are looking to get questions answered, people who are looking for guidance with respect to regulatory policy, and all the rest.”

***Much of the emphasis in healthcare reform is on adult patients. Is there a need for a specific focus on children’s health?***

Baker says: “Massachusetts has done a good job of covering both its adults and its kids, but I worry about the impact these federal reform laws are going to have on the ability to continue the things that

## Candidates for Governor of Massachusetts Speak About Healthcare

have worked here. And I have been disappointed by the inability of the Health Connector to get anything done, and to work for the people who need to rely on the Connector to get their coverage.”

He continues: “I’m a huge believer in expanding the capacity and support for primary care. That includes pediatrics, which I think is an area that has been neglected by the healthcare system over the course of the past decade or so.”

### ***Is there anything you’d like to add?***

“I bring a unique blend of public and private sector experience to this job. I’ve been able to demonstrate my capacity to lead and to succeed as a manager and as a leader in healthcare over the course of the past 20 years. I think that’s a really important area for us as we go forward as a state, not just in terms of quality and cost, but also as a major employer and a major source of innovation and entrepreneurship in Massachusetts.”

”I’m a big believer in discipline and focus. I will bring an aggressive approach to making sure the state’s assets are well-managed, if people choose to give me the opportunity to serve as their Governor in 2015 and beyond.

## 6 MARK FISHER, REPUBLICAN/TEA PARTY

---

Audio link: <http://healthbusinessblog.com/2014/02/27/mark-fisher-candidate-for-governor-of-massachusetts-speaks-with-the-health-business-blog/>

Full transcript: <http://healthbusinessblog.com/2014/02/27/transcript-of-podcast-interview-with-mark-fisher-candidate-for-governor-of-massachusetts/>

***Does Chapter 224 represent the right approach to addressing rising healthcare costs? If not, where does it miss the mark and what would you do differently?***



“It is the wrong approach. It’s a huge costly government intrusion.”



“[Chapter 224] creates two huge new entities and seven different task forces and committees that employ a total 100 different people. It’s taking supposedly 50 million dollars from the casino licenses. I don’t look to the government for reducing the cost of anything.”

“I agree with the proposal to eliminate the number of physician assistants that can report to any one doctor. I think that’s a great thing.”

“I believe that a patient should be able to choose to have a physician’s assistant as their primary care provider. Chapter 224 does allow for that.”

***Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***

“The problem is that we, as the buyers, the patients, have a middleman called the insurer. We all believe, as individuals, we can’t control the cost. It’s between the providers and insurers.”

“When we go for services, it’s the insurer who ends up paying the hospital or the doctor. If patients had more of the same selection, let’s say, of routine care, office visits and such and they had insurance only for more serious care, then we could start to address some of these problems.”

“We have to be the people who have to see those differences and make a decision accordingly. We can’t do that right now with the insurer paying for all those cost.”

***More than a dozen state agencies have a role in healthcare. Is there an opportunity to consolidate or rationalize them?***



## Candidates for Governor of Massachusetts Speak About Healthcare

“When I think about government, I don’t think about reason. [State agencies] exist to employ political allies.”

“We have the highest premiums in the nation. We’ve been in this experiment with Romney Care for nine years now. It was supposed to reduce cost and we have the highest cost in the nation, and it’s going to happen with the Affordable Care Act throughout the country. We have an opportunity to consolidate or even eliminate many of these agencies.”

***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

“The benefit of such technology should be plain for all to see. If it isn’t plain for all to see, there’s no way that the government is going to make it clearer. The government is just going to make it worse, they’re going to claim that they’ve made it better and then they’re going to send us the bill for their services.”

***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***

“Hepatitis C has spread through the use of unsterile drug paraphernalia and needles, or through unlicensed facilities that are using such things.”

“The government has a role to play here, but its focus should be in the area of prevention.”

***There are multiple healthcare related ballot questions. What are your thoughts about them?***

“If the patient and nurse ratio is made known to the public, they can decide for themselves which facility they would prefer to use or be treated in. I don’t think that making a new law is the best way, or the best approach, to achieve them.”

***How has your experience as a business owner prepared you to be Governor?***

“As a small business owner, I’ve been a victim of big business insurers. What I learned is that they are more concerned about making big profits than they are in providing care for the patients that are paying the premiums.”

“In running a small business, we balance our checkbook, we live within our means, and have a healthy dose of common sense. Those are the things that make a big difference on this issue and all issues on Beacon Hill.”

***Much of the emphasis in healthcare reform is on adult patients. Is there a need for a specific focus on children’s health?***

## Candidates for Governor of Massachusetts Speak About Healthcare

“We do not have to provide equal amounts of dollars to each group to say that we’re treating them equally.”

“We do the best we can, and we know it’s not going to be perfect, and we provide the best available care with the means that we have.”

“I don’t like this divide-and-conquer mentality or pitting one group against the other. We’re a commonwealth. If we believe that and try to do the best we can, we would best serve all the different groups under our care.”

### ***Is there anything you’d like to add?***

“Government intrusion into healthcare is bad.”

“With the Affordable Care Act, as well as statewide laws in Massachusetts, we have actually driven up cost.”

“I challenge insurers to expand these lower premium, catastrophic only, insurance plans.”

“Let’s open up the marketplace to all insurance plans across state borders.”

“We need to reject the Affordable Care Act in order to realize these cost savings.”

