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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 some interesting news out of Congressional Budget Office. They have downsized their projections and how much Obama Care will cost?

Margaret Flinter: Those original projections were that will cost the government roughly \$760 billion over 5 years and that number has been lowered to roughly \$520 billion or 20% reduction.

Mark Masselli: Wow and it's doing to part to a lower productions of a number of Americans seeking insurance on exchanges and therefore fewer Americans requiring government subsidies and about 2 dozen states have refused to expand Medicaid so there have been some upfront cost savings in that sector as well.

Margaret Flinter: But things are changing on that front as well Mark. Some two dozen states have chosen not to expand Medicaid which will provide health coverage to more of their vulnerable populations. We are seeing a changing of the tune in the number of traditionally conservative states as they find some ways to work with it.

Mark Masselli: And one of those states that worked with the Obama administration is Indiana and their Governor Mike Pence's worked out a deal with the Obama administration to expand Medicaid in the (inaudible 01:11) state. Some 350,000 Indiana residents will be able to gain coverage under expanded Medicaid with some caveat so have more financial responsibility for cost sharing funds will also be raised on the Cigarette Tax and healthy behaviors will be encouraged to cost saving incentives. It's an interesting approach.

Margaret Flinter: And the trend is continuing. Several states are expected to debate Medicaid expansion in the coming months including Florida, Tennessee, Wyoming, Utah and Montana so a very interesting shipped underway and I might say we predicted this would happen.

Mark Masselli: And to see what such coverage is done for Americans who have already received it we can look to a recent report by the non-partisan Commonwealth Fund which just released by any of report on health insurance in coverage and the evidence is pretty clear Margaret. Those who have gained coverage either through online

insurance market places or through Medicaid expansions are gaining not only peace of mind but access to care as well.

Margaret Flinter: Sarah Collins is the lead author on the report. She is the Vice President of Health Coverage and Access at the Commonwealth Fund. She is joining us today and she will break down the report but the bottom line more Americans have gained Affordable Coverage and they are less likely to avoid visits to providers than ever before.

Mark Masselli: We will also hear from Lori Robertson Managing Editor of FactCheck.org who always is on the hunt for misstatements made about health policy in the public domain.

Margaret Flinter: And no matter what the topic you can hear all of our shows by going to chcradio.com.

Mark Masselli: And always if you have comments please email us at chcradio@chc1.com or find us on Facebook or @chcradio on Twitter. We would love hearing from you.

Margaret Flinter: And we will go out our interview with Sarah Collins from the Commonwealth Fund 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. 20% less that's the revised estimate from the Congressional Budget Office on what the actual cost to American taxpayers will be able to course in the next 5 years to provide health insurance for millions of previously uninsured Americans, the reason fewer states expanding Medicaid than regionally expected leaving millions of Americans off the insurance roles and a lower projection of those Americans buying coverage on the exchanges meanwhile often a moment ends in February 15th while the exchange have been running smoothly on both the states and federal levels so not quite as much urgency for signing up this time around. Analyst expect the page to pick up as we wind down to February 15th and what about the Supreme Court, the March 4th hearing looms on insurance questions whether the language of the ACA intended to provide tax subsidies for residence in the states relying on the federal exchange, 37 of them so far.

If the High Court decides in favor of the challenge it could undermine the extremely popular aspect to the law that makes coverage affordable for millions Americans. 87% of those who purchase insurance on those exchanges receive some kind of tax subsidy. The Supreme Court decision expected in June and E-cigarettes and Your Health a recent study by the Journal of the American Medical Association found that vaping or E-cigs have much higher concentrations of Formaldehyde and other toxins than found in cigarettes. California just one state now getting on the bandwagon to discourage vaping especially among the youth population a recent showed in the past month 17 of high school students had puffed on E-Cigarettes posting flavors like bubblegum and cotton candy. One person become hooked on nicotine it's estimated to spend \$1.5 million just buying cigarettes alone. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Economist Sarah Collins PhD Vice President of Health Care Coverage and Access at the Commonwealth Fund, a private foundation promoting a high functioning healthcare system. Collins had led the Funds National Program on health insurance since 2005. Prolific writer and analyst of health policy Ms. Collins served as Associate Editor at US News and World Report. She earned her undergraduate degree in Economics from Washington University and her PhD from George Washington University. Sarah welcome to Conversations on Healthcare.

Sara Collins: Thank you very much for having me.

