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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret it seems everywhere we turn we see an unbelievable number of natural disasters happening in the wake of an already devastating hurricane season with Harvey in Texas and Louisiana, Irma hitting large swaths of the Caribbean Virgin Islands and Florida, another record-breaking storm Maria has battered the US territory of Puerto Rico which has sustained significant damage.

Margaret Flinter: I know personally I can't recall another time quite like this. And then add to this Mexico's was a week after the southern part of the country was hit with a massive earthquake, a 7.1 earthquake has hit the most populous region of Mexico city. We understand thousands of buildings damaged and destroyed, hundreds of people killed including children in school, just heartbreaking to see so much devastation in so many regions of the globe.

Mark Masselli: Yeah that is truly heartbreaking. And these regions are going to need a lot of aid and support to rebuild homes, schools, communities, years of reconstruction ahead for many of these hardest hit areas.

Margaret Flinter: That is right Mark, and our hearts go out to everybody affected. And there are -- tough hits in other areas too, there is yet another attempt underway to repeal the Affordable Care Act. This bill floated out by Republican Senators Bill Cassidy and Lindsey Graham has picked up traction and looks like it could be a very close [Inaudible 00:01:28] pending on this latest repeal and replace attempt.

Mark Masselli: Although it hasn't yet been rated by the Congressional Budget Office and may not be as we understand that, Graham Cassidy proposal looks by all accounts to be as disruptive to healthcare as its predecessors. It will dramatically increase cost and out-of-pocket expenses for people with pre-existing conditions and lead to tens of millions of Americans losing health coverage.

Margaret Flinter: And that has our guest today up in arms, Andy Slavitt is the former acting administrator for the Centers for Medicare and Medicaid under Pres. Obama, now he is a senior advisor to the Bipartisan Policy Center and he has been studying the fine print of this bill. I think it's safe to say he has a pretty unvarnished view of what the Graham Cassidy bill could do, we are looking forward to hearing his assessment.

Mark Masselli: And we also will hear from Lori Robertson who stops by, she is the Managing Editor of FactCheck.org, but 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 chcradio@chc1.com or find us on Facebook or Twitter because we love to hear from you. Now we will get to our interview with Dr. Andy Slavitt in just a moment.

Mark Masselli: But first here is our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. Just when you thought it was safe to move past the repeal discussion of the Affordable Care Act it's back on the table just a few weeks past what looked like the end of the GOP efforts to repeal the Affordable Care Act and earlier bill offered by Louisiana Republican Sen. Bill Cassidy has resurfaced he teamed up with fellow Republican Lindsey Graham and it's a last-ditch effort to repeal Obamacare before the end of the month. They are not yet scored by the Congressional Budget Office, the bill would eliminate the Medicaid expansion by 2020, would shift the Medicaid program over to the block grant system, put caps on lifetime payouts and would charge significantly higher rates and increase out-of-pocket expenses for people with pre-existing conditions.

This time around the votes may stack up a bit differently Sen. John McCain recently diagnosed with an aggressive form of brain cancer gave a famous thumbs down to this skinny bill that went to fail in the senate leaving most observers seemingly resigned to the end of repeal efforts. Meanwhile Congressman Paul Ryan has said they will not support any bipartisan efforts to shore up the weak spots in the healthcare law and as for the bipartisan efforts underway in the senate HELP Committee chaired by republican Sen. Lamar Alexander and ranking minority member Democrat Patty Murray the Whitehouse has said it will not support their efforts either.

Meanwhile healthcare costs continue to rise for Americans who gain coverage through their employers Kaiser Health News has come out with an analysis have projected out-of-pocket health costs for 2017 for the 150 million Americans who get their coverage through their employers, a number of observations from the Kaiser report premiums increased only 3% on average this year. But the uptick was a shade higher than inflation and growth in wages, meaning healthcare still takes a significant chunk and growing one out of people's paychecks. Despite the slow premium growth employees have been bearing more of those costs the average premium of job-based coverage for family in 2017 was \$18,700 up about 3 1/2% from 2016. Employers paid for about 70% of their cost but they have been passing more of the costs onto their workers choosing high deductible plans as a way to defray the cost and usage of healthcare services.

And thinking about inking that lovely skin of yours, well you want to think again, there is evidence now that the ink from tattoos seeps into the bloodstream and can lodge in lymph nodes and other places you may not want to deposit that ink tating up may actually serve to clog up your endocrine system over time. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Andy Slavitt former acting administrator for the Centers of Medicare and Medicaid Services at HHS under Pres. Obama. Mr. Slavitt now serves as senior advisor to the Bipartisan Policy Center with a focus on building a sustainable high-quality health system available to all Americans. Mr. Slavitt spent 10 years at the United Healthcare Group where he served as Group Executive Vice President for Optum which he grew to \$40 billion enterprise. Mr. Slavitt founded and was CEO of HealthAllies the first online marketplace for health services which was acquired by United Healthcare. He earned his BA at Wharton School and his MBA from Harvard School of Business. Andy welcome to Conversations on Healthcare.