## 7 EVAN FALCHUK, UNITED INDEPENDENT PARTY

---

*Audio link: <http://healthbusinessblog.com/2014/03/02/evan-falchuk-candidate-for-governor-of-massachusetts-speaks-with-the-health-business-blog/>*

*Full transcript: <http://healthbusinessblog.com/2014/03/02/transcript-of-podcast-interview-with-evan-falchuk-candidate-for-governor-of-massachusetts/>*

***Does Chapter 224 represent the right approach to addressing rising healthcare costs? If not, where does it miss the mark and what would you do differently?***

“It’s a start. The larger problem that we have with healthcare costs is that they keep going up. The largest driver is hospital cost, and in particular the rising prices... Researchers are finding that as hospitals merge and they get bigger, they have more bargaining power to ask for higher prices from insurers and other payers, and they take advantage of it.”

“We’re seeing a monopolistic market structure going on in Massachusetts, where you’ve got a small number of hospital systems that have control of 72% of the market. As we’re seeing now, with the planned acquisition by Partners of South Shore Hospital, there are some serious concerns about the extent to which that kind of market concentration causes the kind of increased prices that are driving healthcare costs in our state.”

“If the state really wants to tackle this, we’ve got to put teeth into the promise of 224.”

***Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***

“In the bigger picture, we’ve got a problem with Massachusetts becoming increasingly unaffordable to live in. Healthcare cost is perhaps the leading cause of that problem. It makes it hard for people to save money and to get ahead, or start a business, or take care of a parent.”

“What the state can do is to create the kind of fee schedule that would get rid of those inequities. If there’s a difference in quality between one hospital and another, then I’m completely understanding of the need to pay more. But now you see the kinds of situations that you described in your question. Sometimes you see a difference of six times or more between the same care delivered in two different places. One hospital has bigger bargaining power and one has lesser, and that’s a distortion.”

***More than a dozen state agencies have a role in healthcare. Is there an opportunity to consolidate or rationalize them?***

“I think that rationalizing the way that some of the services all over the state level are delivered would save some money. However, I don’t think you could compare that to the amount of money that can be saved from rationalizing the way that healthcare is paid for in hospitals today.”

***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

“One of the challenges has been incentivizing and trying to encourage providers to adopt more electronic medical records. It has been spotty, at best. The systems that are in one hospital may not talk to another, and one doctor’s office or one diagnostic center may not talk to another one. There are enormous efficiency gains that happen across the economy when people adopt all kinds of electronic record keeping.”

”Now why, in an industry that is as innovative as healthcare, have we seen slow adoption rates of electronic medical records? I suspect part of the answer is that hospitals are able to get away with being very inefficient in the way that they deliver service. They can just charge the insurance company or the government for their inefficiency.”



“Until we can change the financial incentives, and make it so that it is in the hospitals’ best interest to adopt these kinds of systems, we won’t see the kind of adoption that we need to see. Hospitals need to change not because there’s an incentive from the government to do so, but rather because it will affect their bottom line if they don’t.”

***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***

“One thing that’s important about Hepatitis C is that it’s related very commonly to drug use. The state has a role to play in helping make sure that people who are dealing with mental health issues or substance abuse issues can get the kind of treatment that they

need. This is so they don’t end up in a situation where they’re dealing with the question of ‘How do I pay for the Hepatitis C drug?’”

”It’s better if you can help address a problem before it becomes much worse. So, if we can help people avoid self-medicating and using these kinds of really harmful drugs on themselves, we can also avoid someone getting Hepatitis C. Not to mention, there is the human toll these kinds of illnesses and drugs take on people. There’s a lot the state can do to really address this problem.”

***There are multiple healthcare related ballot questions. What are your thoughts about them?***

On executive compensation:

## Candidates for Governor of Massachusetts Speak About Healthcare

“There is a feeling among so many voters out there that there’s a lot of money being made in these hospitals, but the quality of care isn’t matching up with what people are paying for. It’s easy then to point to the executive compensation and say that’s part of the problem. I think it is a problem, but the executive compensation part is really just a symptom.”

“I’m not against people making money and certainly not for being successful in what they do.”

“I think there are better ways to address that problem than to just attack CEO pay. I’d rather go after the issue much more comprehensively. It’s easy then to point to the executive compensation and say that’s part of the problem. I think it is a problem, but the executive compensation part is really just a symptom.”

On nurse staffing ratios:

“It’s a blunt instrument to use to do something very complicated, which is to make sure that we’ve got truly patient-centric care. Again, it’s a symptom of this larger issue of the incentives in healthcare and the way that they work. We will continue to see these kinds of outcomes until we can drive through the kind of change that says hospitals must be incentivized to deliver efficient, affordable, high quality care.”

### ***What did you learn running Best Doctors that will be useful as Governor?***

“Best Doctors is a fascinating company that’s totally focused on making sure that each patient has the right diagnosis when they’re facing an illness. This issue of making sure you got the right diagnosis before you go ahead and start treating someone is hugely important. In public policy... it’s really the same type of thing. I think very often it’s easy to treat symptoms rather than disease and to miss the underlying causes in an effort to take quick action to move something forward.”

“From that experience, first of all, you learn a great deal of humility about how hard it is to make complicated decisions. You have to make sure that you’re thoughtful and that you’re able to say, ‘We have to find out what the reality is.’ You have to be able to confront that reality. You have to take action that is decisive and that reflects the best understanding of what are the things that will address the problem that you’ve identified.