Mark Masselli: Well so much has changed over the last couple of years. We are currently in the 2nd year of enrollment under the Affordable Care Act and more than 20 million Americans who were previously uninsured are expected to have signed up for coverage and that really dovetails with the Commonwealth Funds recently released report on health insurance coverage in America and it's the first time since you started collecting this data that there has been a decline in the number of uninsured Americans. Can you tell our listeners more about your reports, findings and how significant change this really is?

Sara Collins: So the Commonwealth Fund has been conducting the biannual health insurance survey since 2001 and we asked adults ages 19 to 64 about their health insurance coverage and then we asked them several related questions about their ability to get healthcare so in our latest survey we feel that in the second half of 2014 so it's first year the Affordable Care Act major coverage expansion. We found that a

number of adults who lacked health insurance declined from an estimated 37 million people in 2010 or about 20% of the population to 20 million people in 2014 or about 16% of that population. The decline in 2014 is the first statistically significant decline measured by the survey since it began in 2001 and we are seeing that the uninsured rate is at the lowest level since 2003. Some groups that have particularly benefitted from the expansions, the uninsured rate among young adults ages 19 to 34 has declined sharply from about 27% in 2010 to 19% in 2014 and this is a lowest uninsured rate among young adults since 2001 and there are also striking declines among low income adults. The rate of uninsurance among people with incomes below 47,000 for a family of four dropped from 36% in 2010 to 24% in 2014 so the uninsured rate in this income group is now lower than it was in 2001 so you can really see the effects of those coverage expansions helping people who were at the highest risk of the uninsured people who had low and moderate incomes and young adults.

Margaret Flinter: But your report is showing a promising trend beyond just coverage. People are actually utilizing care in ways that they may not have been able to in the past particularly among young and poor Americans and you know we could have (inaudible 08:20) on those reasons but let's ask you as the expert elaborate on the significance of those findings for us.

Sara Collins: Sure so we looked this question about whether people are using a health plans just after the end on 1st April enrollment period and we asked people who had either new Medicaid coverage or marketplace coverage and we asked whether or not they used their new plans to go see a doctor or a hospital or a pay for prescription drugs and about 60% said they had used the plans to go to a doctor or a hospital or pay for prescription drugs. So I thought that was pretty striking that people were actually already using their plans given that we are only in the first part of 2014 and then we asked whether or not they would have been able to access or afford this care priority getting a new health insurance and about 62% said they would not have been able to get the care that they got on with their new health plans and this is consistent with what we know about the new insurers. About 60% were uninsured prior to getting the new health coverage and about 75% of people we were uninsured when they got care and had used their coverage so they wouldn't have been able to get this care prior to getting the new health insurance. So we are also finding the people who have health insurance are getting health care that they wouldn't have gotten in the past and that is likely because the people who had individual market plans that they didn't cover the full set of benefits that they get now under the Affordable Care Act and so we are seeing improvements in both insured and uninsured people.

Mark Masselli: The Supreme Court ruling had a big impact in terms of Medicaid and we saw a lot of states who didn't but what did your survey find in those days that chose not to expand Medicaid to the more vulnerable populations, what impact has that decision had on the lives of the uninsured of those still priced out of the healthcare system.

Sara Collins: We looked at adults who had income under 100% of poverty in those states compared to states who had extended their Medicaid programs so people's with incomes under 100% of poverty are not eligible for either the Medicaid expansion or for subsidized private plans to the marketplace and the uninsured rate people who had income under 100% of poverty in those 24 states that had not extended their programs with substantially higher about 44% uninsured under 100% of poverty compared to 30% and said that had expanded programs whether states running there on marketplaces or whether or not they are extending the market programs and what we find is that the Medicaid expansion is much, much more important.

Margaret Flinter: And a kind of big is a question that came up often in the debates leading up to the passage of the Affordable Care Act when they had that card and went out in search of care would they be able to find somebody to provide that care. What were your findings there when you talked to people or is that part of the domain of questions that you ask?

Sara Collins: We ask people whether or not they try to find a new primary care position and then we asked how long they had to wait to get an appointment then what we find people who are newly covered were largely similar to wait times among the broader insured population.

Margaret Flinter: But we will have the strength towards increased cost saving and high deductibles. How has that higher cost saving burdened impacted the American consumer overall? What are you saying there?

