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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, another pharmaceutical industry CEO was in the hot seat again in Washington. Heather Bresch, CEO of Mylan Pharmaceuticals was called to testify in front of the full house oversight committee to answer questions about the dramatic rise in the price of EpiPen, which has gone up more than 500% in the last decade.

Margaret Flinter: Well, this really is a lifesaving medication, Mark. The number of life-threatening allergies that has risen dramatically in children in recent years, there's really no choice. Families have to supply the dose for their children and the schools need to keep supplies on hand as well. So this has sparked some real outrage. So the Centers for Medicare and Medicaid and members of Congress, as well as the public are rightly interested in why such a costly increase for really an old drug.

Mark Masselli: This latest incident of price gouging has created real firestorm of protest around the country and belies a lack of transparency in the pharmaceutical marketplace and it is one of the topics our guest is going to speak about today.

Margaret Flinter: Dr. Drew Altman is CEO of the Henry J. Kaiser Family Foundation, which has recently released its 2016 Kaiser Health Tracking Poll; rising costs of healthcare, pharmaceuticals, and higher deductibles, and out of pocket costs and he will be diving into some of these details.

Mark Masselli: And Lori Robertson stops by. She is the Managing Editor of FactCheck.org, is always on the hunt for misstatements spoken about health policy in the public domain. But, no matter what the topic, you can hear all of our shows by going to chcradio.com.

Margaret Flinter: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or CHC Radio on Twitter; we'd love hearing from you. Now, we will get to our interview with Dr. Drew Altman 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. While the Presidential candidates haggle over healthcare issues in the debate cycle, Donald Trump wants to repeal the Affordable Care Act. Hillary Clinton wants to improve upon the law. Voters in five States will have another issue to consider; the legalization of marijuana. There are many unanswered questions; an empirical data are scarce, as the DEA has kept marijuana classification as schedule 1 drug. That classification makes research protocols difficult to conduct and accessing approved plans for research is a challenging task. Voters in five States, California, Arizona, Nevada, Maine, and Massachusetts will have measures on the ballot on legalizing marijuana for recreational use. Meanwhile, cannabis has been shown to have efficacious effects for people suffering from chronic and debilitating seizure disorders, largely children. British pharmaceutical company GW has been experimenting in cannabis derived medications for sometime and are now in promising late stage trials on a drug to treat epilepsy. The company is expected to submit a marketing application to the U.S. Food and Drug Administration. The drug has proven very effective in suppressing the onset of epileptic seizures in certain patients. In a latest trial, both tested doses of a Epidiolex were found to have induced a statistically significant improvement in reducing seizures in patients. A number of families in America have turned to cannabis oil producers privately to try and find some way to help manage their children's debilitating epileptic seizures. Kentucky was the only Southern State to expand Medicaid under the Affordable Care Act. Kentucky's uninsured rate dropped from just under 15% prior to the expansion to about 6% afterwards. Current Governor Matt Bevin is seeking to change the scenario. He has submitted a Medicaid waiver to make it harder for Kentuckians to access Medicaid coverage and he threatens to cancel the Medicaid expansion entirely if his request is refused by HHS. They recently turned down a similar request from Ohio. HHS will make a decision within a few months. And medical school is undergoing a dramatic transformation at the University of Vermont, becoming the first medical school in the country to entirely phase out classroom lectures by 2022. The move comes several years after some Stanford senior academics challenged medical schools to "flip the classroom," noting that today's learner's are coming through the system quite comfortable learning online and through other multiple platforms. The college will, over the next several years, remove all lecture courses replacing them with videos students watch on their own time. Students will meet in an active learning classroom led by faculty members working with their classmates in small groups. Other medical institutions around the country are looking at similar changes to their training paradigm. I am Marianne O'Hare with these healthcare headlines.

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Dr. Drew Altman – Kaiser Family Foundation

Mark Masselli: We are speaking today with Dr. Drew Altman, President and CEO of the Henry J. Kaiser Family Foundation, a leading nonprofit organization focused in on national health issues, as well as on the U.S. role in global health policy. Prior to joining the foundation, he was the commissioner of the New Jersey Department of Health and Human Services under Governor Kaine. Dr. Altman was the Director of Health and Human Services at the Pew Charitable Trust and served as Vice President of the Robert Wood Johnson Foundation. He received his B.A. from Brandeis University, his Masters in Political Science from Brown University, his PhD in Political Science from MIT and did his postdoctoral work at Harvard School of Public Health. Drew, welcome back to Conversations on Healthcare. You know, you were on three and half years ago, when the Affordable Care Act was just really getting underway and you also then cautioned all of that the shift in the American health policy would also generate some new trends in health insurance coverage and based on your, the Kaiser Family Foundation's recent 2016 employer health benefits survey, it seems that your predictions were right on target and I am wondering if you could tell our listeners about what you've called the most important in the American Health System.