### ***Much of the emphasis in healthcare reform is on adult patients. Is there a need for a specific focus on children’s health?***

“One of the challenges is that while adults can come and they can describe, pretty clearly, what’s going on with them, kids can’t. They often need to rely on an adult to do it for them. That adult may not be someone who spends a lot of time taking care of themselves, or being engaged in the healthcare system, or even having their own primary care doctor. So it presents additional challenges.”

“I think there’s a great deal of public health-related responsibility, where the state has to help educate parents who may or may not have the best skills in helping to raise a healthy family. They need to know how to do it, that they’ve got to have tools in order to make it happen.”

## Candidates for Governor of Massachusetts Speak About Healthcare

“There needs to be a very clear focus from a policy standpoint on making sure that the systems are set up to deal with children.”

### ***Is there anything you'd like to add?***

“My campaign for Governor, as an independent and someone who's forming a new party, is really based on the kind of things that we're talking about here. We're saying we need to get away from the idea that there's a Democratic and Republican version of policy, and that's all that exists. “

“The majority of voters are no longer enrolled in those parties and most people are looking for something that can be just practical, pragmatic, progressive, new, thoughtful, where you can have a reasonable, rational conversation about these issues and take action on it.”

”I think this kind of dialogue, where you get to have a substantive conversation with candidates about these very important issues, is really important. It's one of the things that is missing far too often from our political debates.”

## 8 JEFF MCCORMICK, INDEPENDENT

---

Audio link: <http://healthbusinessblog.com/2014/03/04/jeff-mccormick-candidate-for-governor-of-massachusetts-speaks-with-the-health-business-blog/>

Full transcript: <http://healthbusinessblog.com/2014/03/04/transcript-of-podcast-interview-with-jeff-mccormick-candidate-for-governor-of-massachusetts/>

***Does Chapter 224 represent the right approach to addressing rising healthcare costs? If not, where does it miss the mark and what would you do differently?***

“Overall, it’s going in the right direction. We have to see how effective it is because the devil is certainly in the details.”

“We need to focus on outcomes, and it seems to me that we’re so heavily investing in the old system, rather than creating and pushing new technologies that will create a new system. I’m not sure you can migrate from one to the other very easily because these are complex, established legacy systems. That’s something that needs to be further investigated and I don’t see that in 224.”

“Healthcare is a curious industry in that often patients have no idea what they’re paying for services, and sometimes the providers don’t. So, 224 changes that dynamic somewhat; more information is always a good thing when it comes to consumers making choices.”

***Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***

“The state can play a part, but prices need to be available to the consumer, and consumers need to shop around and act like consumers. We have to figure out ways to align the interests of patients and providers.”

“Understanding these disparities is not always a result of looking at profit margins and revenues and such. When you’re asking if the state should take a step and truly manage the rates, market forces usually do a pretty efficient job once we break down some of these other barriers.”

***More than a dozen state agencies have a role in healthcare. Is there an opportunity to consolidate or rationalize them?***

“This is something that we need to look at, not just in healthcare, but across a number of different areas within the state. We want to avoid redundancies and excess bureaucracy whenever possible.”

“A lot of this can be done through technology. That needs to take place. Like almost anything, when you do that, you tend to find efficiencies and you also drive better outcomes.”



***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

“The state can incentivize the adoption of certain health information technologies and needs to work with the players in the space to create some standards to get people on the same page. We can offer economies of scale, where it lowers the implementation cost and allows for record sharing across different platforms.”

“The government certainly has helped standardize forms, and we can do that with healthcare IT to get it on the right path. We’ve got to try and drive that and make sure that the systems are integrated, and that they can communicate with each other. We don’t want these redundant efforts every time people are going in to the same systems.”



***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***

“Not unlike what happened with HIV, you have a situation where the cost can be prohibitive. What we need to do is work with some of the manufacturers to make sure that they can realize return for their work in their research and development. On the other hand, we should make treatment as affordable to as many people that need it as possible.”

“One solution might have to do with just extending patent life, so that these companies can recoup their R&D cost. They don’t have to do it in such an aggressive frontloaded way, just because they don’t have a long enough time on the patents. That’s something we need to think about. That’s a much

bigger change than something we could do just at the state level.”

***There are multiple healthcare related ballot questions. What are your thoughts about them?***

“We need to be very careful that we don’t get in the business of legislating the internal management practices or contracts between hospitals and their nurses. The nurses need to be at the table.”

“There’s a way that all of those players can work together without legislators believing that they know what’s in everyone’s best interest.”



***Your campaign platform mentions improving efficiencies and promoting preventive medicine. Are there specific steps you would take to achieve this?***

“You have to get some of the larger providers at the table. There’s extraordinary evidence that primary care pays for itself many times over.”

“One area that we have to take to the next level is nutrition. We all know that there is rampant obesity in our country, which has massive downstream effects in diabetes. There are issues in cardiology, hypertension, et cetera. So we have to push in that direction.”

***Much of the emphasis in healthcare reform is on adult patients. Is there a need for a specific focus on children’s health?***

“We don’t focus on children’s health as much as we should in certain areas like childhood obesity, which we know is absolutely going in the wrong direction and creates huge problems.”

“The child issues like asthma, overall health and fitness, they’re going to lead to higher cost. So we need to encourage healthy habits.”

“On the drug development side, it’s very common that there’s not even an arm for children in studies. We’re not compounding the way we should and there’s a lot of opportunity in that area for children’s health.”