Sara Collins: The larger trend in US health insurance coverage both in poor plans and in individual market is the assistive risk from insurers, from employers on to employees and people who are enrolled in health insurance plans and that's really occurring through the use of higher deductibles. In 2003 about 54% of people who had employer based policies had a plan with the deductible and that increased to 81% by 2013 and the size of the deductible also grew tremendously over that period or an increase of 146%. So what people are having to spend out of pocket when they go to the doctor had just increased substantially over a time and what we find about 40% of adult delayed getting needing care because of the cost.

Mark Masselli: We are speaking today with Economist Sarah Collins PhD Vice President of Health Care Coverage and Access at the Commonwealth Fund. Ms. Collins has led the Funds National Program on Health Insurance since 2005. Sara mission of the Commonwealth Fund is to promote high performing health systems and it's no longer about access, the question is access to what and so I want to talk a little bit about quality of care. In America we still rank poorly in this county in terms of outcomes compared to other industrialized nations and how have our measures on outcomes improved since the passage of the Healthcare Law?

Sara Collins: So about half of the law was really devoted to improving quality and at lowering the rate of growth and healthcare cost. Those provisions have received much less attention than the insurance reforms but the reforms includes testing alternative was of paying for health services as well, new ways of organizing healthcare providers to revive coordinate care. These are mostly focused on the Medicare program and while there have been no major changes in national performance as a result of these changes so have that really been some notable improvements. From 2012 to 2013 Medicare hospital readmissions decreased by 10% for their readmission and this is likely helped by Medicare's, hospital readmissions and reduction program which was implemented on to the Affordable Care Act. Medicare is hugely influential program in the country because of a large some of the people who are covered by it and so it has major repercussions throughout the delivery system so we are seeing major changes in how healthcare is delivered in the United States and how providers are being paid and those changes are just underway and ongoing.

Margaret Flinter: Well I believe that Congressional Budget Office just released the report suggesting that the projecting cost of paying for health insurance over the next 5 years is about 20% lower than originally projected. Tell us more about some of the findings and both your report and the CBOs that really suggest improvement in the cost containment arena specifically our having been able to insure so many more Americans under the Affordable Care Act.

Sara Collins: Yeah so I think that's an extraordinary finding that the projected spending over the next decade as you mentioned 2011 to 2020 has fallen by 600 billion since 2010 and this is despite an additional \$1 trillion in spending four premium tax credits and expanded Medicare to cover reproduced 27 million more people. On 2013 National Healthcare costs or estimates have increased about 3.6% annually and this was the 5th consecutive year spending growth that was the lower 4%. The other place that we are seeing and you mentioned that the study that we just released on what's driving the large premium increases that health plans all have to submit their larger increases in premiums 10% or more to rate review now that's the provision of the

Affordable Care Act. The major factor driving those increases with the underlined rate of growth and medical cost that the fact that they were seeing a slowdown in healthcare cost is translated into slower premium growth. We looked at growth and premiums and deductibles and what we found the annual rate of growth and premiums dropped to a slower rate of growth and this happened in the 3 years following the implementation of the Affordable Care Act and there are various theories about why this is happening partly deriving from some of the health reforms in the Affordable Care Act and this broader reorganization of care that we are seeing in a delivery system. The recession probably also had something to do with that and whether or not to (inaudible 16:21) more out of pocket further deductibles how much is that contributing to just people using less care which is not necessarily a good thing. The other thing that I would mention here that's so important what's hurting families is that their incomes haven't grown so even though we are seeing a decline in the rate of growth in healthcare cost incomes are also growing really slowly so even more slowly than the rate of growth in healthcare cost so a people spend as a share of their income continues to climb.

Mark Masselli: And that's sort of the horns of the dilemma. We have always good news about things that are happening. We have the issue of maybe by next year 25 million Americans covered under the Affordable Care Act and yet probably 20 million left out, the lot of people who are not legally present in the country are also out there who aren't covered. The other states who haven't opted into the Medicaid expansion program. So what are your predictions about the populations remaining?