Andy Slavitt: Thank you.

Mark Masselli: You know I remember when my daughters were younger they watched Twilight, and there was always a conversation around the table how do we kill the vampire. And I sort of feel the same way with how do we kill the repeal and replace of the Affordable Care Act, we thought we'd seen the end of it in dramatic fashion when Sen. John McCain now iconic thumbs down motion seeking that effort. But much to the surprise of many Republican Senators Lindsey Graham and Bill Cassidy have resurrected a version of the Sen. Cassidy's earlier Health Reform Bill the so-called Graham Cassidy Bill in this last-ditch effort to replace the Affordable Care Act. I wonder if you could give our listeners an assessment of this latest iteration and what are the chances of it surviving a floor vote?

Andy Slavitt: Well you are right things do contrast [PH], the Graham Cassidy bill looks an awful lot like the prior versions of the repeal of the ACA that we have seen, and if anything it's worse. Some new information came out this morning about the bill which I think is even more surprising while the CBO will not be given enough to score the bill which itself is a red flag, we will see over 30 million American lose coverage, insurance premium rise by about 20% next year. And most important protections of American value, the protections that prohibit discrimination for people with preexisting condition or prohibit lifetime caps, those will be eliminated. And then finally I think the thing that got

America up in arms over the summer was a really significant set of cuts to the Medicaid program. It will be a huge feature of this bill as well as suppose a -- what's called the block grant and a per capita cap so that will be moving and cutting the funding for people with low income, kids and people with disability and seniors, those are certainly most important points.

Margaret Flinter: Well Andy, on the opposite side of the aisle Sen. Bernie Sanders has launched his own seemingly improbable campaign, but after the failure of the last senate measure Sen. Sanders launched his own rally and cry for single-payer approach to healthcare or Medicare for all. And he's got some growing support from at least some of his colleagues on the Hill, his own State of Vermont had tried to pass a state-based version of single payer. But he put this idea squarely in the middle of the national debate and I am really curious what your thoughts are about this development and how does this Medicare for all proposition that the center has put forward skew the health reform discussion as we move forward.

Andy Slavitt: I think one of the exciting things we observed in the country over the last number of months is you know Americans got to have the debate in a more real way than they probably have had before for the question that, is healthcare is something that Americans should view as right Affordable Care Act or is it something that they should view not as right but only something that should be available to the people who can afford it. I had observed that we're much closer now than we have ever been to suggesting that -- and we have got to figure out this about the healthcare for all Americans, Sen. Sanders' bill I think is an enormous statement in that direction. We will see other statements, other bills coming from Sen. Brian Schatz from Hawaii, Sen. Chris Murphy from Connecticut and a number of others.

So there is a lot of them, and a lot of others will get there, the debate I think is just beginning, right now I think the attention is to Graham Cassidy Bill but at some point I think it has to turn to how do we get through this.

Mark Masselli: Well you know there's -- the health law has survived a lot from the Supreme Court decisions, numerous repeal attempts, but you know embedded in that legislation it gave the executive branch enormous amount of power. And it seems like the Trump Administration is exercising [Inaudible 00:10:11] the ACA enrollment to just six weeks reduce the marketing budget for that and there's also ongoing uncertainty over the cost sharing reduction payments continue into next year. And I understand you've launched your own social media campaign to get the word out about the upcoming enrollment and some other issues. I wonder if you could tell us a little more

about what you're doing through the Bipartisan Policy Center as well, as well as your own personal efforts.

Andy Slavitt: You know there is concerted effort by the Trump Administration to depress enrollment, again the last open enrollment period and this open enrollment period there has been a 90% cut in outreach budget as well as a very big cut to in person assistance. Those are not funds by the way that come from taxpayers, those are funds that come from insurance company user fees so there is no reason to cut them. And there's new data out this morning which shows a report that Trump Administration had which shows that that was money that was well spent and the fact it was – I think it's something that should make us concerned and a little bit suspicious.

So we are going to have to rely on many others to get the word out and I think you'll hear starting in October some efforts to do that and to explain to people that the majority of Americans can access health coverage for under \$100 a month. And they can get themselves covered. And when they know that, most people would want to buy insurance.