***Is there anything you’d like to add?***

“I do want to bring a new set of eyes to identify these problems and solutions and not do more of the same old, same old.”

“This a very complicated business and I do believe we all need to focus relentlessly lowering cost and driving outcomes to be better and better. I know that’s what I’ve done in my business. Some of it through technology, a lot of it through innovation of one sort or another.”

## 9 DON BERWICK, DEMOCRAT

---

Audio link: <http://healthbusinessblog.com/2014/03/05/don-berwick-candidate-for-governor-of-massachusetts-speaks-with-the-health-business-blog/>

Full transcript: <http://healthbusinessblog.com/2014/03/05/transcript-of-podcast-interview-with-don-berwick-candidate-for-governor-of-massachusetts/>

***Does Chapter 224 represent the right approach to addressing rising healthcare costs? If not, where does it miss the mark and what would you do differently?***

“It’s directionally correct. It sets some goals for cost containment in the state. It encourages

coordinated behavior among caregivers. It’s a step in the right direction. I am hopeful about it, but its major problems are that it’s primarily voluntary.”



“It may need more teeth. It’s so urgent to get healthcare costs under control in the Commonwealth without harming a hair on a patient’s head.”

“The state should pursue what, in my former role, I used to call the Triple Aim: better care, better health, and lower cost through improvements.”

“I’m the only gubernatorial candidate who has put single-payer as an option, potential option, for the state on the table. I would like to see us move very swiftly to understand whether and how we could move into a single-payer environment.”

***Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***

“We need a lot more transparency about what these prices are set at, and more accountability for the systems that are charging significantly more. Then it has to be well-known to the public and payers. Purchasers of care need to be alert to that and help patients stay alert to it.”

***More than a dozen state agencies have a role in healthcare. Is there an opportunity to consolidate or rationalize them?***

“One of my main goals [at CMS] was to rationalize the many, many different silos or compartments within the agency. Sometimes that has to be done structurally.”

“I’m in favor of extremely high levels of cooperation with agencies and if they don’t cooperate, then we have to consider restructuring.”

***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

“Electronic records can play a big role in helping physicians and nurses. They also can be available to the patients. So it’s a very important step.”

“Federal leadership on information exchange and interfaces... has been very slow.”

“The new wave of so-called Meaningful Use requirements... will help places move more swiftly toward interface compatibility.”

“I’m encouraging relevant state agencies to get on board, and the providers of care to really adopt these new standards as fast as they possibly can.”

***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***

“I abhor the concept of rationing. I think there’s no way we should be withholding any effective treatments from patients.”

“Once we have in our hands technology that works, and is proven to work, we have to make sure it’s accessible to everybody.”

“We have to recover money from ineffective care, wasteful care, and harmful care. We need to work very hard to make sure that we have the resources liberated from healthcare waste, so we can rededicate them to things like proper Hepatitis C care.”

***There are multiple healthcare related ballot questions. What are your thoughts about them?***

“I don’t think it’s a good idea to legislate ratios. I think what we should legislate is adequate care. I favor standards in the Commonwealth in which we absolutely guarantee that all patients have adequate nurse coverage at all times.”

## Candidates for Governor of Massachusetts Speak About Healthcare

“To put a specific ratio into legislation could be a mistake. It’s trying to do management with law and I think that’s a mistake and I fear that a ratio in law that’s intended to be an adequate number will soon become a ceiling.”

### ***What did you learn from running CMS that will be useful as Governor?***

“I loved running CMS. It’s the largest agency by budget in the federal government, \$800 billion. It’s 5,500 employees.”

“I know a lot about executive leadership for improvement in quality and excellence.”

“I set very high goals. I invited everybody to join as a single team.”

“[At CMS] I encouraged them to innovate in their jobs. So the workforce had the support from me to try new things. Even if they failed, we still learned. I emphasized customer focus.”

“We will work very hard on excellence and quality in operations of the state government, from top to bottom, end-to-end, and I will personally invest in that as I did in leading CMS. What I learned there is that it works in government just as it does in the private sector, if you’ve got a leader that understands that.”

### ***Much of the emphasis in healthcare reform is on adult patients. Is there a need for a specific focus on children’s health?***

“The well-being of children poses a very exciting challenge, and one that the state ought to be embracing, which is to understand child well-being as a totality.”

“If you want to have a healthy child, you have to think systemically.”

“A healthy child isn’t just getting good healthcare. They also need a healthy environment. They need parents who have a secure role in the economy. They’re not being challenged by unsafe streets, or threats in the air, in the environment, or from pollution.”

“I’d love to foster a community-by-community endeavor in the entire Commonwealth on a voluntary basis. That’s involving every community to improve the well-being of every young child, in cooperation with families, and really assure a child’s readiness for school, good nutrition, and high self-esteem. I think we can do that in the Commonwealth.”

### ***Is there anything you’d like to add?***

“I want to emphasize how excited I am about the possibility of bringing my skills in executive leadership and improvement into the leadership role of Governor. I’ve worked in large systems and I understand how to recruit energies of the workforce on behalf of the people who are served.”

