

Sara Collins - Commonwealth Fund

Mark Masselli: This is conversations on health care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Maselli: Well Margaret, the Obama administration is wrapping up details as they prepare to make way for the incoming Trump administration. The president put his signature on the groundbreaking 21st Century Cures Bill but he is also taking action to ensure that certain health programs remain unscathed moving forward.

Margaret Flinter: And the Obama administration ordered the finalization of a new rule at the department of health and human services that ensures \$500 million earmarked for healthcare and family planning through Planned Parenthood as hundreds of clinics throughout the country can't be tampered with – clearly a bold action.

Mark Masselli: This new rules keeps funding intact much of which comes from the Medicaid budget and ensures that patients get preventative screening as well as family planning.

Margaret Flinter: Well – and Mark it's important to remind our listeners that no federal funds are used for abortion services at Planned Parenthood which accounts for only about 3% of the services they actually provide and it's also interesting to note we're hearing reports of women flooding provider offices across the country with requests for long term contraceptives probably thinking that these services may not be covered under new configurations in the Affordable Care Act.

Mark Masselli: Our guest today is very well versed in the improvements that have occurred in American health care since the passage of the ACA. Sara Collins is Vice President of Healthcare Coverage and access at the commonwealth fund which is dedicated to fostering the growth of high quality healthcare systems for all Americans.

Margaret Flinter: And Lori Robertson, managing editor of factcheck.org stops by 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. We love hearing from you.

Margaret Flinter: We will get to our interview with Sara Collins in just a moment.

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

Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. With the talk of an imminent repeal and replace of the Affordable Care Act under the Trump administration state based Medicaid directors are scrambling to prepare for what could be a big shift in policies affecting their departments in coming years. Millions of Americans gained coverage under the Affordable Care Act through the laws Medicaid expansion. 31 states expanded Medicaid including California which has the highest percentage of State residents now covered through their program known

as Medical. It's uncertain at this time how many Americans will lose coverage in a wake of repeal and replace as that reality unfolds.

The healthcare law has actually led to hiring growth throughout this sector. Now a study out of UC, Berkeley warns full repeal of the Affordable Care Act could cost the State of California some 208,000 jobs. The study predicts the repeal of the ACA would cost 63,000 jobs in Los Angeles County alone. The Berkeley study isn't the only indicator of significant job loss, should the JLP leadership succeed in repealing the Affordable Care Act both the American Hospital Association and the Federation of American Hospitals warn there could be significant, even dire loss of income leading to massive layoffs should repeal go through. According to a piece in Modern Healthcare health economists Dobson DaVanzo & Associates warned that based on a latest ACA repeal bill put forth loss of coverage for millions of Americans would lead to a net loss to hospitals of some \$168 billion. Both trade groups sent a letter to President-Elect Trump urging him to consider the economic as well as health implications when putting forth any repeal legislation.

Need medical attention, want to live longer? Your chances may be better with a female doctor. According to results from a long term study recently published in the journal of the American Medical Association women doctors do a better job at keeping patients healthier longer. Researchers at Harvard examined a random sample of Medicare patients hospitalized between January 2011 and December 2014 looking at more than 1.5 million hospitalizations. Patients who saw a female doctor were less likely to die within 30 days of leaving the hospital. They were also less likely to get readmitted within a one month span of their initial discharge. Harvard School of Health researcher Dr. Ajay Shah noted that women physicians are more likely to do evidence based medicine and follow clinical guidelines. He surmised women doctors are more likely to communicate in a way patients report is simply more effective. I'm Marianne O'Hare with the healthcare headlines.

Mark Masselli: We're speaking today with Sara Collins, Vice President for Healthcare Coverage and Access at the Commonwealth Fund, a private foundation which aims to promote a high functioning healthcare system. She led the fund's national program on health insurance since 2005 conducting a number of national surveys on health insurance and the impact of gaining coverage. She served as the associate director of the New York Academy of Medicine and served as the associate editor at US News and World Report. She earned her PHD in economics from George Washington University. Sara welcome back to conversations on healthcare.

Sara Collins: Very nice to be here.

Mark Masselli: So 100 years old. Congratulations, my God. You oversee the funds analysis of the insurance coverage and access to care which is safe to say has made some dramatic advances in recent years. In fact, since the passage of the Affordable Care Act the uninsured rate in this country is at a historical and I'm wondering if you could maybe put this in context to the mission that you have and the foundation's goals for the past century.

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Sara Collins: The Commonwealth Fund was founded in 1918 with a broad charge to do something for the welfare of mankind and the foundation's first President, Edward Harkness thought that healthcare was a primary way to fulfill that mission because health was key to ensuring that people could achieve their full potential and there were many gaps at the time in people's ability to get healthcare just like they are now it may be at a much worse level.