Margaret Flintner: Well Andy, one of the things that both sides of aisle do seem to agree on is that we need opportunities for the states to move forward with innovations and health reform. And I am not sure how much people appreciate the degree to which state-based innovation was baked into the Affordable Care Act and we have seen some interesting state-based innovation since the Affordable Care Act. And several of the nation's governors have testified before the Senate Health Committee that there were ways that they could improve upon the law and better serve their constituents but they needed more flexibility to do so. Are there some state-based innovations that you are aware that you think could be scalable and help us make some progress forward?

Andy Slavitt: Well when the law was written it was written in such a way that it had a provision to say to a state, if you can meet the same objectives of the ACA which are basically covering more people with better coverage, and you can do it as affordably for people are better, you should do so, so there's enormous opportunity for states to do that. And I think some of the most interesting things that have had happened with the first couple came out of Hawaii and Alaska but you know really the principal innovation that I think is scalable is using reinsurance to bring down the cost of premium for everybody.

Mark Masselli: We are seeking today with Andy Slavitt, former acting administrator for the Center for Medicare and Medicaid Services at HHS under Pres. Obama. Mr. Slavitt now serves as a senior advisor to the Bipartisan Policy Center with a focus on building a

sustainable high-quality health system available to all people. And Andy you are known somewhat as a tech geek in the health policy world, you are known as a prolific user of social media to get the message out. And you have brought some technical expertise to the Center for Medicare and Medicaid Services during your tenure and you were initially brought in to advise the team fixing www.healthcare.gov. I wonder if you could share with us your sort of view on how technologies lovers we have had Anish Chopra and Todd Park on who have all been sort of thinking about the disruptive capability that technology brings, what's captured your attention in your interest in this area?

Andy Slavitt: Well look the thing we have to understand about technology is when it adds time to our lives and makes our day better, we like it, and that is indeed the promise of technology in healthcare as well. Only, you know in healthcare a lot of the technology that's been recently built still isn't adding time to the day of the doctor and physician. And it's still not in a position where we are allowing patient experiences to be better and I think that's a real problem, it a real challenge, and it's something we need to talk more about. When our practice doesn't equal our potential there is something wrong, our healthcare system will not get where it's going to go unless this more productively, catch diseases earlier and if you can see people in their homes instead of in hospitals that will take technology to work better.

Margaret Flinter: Andy you are now working at the Bipartisan Policy Center to promote sound policies that will improve American healthcare you know we are seeing some interesting partnerships formed in some pockets of cooperation. We saw Republicans McCain, Murkowski and Collins vote against the so-called "skinny health bill" in the Senate siding with the Democrats and therefore we are also seeing some bipartisan gubernatorial collaborations I think we would say most notably Republican Gov. John Kasich of Ohio and Democratic Gov. John Hickenlooper of Colorado who co-created their own policy initiative. I don't think we be ready to say bipartisanship is now the norm but it's refreshing to see some shifts in that direction, can you talk a bit about some of these bipartisan negotiations at play and what looks promising to you?

Andy Slavitt: Well look, I think we all can agree on is we need to rescue our healthcare system from the back-and-forth partisanship of the purely living where one party gets to stand on the sidelines and criticize the other and seek refresh [PH] every election from policies we don't like. We all need to get our fingerprints on this and I think it's very very important and I think I would encourage people that even if we come away with 80% of what we want and if we do it in a way that everybody has some skin in the game that's going be better. I have been hopeful that the Alexander -- Murray negotiations which are ongoing right now are going to be bear fruit and the people came to the table in good faith. But the Whitehouse and the Republican leadership pulled the negotiating

team away from the table and said they prefer a partisan route they want to going to Graham Cassidy instead. And it's really unfortunate you know I now that Patty Murray and the Democrats will remain at the table after the republicans are going to come back but we need to build trust back again and yesterday was not a good day for building trust.

Mark Masselli: You know as you're saying that we needed to rescue the healthcare system from its partisanship and try to make it more bipartisan and also thinking that we needed to rescue the sort of escalating cost within healthcare which has become an ever larger part of the US economy. And it seems to be unsustainable that it hasn't really changed, you know a couple questions here; one, if we could get the outcomes that Western Europe got with our expenses I think we would be happy, but we're not getting good outcomes at all, we've not figured that part of the equation on. And I am wondering if you could share with us some of the goals for your activity moving forward as you think about the reform of health policies in your personal vision of how we advance the health policy discussion and where you're focusing and applying your talents in the months and years ahead.

Andy Slavitt: Into my mind if there is one major difference between what we do in United States and what we do in other parts of the world that we had to try to emulate, it's really understanding the impact of what people talk about is the social determinants of health but the non-health care factors and how those impact healthcare system. Our problem is that the country is not the 60-year-old jogger with two Fitbits, our problem is the woman that lives two bus stops away from her dialysis center and if she misses her second bus she goes into kidney failure. We have to start focusing our innovation efforts on caring for people that are more – the most vulnerable parts of the population, those that don't get the care that the rest of us get. Unless we can conquer that and invest in those types of services, we are going to continue to struggle and see cost go up and not be able to know how to control it.