## 10 MARTHA COAKLEY, DEMOCRAT

---

*Audio link: <http://healthbusinessblog.com/2014/03/06/martha-coakley-attorney-general-and-candidate-for-governor-of-massachusetts-speaks-with-the-health-business-blog/>*

*Full transcript: <http://healthbusinessblog.com/2014/03/06/transcript-of-podcast-interview-with-martha-coakley-attorney-general-and-candidate-for-governor-of-massachusetts/>*

***Does Chapter 224 represent the right approach to addressing rising healthcare costs? If not, where does it miss the mark and what would you do differently?***

“The legislation does a very good job at addressing, for now at least, the major issues [of] accountability and transparency.”

“This statute is the right way to go for now... It gives us the tools in the short run we need, but also gives us the flexibility that if we need to change it later... that is built into this legislation.”

***Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***

“We developed the concept of total medical expenses and metrics to measure the value of what hospitals are doing, particularly in areas that you can measure... We needed to look at whether they were being reimbursed in a fair way for the total medical expenses involved in that service.”

***More than a dozen state agencies have a role in healthcare. Is there an opportunity to consolidate or rationalize them?***

“One of the things we’re doing right now is looking at exactly how the state itself can be more efficient and effective in both changing and working with how the market is going, and doing the oversight on that. The statute, in setting up these two new commissions, the Health Policy Commission and the CHIA to look at what the market is doing in somewhat real time is an important place to be right now.

“One of the things that’s important to me as AG and would be as Governor would be to take a look at how we are structured at the state level both in terms of what the mission is of different agencies and other collaboratives or commissions.”

***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

“It’s pretty clear that we need to make an investment in technology that will let us have quicker information, and make sure that all of our providers are able to do this.”

“As we become increasingly technology-savvy, we’re also increasingly concerned about keeping information confidential, particularly in this area, where patients’ information is so crucial.”

***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***



“That’s a good example, and it’s not the only one, of where new developments in drugs are helpful and pharmaceutical companies spent a lot of money investing in them. They have a patent. They want to get their return on the investment. But we also need to make sure that it is available to people who need it, and the state obviously has to play a role. And that’s the whole idea behind what we’ve done in healthcare reform. It’s making sure that people have the coverage they need and the access to go to doctors.”

***There are multiple healthcare related ballot questions. What are your thoughts about them?***

On CEO compensation:

“We played a big role in looking at some of the compensation issues for CEOs and for boards in terms of not-for-profits. That discussion has begun a very healthy talk about what is the appropriate range for boards to make

determinations. Boards of not-for-profits, which are most of our hospitals and healthcare institutions, have a very serious job to play in making sure that the assets of the charities are being used responsibly.”

On nurse staffing:

“I’m very sympathetic to nurses’ concerns about being able to perform their duties in the right timeframe, with the right resources and to be able to manage their patient care, as well as make sure that patients get the right treatment.”

## Candidates for Governor of Massachusetts Speak About Healthcare

“Trying to get a ballot determination on it may not be as easy as people think. But I certainly think the topic is a good one for discussion and continue to support nurses and frankly, others, who are saying, ‘we need more help, we need more support to do our jobs right.’”

### ***Are there specific things you learned about healthcare as AG that will be useful as Governor?***

“Particularly in healthcare, it’s been a very interesting and rewarding journey for me to see how unique Massachusetts is and the relationship we have with our elected officials on both sides of the aisle, with our not-for-profit healthcare providers and insurance companies and our for-profit providers.”

“I think the next Governor of Massachusetts has a huge opportunity to continue to cut cost curves and look at better prevention, better coverage, and cutting cost drivers like diabetes and asthma.”

### ***Much of the emphasis in healthcare reform is on adult patients. Is there a need for a specific focus on children’s health?***

“It’s incredibly important to focus on wellness and prevention for children.”

“We can save money down the road if we focus on pediatric issues and make sure that we provide kids good healthcare when they’re sick and good prevention to help them be healthy adults.”

### ***Is there anything you’d like to add?***

“I would like to talk about the idea of mental health and behavioral health and how this is the time to try to reduce the stigma around getting help for people who have depression or bipolar or behavioral addiction and focus on that.”

“In 2014, Massachusetts, with our great doctors, with our advances in biopharmaceuticals should be able to both reduce that stigma and make sure people have access to care. As I mentioned earlier, both for kids and for adults, getting help for a mental or behavioral illness should be no different than getting help for diabetes.”



## 11 JOE AVELLONE, DEMOCRAT

---

Audio link: <http://healthbusinessblog.com/2014/03/09/joe-avellone-candidate-for-governor-of-massachusetts-speaks-with-the-health-business-blog/>

Full transcript: <http://healthbusinessblog.com/2014/03/09/transcript-of-podcast-interview-with-joe-avellone-candidate-for-governor-of-massachusetts/>

***Does Chapter 224 represent the right approach to addressing rising health care costs? If not, where does it miss the mark and what would you do differently?***

“It does several things very well. First it allows for data collection, which is absolutely important to understand the true patterns of care. It also allows a process for setting targets. That’s an important thing as well. It calls for corrective action plans to bring outliers back towards the targets, which is also very important.”

“Something that will occur more down the road is the idea of having accreditation for these large integrated organizations. As they take on new kinds of contracts, global payments, and bundled payments, this will be incredibly important.”

“The Health Policy Commission could have a more active role in ascertaining appropriate levels of care in these larger systems. They should continue to take on a vigorous role in taking a hard look at the cost impact of mergers as they occur in our systems over time.”

***Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***



“We have a mixed model system, with private payers and public payers. What the state should continue to do is have more transparency around these contracts, so as consumers choose among providers, they have a better understanding [of the contracts]”

“As a companion with the pricing, we should continue to focus on building up the quality measures, even with all of the challenges around that, so that people can do more value pricing, and choose more on the basis of value than just the straight price itself.”

***More than a dozen state agencies have a role in health care. Is there an opportunity to consolidate or rationalize them?***

“There is ‘silo-ization’ in our state government. We have to continue to look at it, especially as we’re moving towards a more integrated approach to healthcare.”



## Candidates for Governor of Massachusetts Speak About Healthcare

“What I see are disconnects between our mental health system and our substance abuse capabilities of the state, which are in the public health department.”

”Public health itself is pretty much divorced from health and human services. We ought to address that from an organizational standpoint.”

“Substance abuse has to have a higher profile in our Commonwealth. We should think of it more as a medical problem than a criminal justice problem.”

***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

“Despite the frustrations of implementing electronic medical records, they have a huge impact on both quality and cost of healthcare overall.”

“Electronic medical records create the means by which doctors can operate and collaborate in teams, in which better planning for after-discharge of the hospital can be done. It’s absolutely important for the future.”

“The state ought to continue to be supportive and push for full use of electronic medical records. The state should continue to push for inter-operability, so that the systems can talk to each other.”

***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***

“This is a scourge that is going to be a huge problem for us down the road.”

“In my administration I’m going to propose widespread access to testing, perhaps even anonymous testing, like was done in HIV to encourage people to get tested.”

“We definitely need to have more widespread public education about this disease and more identified places for treatment.”

***There are multiple health care related ballot questions. What are your thoughts about them?***

“I agree with the idea of the staffing ratios that are inherent in the ballot initiative.”

“The way to save money in our healthcare systems is not to jeopardize the safety of patients and hospitals by understaffed wards. It’s really to take the inefficiency out of the delivery system itself and coordinate the care more.”

***What have you learned as a surgeon and health care executive that will be useful as Governor?***

“Having been a practicing surgeon, I understand the absolute sanctity of the doctor-patient relationship. Even though we talk about the health system all the time, it really is built around maintaining that inviolate doctor-patient relationship. That is at the core of our profession.”

“I’ve learned the importance of preventive medicine – it actually works. It’s very difficult for most organizations to invest in it because of the long-term time horizon, but the state is the appropriate level.”

“The modern killers are obesity, especially childhood obesity, smoking, and Hepatitis C. The state is the only entity that can really make the appropriate investments, given that the return in health and all the cost to all of us is far down the road.”

***Much of the emphasis in health care reform is on adult patients. Is there a need for a specific focus on children’s health?***

“We all have to recognize that children are not just small adults. What that means for drug treatment or other kinds of therapy is still an active area to learn about. We have to make sure that our health system understands and is sensitive to that.”

“In our Commonwealth we’ve underserved children in mental health needs, especially adolescents. This is a too-forgotten part of our system, and as we improve the mental healthcare system we have to pay special attention that adolescent mental health issues in particular are addressed.”

***Is there anything you’d like to add?***

“Healthcare is the most intimate and important of all services, and it’s something that affects everybody, from birth to death and all of our families. It’s also becoming a bigger and bigger part of our political life.”

“The health profession itself, all aspects of it, needs to understand that they have to get engaged in the political process, that people like me need to run for office and participate in it.”

## 12 STEVE GROSSMAN, DEMOCRAT

---

Audio link: <http://healthbusinessblog.com/2014/03/11/steve-grossman-candidate-for-governor-of-massachusetts-speaks-with-the-health-business-blog/>

Full transcript: <http://healthbusinessblog.com/2014/03/11/transcript-of-podcast-interview-with-steve-grossman-candidate-for-governor-of-massachusetts/>

***Does Chapter 224 represent the right approach to addressing rising health care costs? If not, where does it miss the mark and what would you do differently?***

“It’s a solid approach to curb the rising cost of healthcare. By limiting the growth of healthcare cost to the growth of the state economy, it gives a very achievable target”

“It’s going to take several years to really assess how effective it is, and how effective the various ingredients contained in it are at achieving the desired for results.”



“I would like some thought given to how we can reduce the cost of prescription drugs. As I look at the community health centers and see the pharmacies contained in the community health centers, it’s clear that they have been successful at using the authority they have legally to reduce the cost of prescription drugs.”

“One of the weaknesses of the Affordable Care Act is the failure to include the multiplicity rating factors that Massachusetts was using to help reduce the cost of healthcare for small businesses.”

“I have made it clear that single payer should be on the table and should be examined very, very carefully”

***Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***

“It has a role to play. One of the roles is to drive transparency as a very, very important ingredient, to the extent that the consumer, the customer, knows of the differences in reimbursement rates for various and sundry procedures.”

## Candidates for Governor of Massachusetts Speak About Healthcare

“The state has a responsibility to make sure that people are aware of the differences in cost. By trying to balance quality and cost, you can demonstrate to the consumer that they are just as well-off, if not better, going to a local medical institution for care they may have sought from a higher-cost provider over a period of time.”

“As a fundamental principle we need to consistently articulate that equity and fairness in payments that protect both teaching hospitals and community hospitals, is something we care about.”