Sara Collins: So I think that the Medicaid Expansion is one of the most important pieces of that (inaudible 17:26) and with the addition of Indiana this week 28 states in a district have expanded all its bill to further programs and about 6 states are in serious discussions right now to expand all truly for their programs but that's always about 16 states and two of them are very large, Texas and Florida have not yet expanded (inaudible 17:45) for the Medicaid programs and there isn't a lot of discussion happening yet. We are seeing huge increases in Medicare enrollment in spite this slow take up by stats so about 10 million people newly enrolled in Medicaid estimate 10 million since the 2014 but that will continue to be a major issue. Enrollment has gone extremely well in the marketplaces the self enrollment period and probably set to at least exceed the estimate for the administration put out this year. About 9 million people expected to be covered through the marketplaces so we will continue to see that the number of people insured to the marketplaces and the number of people to Medicaid climb over time. But really the single biggest threat to coverage improvements is the case now before the Supreme Court King V. Burwell which challenges the IRS rule that federal subsidies are available in all 50 states not just so instead of running new on marketplaces. If the Supreme Court were to rule in favor of the plaintiff an

estimated 9.3 million people might lose their premium tax first in 2016 so most people who get coverage through the marketplaces right now are eligible for tax credits. 34 states have federally operated marketplaces. About 9.3 million people are projected to lose their tax credit as a result the urban institute estimated say of those about 6.3 million would likely become uninsured because they couldn't afford their health insurance that and as that group of people loved the marketplaces in those states premiums would jump up in those states which means even people who don't have tax credits would begin to find their healthcare coverage unaffordable so that's about 7.5 million people will become uninsured as a result of the decision so this is a major issue and a big concern.

Margaret Flinter: We have been speaking to with Economist Sarah Collins PhD Vice President of Health Care Coverage and Access at the Commonwealth Fund, a private foundation that promotes a high functioning healthcare system. You can learn about Sara's work in the broad scope of work at the Commonwealth Fund by going to commonwealthfund.org. Sara thank us so much for joining us on Conversations on Healthcare today.

Sara Collins: Thank you so much 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 non-partisan, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lore Robertson: In the state of the union address President Obama said that "more of our people are insured than ever before." That's based on an administration analysis that compares the second quarter of 2014 2 year past. We don't have the full 2014 number yet. The White House's Council of Economic Advisors used data from the National Center for Health Statistics to estimate that the uninsured rate is at or near the lowest level in 5 decades. The data go back to 1963. The Council of Economic Advisors compares the percentage without health insurance for the second quarter of 2014 that's 11.3%, two yearly figures from the past. That's the lowest rate that only 0.1% percentage point below the rate in 1974, 1978 and 1980. The figure for the first six months of 2014 however not just the second quarter is higher at 12.2%. It remains to be seen how the whole year will compare to the past. In fact if we look at National Center for Health Statistics numbers for those without health insurance under age 65

the first six months of 2014 had a higher percentage of uninsured than 1974, 1978, 1980 and 1982. Obama also said that about 10 million uninsured Americans had gained health coverage in the past year. That figure is supported by a quarterly survey conducted by the Urban Institute and that's my FactCheck 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 Anna Bird Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked Email us at CHCradio.com. We will have FactCheck.org Lori Robertson check it out for you here on Conversations on Healthcare.

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Each week conversations highlight a bright idea about how to make wellness a part of our communities in everyday lives. As the saying goes music suits the savage beast and according to a recent study conducted by Queen's University in Belfast Ireland there is some empirical data to that back that up. In the first of a kind longitudinal study children suffering from a variety of behavioral and emotional conditions who are exposed to music therapy in addition to traditional therapies had far better outcomes than those children in a control group that offered traditional therapy without music therapy.

It's not a matter of them being given music or choosing music they actually make music along with music therapist assisting them. So the idea is for them to express themselves through music.

Margaret Flinter: Lead researcher Dr. Sam Porter said it's anecdotal that means that music improves mood in children and Ed lessons as well as adults but his study revealed just how effective the music therapy was.

Dr. Sam Porter: Our primary item was an improvement in communication and there were two variant existing secondary outcomes, levels of depression and levels of self-esteem.

Margaret Flinter: Dr. Porter says in a group given musical therapy it showed over time more interaction with their surroundings and a better response to the traditional therapies as well and he says the effects were sustained over time.

Dr. Sam Porter: I mean that woman is a marvelous thing by music therapy. It's the things that is not, there are no side effects. It is not dangerous therapy to get kids

involved and it is a predeceous way of getting kids to improve their health. That is just such a good way and a harmless way of doing things.

Margaret Flinter: The study was conducted in conjunction with the Northern Ireland music Therapy trust which sees the promising findings as an incentive to incorporate this relatively low cost non-evasive therapy as an additional tool for the youth population a simple targeted music therapy approach, age appropriate and showing efficacy in improving outcomes for young patients with minimal side effects and lasting benefits. 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 in health.

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