Margaret Flinter: Well you are singing certainly from the songbook of community health centers and I don't think Americans necessarily appreciate the role that federal agencies can play in innovation as well, but you have the understanding of just how engaged CMS was in trying to drive innovation in healthcare whether it was around wellness, elders or building more of a team-based care in primary care. I wonder if you would like to take a minute to talk from your perspective of the role of CMS in driving innovation and maybe you how effective some of the innovations that CMS has been driving for both Medicare and Medicaid been, what's hopeful that's been happening though?

Andy Slavitt: Well, I think we need to figure out how we change the way we pay for healthcare, we need to give more time back to physicians and I think we need to bring some more respect back to the care equation. These are not complex things, these are things that we can control based upon how we organize ourselves and how we care for our system and how we pay each other. And you know there's lots of interesting ideas out there that are all fairly new paying for prevention, for example instead of paying just throw when people get sick, paying as a bundle or somewhat entire experience of care as opposed to paying in little pieces. We are starting to see that those things work and those are the things we should continue to invest in and that we should invest in them aggressively because if we don't I think we're going to find we are not making enough progress.

Mark Masselli: We have been speaking today with Andy Slavitt, former acting administrator for the Center for Medicare and Medicaid Services and senior advisor for health at the Bipartisan Policy Center. You can learn more about their work by going to www.bipartisanpolicy.org or you can follow him on Twitter at @ASlavitt, Andy thank you for the work that you do and for joining us today in Conversations of Healthcare.

Andy Slavitt: Well thanks for having me.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: Well we have seen plenty of claims over the years about premiums for those who buy their own insurance on the individual market the employer insurance market however has experienced six years of very modest increase. The latest annual survey from the Kaiser Family Foundation and the Health Research and Educational Trust was released in September. It found that annual family premiums for employer-sponsored insurance increased 3% on average in 2017, that's a bit more than the increase in wages 2.3% and inflation 2%. The total average premium including both employers and employees premium contribution is \$18,764 for family plans, the average premium for a single person increased by 4% this year to \$6,690. These are of course averages and the premiums for individual workers vary.

A press release from the survey said, the latest figures continue “A remarkable slow down” average family premiums have gone up by 19% from 2012 through 2017, but they went up 30% over the five years before that and 51% for the five years before that. The amount employees pay for premiums has been increasing faster than the amount employers pay however. In 2017 employees paid 31% of family coverage premium, about 151 million Americans get health insurance through their employers, the largest source of insurance for the country covering 49% of the population. And that’s my fact check for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

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

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Well more than 20 million Americans have gained coverage under the Affordable Care Act, some 30 million remain uninsured and many of these are either immigrants or without the resources to purchase coverage. While most can access primary health care in the nation's community health centers and safety net hospitals, many more with complex condition simply can't afford access to specialty care. Entrepreneur Jayanth Komarneni decided to create a virtual way to bypass the system and founded the Human Diagnosis Project, a network of volunteer specialists around the country offering virtual consults for the neediest patients.

Jayanth Komarneni: The human diagnosis project is an online system built by the world's doctors to understand the best steps to help any patient. In the process of developing the Human Diagnosis Project we began talking to the world's leading medical stakeholders. We realized that there is an opportunity to develop a system that can ultimately help solve the problem for those people who won't have access to specialty care.

Margaret Flinter: Dr. Shantanu Nundy is director of the Human Diagnosis Project, he is a front-line primary care provider in a safety net clinic who saw the opportunity to provide specialty care in a cost effective way through volunteer participation from specialists.

Dr. Shantanu Nundy: The way the system works is safety net providers like myself can freely exchange electronic consultations with volunteer specialists from around the country so that the expertise that those specials have that are uninsured patients currently can have access to becomes available.

Margaret Flinter: It's estimated that roughly 35% of specialists visits can be done virtually, the Human Diagnosis Project offers an opportunity to create real savings in the healthcare system while effectively bringing treatment to millions of the most vulnerable.

Jayanth Komarneni: So there is a very real and large portion of situations in which providing an electronic perspective on that given problem will actually solve that problem for many patients.

Margaret Flinter: The Human Diagnosis Project has earned recognition as a finalist in the MacArthur Foundation's 100&Change competition, a free online portal linking safety net providers serving underserved populations to specialty care expertise, improving outcomes for millions of uninsured and vulnerable patients and improving care outcomes in the process, now that's a bright idea.

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

Mark Masselli: And I am Mark Masselli, peace and health.

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