Dr. Drew Altman: Well, I do think that while we have all been focused on the Affordable Care Act because it's such a hot political issue, beneath the radar screen, there has been a quiet revolution and really in what health insurance is in the country for more comprehensive coverage to last comprehensive and skimpier coverage with higher and higher deductibles and it is an important change because as important as the Affordable Care Act is there are 11 million people in the market places in the ACA as much attention they get, there are a 150 million people, who get their coverage through work, through their employer, that is how most Americans get their health insurance coverage and so these changes in insurance for a more comprehensive coverage to less comprehensive with higher and higher deductibles every years, those changes are affecting actually far more people than the ACA affects.

Margaret Flinter: The cost for the employers have been rising steadily for decades; certainly, in terms of the premium they are paying on behalf of their employees and we've seen a trend to become much more creative about how to control and mitigate those costs and certainly high deductibles is one way to do it. How are corporations finding other ways to curtail their cost, now that coverage is mandated by the ACA.

Dr. Drew Altman: We are in this period, when any of us, experts will tell you is a period of historically low increases in healthcare costs and so also premiums for employers; at 3% increase this year, partly because it is still a slow economic recovery and that effects how often people go to the doctor and go to the hospital. Also, because of the increases in costs sharing, it has the same effect. People use less medical care if they

can, but the real issue is while the premiums are going up at a historically slow rate, what people actually pay out of pocket is going up four times as fast, so in this year, when deductibles went up, 12% over the last five years deductibles went up about six times faster than people's wages did and that's actually the real issue. That's how people experience this. It's that what they pay out of pocket for healthcare is going up so much faster than their wages are going up and that gap is the pain factor for people in healthcare, so we are in a period of time when healthcare costs are going up at an historically slow rate and it doesn't feel that way at all to average people, because their costs continue to go up, what they pay out of pocket is going up. Insurance slowly changes a little more every year from a more to less comprehensive coverage.

Mark Masselli: You know, 20 million Americans have gained coverage. You just mentioned that the uninsured rate in America is one of its lowest levels ever and yet there are challenges ahead and we were seeing across the country, large insurance are bowing out of the exchange and as you said, we saw some dramatic rate hikes going on. I am just trying to put all this stuff together for people. I don't think they fully understand, there are a lot of variables that go in that, may be you can shed some light on this?

Dr. Drew Altman: So, you know, the ACA does a few really big things and it has done them successfully. One is to expand coverage for the uninsured, about 20 million uninsured people covered and two is to rewrite the rules in insurance to make them more fair, so for example, people with a preexisting medical condition now can get coverage at an affordable cost and it's done those things very, very successfully. Still, the growing pains, the weak spot, the area to watch are in the so called ACA marketplaces; sometimes we call them the exchanges. For context it is important to remember decision to whole healthcare system. There are 11 million people enrolled in the exchanges in the Obama Care exchanges and those exchanges are experiencing growing pain. Some of them in many States are working quite well, but others, particularly in rural areas are not working so well with high premium increases and in some markets insurers dropping out, most recently Aetna dropped out of some of the marketplaces and that got a lot of attention. This is entirely because insurers misjudged what the risk pools would be in those marketplaces. They thought they get healthier people in their risk pools. They got more sick people and so they lost money. So, this is the critical year, when insurers are making adjustments. They are proposing and largely getting accepted by their State regulators. The Feds do don't do this, the States the do this, much higher premium increases. The next year will tell the tale. Does that then stabilize? The marketplace is, in these areas, it's not most areas in the country. From the media coverage, you get the impression it is and so they then adjust their premiums or their rates to their actual risk pool to the sicker people that they have.

Dr. Drew Altman – Kaiser Family Foundation

Over time, what has to happen is they have to get more people into these marketplaces, so there would a good pool with more healthy people. They are at 11 million, you know, they need to get to 15, 16, 17, 18 million people across the country in these marketplaces for them to be more robust and more stable for insurers to be comfortable everywhere across the country competing and participating in the marketplaces.