***More than a dozen state agencies have a role in health care. Is there an opportunity to consolidate or rationalize them?***

“The answer, in principle, is unquestionably yes. In other parts of state government I’ve seen a number of issues that are being dealt with by a multiplicity of state agencies. Oftentimes, we are harmed by a silo approach to problem-solving: different agencies maintaining their role, holding on to their role fiercely when more collegiality and collaboration would be an entirely appropriate approach.”

“If you want to utilize taxpayers’ funds wisely, you’ve got to think about how we can be fast, flexible and entrepreneurial in terms of the way we solve problems.”

***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

“Unquestionably, yes. State government should play a role and is playing a role.”

“Presumably, a portion of the investment that we’re making with struggling community hospitals will give those community hospitals the tools they need to be 21st century institutions dealing with health information technology.”

“The fact is that the cost of implementing health information technology can drive smaller medical institutions into the arms of the larger ones. They simply can’t afford the health information technology that they must purchase or acquire in order to be competitive.”

***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***

“I don’t think a caring society can afford in any way, shape, or form not to play a significant role.”

“State budgets have been cut in almost every area over the past five years. State funding for HIV/AIDS, and viral hepatitis have been cut dramatically, by nearly 40% over the past 10 to 15 years. It’s hurting us. We have to find a way to make additional investments in the health of our

## Candidates for Governor of Massachusetts Speak About Healthcare

citizens, because we will get a return on investment in the long term, and because it's the right thing to do."

### ***There are multiple health care related ballot questions. What are your thoughts about them?***

#### *On compensation for hospital executives:*

"I'm an opponent of extravagant compensation. I would join most citizens of Massachusetts in opposing that."

"Institutions that deliver healthcare are using taxpayer dollars in a very significant way, whether it's state dollars or federal dollars, so it is a valid initiative."

"By requiring hospitals to be far more transparent, it will require them to limit compensation and claw back excess profits, to make sure that taxpayer dollars are used to provide safe patient care and necessary services."

"That's a ballot question that I have no doubt will pass and represents good common sense."

#### *On nurse staffing ratios:*

"We've got to carefully consider whether rigid ratios are practical at a time when we're in a period of great transition."

"Knowing that roughly one in every six jobs in Massachusetts is directly or indirectly related to healthcare, the question is whether we can afford tight and rigid ratios at a time when these institutions need to maintain their financial balance and economic health and well-being."

### ***What have you learned in your business and government career that will be useful as Governor?***

"To the best of my knowledge, I'm the only Democrat running for Governor who has spent a lifetime creating jobs in the private sector. I have a track record, a long track record of 35 years. I took that successful track record into the Treasurer's Office."

"I understood that small businesses, which are the backbone of our economy, needed help. Help meant access to capital, and access to capital meant a small business banking partnership that's poured over \$350 million into business loans all over the state."

"What I have learned in business and in my government career as State Treasurer is that job creation, while complicated, is about investing wisely and about creating incentives that will make it easier for businesses – including businesses that are owned by women, people of color, immigrants and veterans – to flourish."

## Candidates for Governor of Massachusetts Speak About Healthcare

“People who believe that you are willing to invest in them are going to invest in you. It’s a win-win partnership that I’ve created in my own business that I’ve created at Treasury, and that will be useful as Governor.”

### ***Much of the emphasis in health care reform is on adult patients. Is there a need for a specific focus on children’s health?***

“Let me focus on the issue of emotional health and well-being of our kids. Massachusetts is a national leader in screening children for behavioral health issues. Now, whether the children are getting the care they need once they’ve been screened, that’s another question, and it’s worthy of a lot of time, effort, and attention.”

“Without diagnosis, you don’t get treatment. Making sure that we actually deliver the treatment is a critical ingredient here. That is one of the things that we should focus on. If they don’t catch issues early, they become crises. They become more difficult to manage. They result in more heavy-duty medications that children may not really need. Once the federal judge mandated that we had failed to provide early diagnosis and treatment for poor children of mental illness, our aggressiveness [in Massachusetts] moved us significantly forward.”

“I take a holistic approach to children’s health. It’s about their physical health, their mental health, and it’s about their education. I’m a big believer in universal pre-K, and all four year-olds having an opportunity to learn to read by the time they are in the third grade.”

“The instability of the family unit – substance abuse being a factor in so many families – hurts the health of children.”

“As more resources are invested in research, and more resources are spent –not just financial resources but human resources– in understanding how to deal with children on the autism spectrum, we will have a really positive impact on those children who are on that spectrum.”

### ***Is there anything you’d like to add?***

“Rather than only focusing on income and economic disparity, we should talk in the same conversation about healthcare disparities.”

“We’ve done an extraordinary job at covering a vast majority of people in Massachusetts, particularly children. As we grapple with wrapping our arms around healthcare cost and cost containment, we need to make sure that those communities and those citizens who live in older industrial cities – neighborhoods in Boston even and also rural areas – have a level playing field. Leveling the playing field and leaving no one behind in terms of healthcare access and quality is a hugely important issue.”

## 13 JULIETTE KAYYEM, DEMOCRAT

---

*Audio link: <http://healthbusinessblog.com/2014/03/13/juliette-kayyem-candidate-for-governor-of-massachusetts-speaks-with-health-business-blog/>*

*Full transcript: <http://healthbusinessblog.com/2014/03/13/transcript-of-podcast-interview-with-juliette-kayyem-candidate-for-governor-of-massachusetts/>*

***Does Chapter 224 represent the right approach to addressing rising health care costs? If not, where does it miss the mark and what would you do differently?***

“It’s absolutely the right approach in terms of Massachusetts being the first state to try to crack the nut of rising healthcare costs.”