Margaret Flinter: Well, Drew, I would like to look at another aspect of the health law and that's the expansion of Medicaid and CHIP and progress over the last few years, the Kaiser Commission on Medicaid on the uninsured has been keeping an eye on the impact of the Medicaid expansion. You did a two-year analysis with certain relevant numbers provided by the CMS Performance Indicator Report, 20 States across the country have not expanded Medicaid, which leaves millions of adults and children at or near the poverty line without coverage at all. How did the Medicaid and CHIP numbers stack up across the country in 2016?

Dr. Drew Altman: Well, one thing for people to understand is with all the focus again on the marketplaces, more uninsured people have been covered by the Medicaid expansion across the country than through the marketplaces and people who have been covered by the Medicaid expansion are generally very satisfied with that coverage. There are States, mostly Red States, where governors and legislatures don't like Obama Care or the President and two, don't particularly like Medicaid, just because they don't like big public entitlement programs and so you've got these low income people, who don't have coverage in those States. Just short of 3 million people in the non-expansion States, but most of them are in a few big States, Texas, Florida, Georgia, North Carolina, so those in particular are States to watch and my guess is that over time, but it might take a number of election cycles, as this no longer is about the President and you know, we may not even any longer call this law Obama Care in a few years. You know, these States will begin to think less ideologically and more practically about Medicaid expansion, particularly because they get such a large infusion of Federal Funds. The Federal Government mostly pays for the expansion, if they expand Medicaid, but time will tell.

Mark Masselli: We are speaking today with Dr. Drew Altman, President and CEO of the Henry J. Kaiser Family Foundation, a leading nonprofit organization focused in on providing nonpartisan information on national health issues, as well as U.S. role in global health policy. Dr. Altman joined the Kaiser Family Foundation in the early 1990s. Drew, we continue to be in this most contentious political climate in memory, the Foundation though has been keeping its eye on the many aspects pertaining to American health and health policy and certainly, the Presidential elections could have some significant bearing on the landscape. The 2016 Kaiser Health Tracking Poll has done some in-depth analysis of how the electorate feels about Presidential candidates, their potential impact on healthcare. You know, I was remembering we had David Gergen on our show and he said, you know, the plan which he was supportive

fundamentally suffers from a lack of bipartisanship and you know, he wasn't faulting the President on this, but he was just saying that and you were saying that there is a hope for a less ideological environment out there. Is it that you think, we might get in some fixes or bipartisan solution, which then will lay the bases for more people to be engaged? And also, what else are you hearing is your Kaiser Tracking Poll looks to the future?

Dr. Drew Altman: Well, David Gergen's opinion is absolutely correct. I mean the ACA has not only been an example of polarization and partisan conflict in the country, it may be the poster child of polarization and partisan conflict and we see that in our monthly tracking poll, where there is an absolutely perfect split on almost any question we ask between Republicans and Democrats on the ACA. I am absolutely sure at this point that we could throw in a question and ask will the ACA take us to mars and solve climate change and we would get a perfect split between Democrats and Republicans, because it just simply has become symbolic of the differences between Republicans and Democrats on lots of things, but this is just isn't an election about issues, it's an election about the perceived qualities of the candidate and the country is also pretty divided about that. I do think that once we get this election out of the way and see what's what, there'll be a greater opportunity for bipartisan cooperation on the ACA, but I don't think it's going to be easy in the short term to deal with some of the improvements and fixes that need to be made to the ACA. For example, to address some of the issues ACA marketplaces in the Congress and so I think the opportunities for bipartisanship will be still greater on other health issues than they will be on the ACA still for the next several years.

Margaret Flintner: We would like to pivot for a moment and talk about another challenge, which is the healthcare industry has certainly become far more digitized since the passage of the Hi-Tech Act and the passage of the Affordable Care Act and while most of the nation's hospitals and really astonishing percent of practices have switched to electronic health records, we haven't done so well according to your tracking poll in getting health consumers to actively engage with their electronic health records. I think recent polls show that more than 60% of Americans have researched a health issue online, but when it comes to using the portals, sharing and accessing their own health data, it seems like either reluctance or just lack of opportunity, can you break down some of the poll's findings regarding consumer behavior and interface with them?