“While it is a great start, there’s no way we can think that we’re done with the challenge of healthcare, both in terms of the burden that places on our state budget, but also in terms of looking at other ways to relieve a healthcare system that’s under stress.”

***Question 2: Certain provider systems in Massachusetts are reimbursed significantly more than others for the same services even though there are virtually no differences in quality. Does the state have a part to play in addressing these disparities?***

“There’s more that the state can do. But we need to realize that it’s a competitive field and that there are going to be limitations to what the market can correct. Transparency

is good, and litigating or having causes of action against abuses is good. Then let the market begin to drive some better behavior, which I do believe it will.”

***More than a dozen state agencies have a role in health care. Is there an opportunity to consolidate or rationalize them?***

“There is no question that rationalizing and consolidating them is important.”

“We need to work through all those different layers to ensure that agencies are working together. What we need to do, what the new Governor needs to do is to ask, can the delivery of service become more efficient?”



***Government policy has encouraged adoption of electronic medical records. However many providers complain about the systems and the benefits have been slow to materialize. Should state government play a role in helping to realize the promise of health information technology?***

“Medical data is the most private and therefore must be the most secure. It’s understandable that medical records have taken some time to catch up. The state can do a lot to encourage hospitals to adopt and invent new storage protocols and transfer protocols while protecting privacy.”

“This is eminently doable with state government, both providing the best practices, the R&D, and the support for private and public hospitals to do this. In the next couple of years this will begin to come to fruition.”

***Hepatitis C is 3 or 4 times more common than HIV. New drugs that can cure the infection are coming on the market this year but they are very expensive. What role should the state play in ensuring that residents are tested, linked to care, and have access to these new medications?***

“We can make things, we can buy them in bulk, we can get them down to the right hospitals or community health centers, but can we actually get them to individuals? I’m committed to finding ways in which we can do what we call that ‘last mile,’ which is most important.”

“Most importantly, we need to look at prevention of Hepatitis C. That’s only going to occur with strong public health education programs, and strong commitment to community health centers and other public education providers that are out in communities helping people live healthier lives.”

***There are multiple health care related ballot questions. What are your thoughts about them?***

“I prefer ballot initiatives going through the legislature. Ballot initiatives don’t allow for the kind of negotiations that are often required for proper implementation.”

“I would support both the fixed nurse-patient staffing ratio and the hospital financial question. If the citizens of the state passed them, I’m not going to oppose them. On the other hand, I would also like to work with the nurses’ union, with hospitals and others to get the legislation that is necessary to ensure that nurses have adequate staffing levels, and whatever other legislation might be appropriate for this space.”

***In your campaign platform, you talked about reducing health disparities in the Baystate’s underprivileged communities. Are there specific steps you have in mind to achieve this?***

“I want to do more in terms of supporting our community health centers, not just empowering them, but actually helping to grow the partnerships between them and hospitals. This will allow hospitals to adapt policies to properly accommodate changing populations in the state, such as the impoverished.”



## Candidates for Governor of Massachusetts Speak About Healthcare

“I want an ecosystem of the delivery of services that go from the most elite hospitals in the state, which we are incredibly grateful for having, to the community health centers, which are really at the forefront of the delivery of services to our underprovided communities.”

***Much of the emphasis in health care reform is on adult patients. Is there a need for a specific focus on children’s health?***

“It’s about public education. People have to understand that the health and livelihood of our children is dependent on responsible behavior of other parents about their children.”

“If you think of the burden on our healthcare system, a lot of that can be relieved by focusing on our children, and then being healthier in the future.”

“I am into risk reduction. That is what Homeland Security is about. One of the risks that I see coming down our way is the challenge of climate change and how that’s going to impact our children’s health.”

***Is there anything you’d like to add?***

“Campaigns have a tendency to make us have a healthcare policy, and an education policy, and then an employment and a criminal justice policy. Part of what I bring to this race, in conflicts and crisis management in both state and federal government, is a capacity to think about solving the problems of our time in a way that is very holistic.”

“We should begin to view healthcare not as a separate issue reserved for the professionals in the health businesses and the healthcare providers, but one that is intimately tied to educating our children, the delivery of health services through our infrastructure, and that is tied to our economy and economic growth.”

## 14 ABOUT THE AUTHOR, DAVID E. WILLIAMS

---

David E. Williams is President of the Health Business Group, a consulting firm that helps health care companies, investors and non-profits develop and execute innovative business strategies. He leads consulting teams, advises CEOs, is a member of corporate and non-profit boards, and chairs review panels for the federal government. He co-founded the company in 2003 after more than a decade as a consultant for the Boston Consulting Group and The LEK Partnership.

David has a rare ability to explain complex health care concepts simply and clearly, making him a sought after expert for media such as *NPR*, *Business Week*, *Al Jazeera America*, and *US News*. David produces the popular Health Business Blog, where he has written more than 3500 posts since 2005 and conducted more than 100 podcast interviews with entrepreneurs, executives and political leaders. The interviews in this ebook originally appeared on the blog.



He holds a BA in Economics from Wesleyan University, where he was elected to Phi Beta Kappa, and an MBA from Harvard Business School, with First Year Honors.

David's Twitter handle is @HealthBizBlog. He can be reached via the contact form on the Health Business Group website:

<http://www.healthbusinessgroup.com/contact>