Dr. Drew Altman: Yeah, I think it just shows it's going to take longer than the experts who like electronic medical records so much, ever thought it was going to take. People are for electronic medical records, they think it is a good thing. They are not making use of online medical information and the ability to access their own medical information themselves. What they are worried about is privacy. They are worried about confidentiality. I remember my dad, who was a physician, who helped found one of the big Boston teaching hospitals. At the end of his life, he was a patient in one of them and I said what would you think of the quality of care and he said how would I know they, meaning the physicians never took their faces out of their iPads and so this also has an effect on just the way in which physicians interact with their patients. So I think

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this is not new for experts who have been working on this for a long time, but it is going to take some time for consumers to just be comfortable with it; just like the Internet did and for it to really spread into, fuse into people to take full advantage.

Mark Masselli: You know, just a quick question on pharma cost and sort of the opioid crisis. Their greed seems to be quite astounding in what's happening with the pharma cost, the EpiPen issue and then on the other side of the equation, we have just so many millions of Americans, who are being impacted on the opioid issue, do you see a way, any strategic advise about how the country might be able to handle both of these crises?

Dr. Drew Altman: Well, one of the most striking things in our poll is that if you listen to the debate or you just pick up a newspaper, you think it's all ACA all the time, but when we look at our polling and we ask the American people, what health issues they care about the most, it's never even close to being the ACA. It's always these pocketbook issues of rising deductibles and rising drug prices. Issues that really affect their families like the opioid epidemic. So one way to begin to deal with some of these problems is simply the basic realization that the issues were most focused on in Washington and I would also say in the media are not necessarily the issues that the American people are most focused on and would like us to spend our time on.

Margaret Flintner: We'd been speaking today with Dr. Drew Altman, President and CEO of the Henry J. Kaiser Family Foundation. You can learn more about their work by going to KFF.org or follow them on Twitter @kaiserfamfound and @drewaltman. Drew, thank you so much for the great work you continue to do and for joining us on Conversations on Healthcare today.

Dr. Drew Altman: Thank you both very much.

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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: Senate Minority leader Harry Reid claims that Zika affects everyone, not just pregnant women and their babies, because recent research found that it "causes people to go blind." Temporary vision impairment is a symptoms of Zika, but no adults have gone blind because of the virus. Some infected mice in the study experienced inflammation in different regions of the eye, but none went blind. Studies have shown that severe vision impairment is a Zika related birth defect however. Reid's comments came during a partisan battle in Congress on legislation for emergency

funding to combat Zika. The Zika epidemic began in Brazil in May 2015 and the first locally acquired infections in the U.S. were reported in Puerto Rico on December 31st and in Florida on July 29, 2016. Many people who contract Zika have little or no symptoms. Pink eye is one of the symptoms, but infection during pregnancy can cause serious birth defects. A paper published in Cell Reports in September found that the virus infects specific target cells in the eye, but none of the mice went blind. Another recent paper published in the New England Journal of Medicine concerning the case of a man in his early 40s, whose vision in one eye dropped from 20/40 to 20/60 after contracting Zika. If left untreated, such a condition can lead to permanent vision loss. We agree with another statement by Reid that “we need more study to understand the effects of Zika 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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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Pregnancy is normally an exciting time for most women, but according to the research, an estimated 10% of prenatal women experience some kind of depression during their pregnancy and many are reluctant to treat their depression with medication for fear of harming the fetus.

Dr. Cynthia Battle: In fact, a higher percentage are experiencing lower grade depressive symptoms, so they might not meet the full criteria for major depressive episode and left untreated, those mild-to-moderate symptoms can progress, lead to a more serious postpartum depression.

Mark Masselli: Dr. Cynthia Battle is a psychologist at Brown University with a practice at Women’s and Infant’s Hospital in Providence. She and her colleagues decided to test a cohort of pregnant women to see if a targeted prenatal yoga class, which combines exercise with mindfulness techniques, might have a positive impact on women dealing with prenatal depression.

Dr. Cynthia Battle: That would include physical postures, meditation, exercises, and we enrolled 34 women who were pregnant, who had clinical levels of depression and we measured their change in depressive symptoms over that period of time.

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Mark Masselli: Not only were women able to manage their depressive incidence, they also bonded with other pregnant women during the program and found additional support from their group. A larger study with controlled groups is being planned with the assistance of the National Institute of Mental Health, a guided, nonmedical yoga exercise program designed to assist pregnant women through depression symptoms, helping them successfully navigate those symptoms without medication, ensuring a safer pregnancy and a healthier outcome for mother and baby, 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.

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