Early grants by the fund included some for medical research, we provided funding for research that led to the PAP test – screening for cervical cancer, and we also made grants to establish hospitals in rural areas of the United States that lacked medical facilities. If you fast-forward to the 21st Century it became increasingly clear that health insurance coverage is the key to ensuring that people can get the healthcare that they need but the rate of people who were uninsured kept going up so we really began to fund research on in this area and we've just continued that over time.

Margaret Flinter: Well Sara, one of the areas that you are very expert in is Medicaid and coverage particularly for the most vulnerable among us and perhaps most effective access route to health coverage since the passage of the Affordable Care Act happened because of the Medicaid expansion in so many states. You just released a Medicaid fact sheet at commonwealth that puts this expansion into perspective. How has the Medicaid expansion changed the landscape for Americans?

Sara Collins: Well, the expansion of the Medicaid under the Affordable Care Act has made it one of the nation's largest health insurers and an estimated 13.3 million people have gained coverage since October 2013 but even in the 19 states they have yet to expand medical eligibility, about 2.4 million people enrolled in these states. People found out they were eligible after the Affordable Care Act passed for Medicaid and the other major change that the Affordable Care Act made in Medicaid program was simplifying enrollment, so people even in the states that haven't expanded Medicaid are finding it much easier to sign up. The Commonwealth Fund Affordable Care Act tracking survey – we found that 3 of 5 of these newly insured adults in the Medicaid program were uninsured prior to gaining their new coverage and half were either uninsured for more than 2 years or never had health insurance coverage.

Mark Masselli: And the other side is that well millions have gained coverage on the exchanges, the numbers are smaller than in the Medicaid group but your study found this sector of insurance buying population still had a big impact on the health economy. What has been the economic impact been?

Sara Collins: About 10 million people have coverage through the market places now and also about private an estimated 8 million people have coverage in the individual market outside of the exchanges. But we have found through our surveys that marketplace coverage has improved access to healthcare for people who are enrolled and improved the affordability of health plans that people buy on their own. Prior to the Affordable Care Act passage the individual market was just notoriously difficult to navigate, people were often turned down because of preexisting conditions and about 60% of people told us in 2010, who had tried to buy a plan in individual market, couldn't find a plan they could afford.

The change is that the marketplaces and the regulations for that whole market have just really had a dramatic effect on people who don't have coverage through a job and have to buy it on their own. In our tracking survey we've asked people whether they would have been able to access or afford this care prior to getting their new coverage. Among people with marketplace plans about 51% said they would not have been able to access or afford that care prior to getting their new coverage but even large shares of people who previously had insurance noted an improved ability to get healthcare and marketplace enrollees have consistently reported high rates of satisfaction with their health plan. About 60 % are eligible for the most generous premium tax credits and also reduced cost sharing in the form of lower deductibles and lower copays. About a third our young adults and about a third our older adults – 50 and older, so those cost sharing subsidies and the premium tax credits have really made health plans as affordable as people in employer based plans.

The law has also created a number of consumer protections that guard against catastrophic losses, bans on preexisting condition exclusions. There are bans on lifetime benefit limits so health plans can't cut off your health coverage when you hit a certain amount like they did in the past. There are also bans on insurers canceling peoples' policies when they become sick, this was a big problem prior to the Affordable Care Act.

Margaret Flinter: Well Sara, most Americans still gain access to health coverage through their employers. There is higher deductibles and higher out of pocket cost for almost all healthcare consumers and many attempt to lay the blame at the feet of Obama care somehow for this trend which you say is misleading, so what's really driving this rise in the out of pocket cost for the health consumer?

Sara Collins: About 57 % of people under age 65 have coverage through an employer and that's close to what it was prior to the affordable care act so it just – Affordable Care Act really hasn't affected employer coverage. Some of the critics of the Affordable Care Act have claimed that the law is driving higher premium and deductible cost for businesses and their workers but we found in a recent study of federal data that premiums in employer health plans actually grew more slowly on average in the 5 years following the passage of the affordable care act than they did in the 5 years prior to the law's passage and the reason why so many families are still pinched by their healthcare costs even though we've seen a slowdown in premiums is that income growth really hasn't kept pace with healthcare costs in many areas of the United States.

We found that employer contributions to their premiums, along with their deductible amounts, amounted to about 10.1% of US median income in 2015 and this is up from about 6.5 % of median income in 2006. So what people are paying for their premiums and their deductibles as a share of their income has gone up because their incomes haven't risen fast enough to keep pace with those higher costs and deductibles are a real problem for people in employer based plans as well as in plans that they buy on their own.

Mark Masselli: We are speaking today with Sara Collins, Vice President for Healthcare Coverage and Access at the Commonwealth Fund. Sara,

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President-Elect Trump has obviously talked during the campaign about immediately setting to work to repeal the health law. How does the Commonwealth Fund view the potential impact of repeal and replace? Walk us through some of those scenarios.

Sara Collins: Things are rather uncertain right now, President-Elect Trump and congressional republicans have promised to repeal and replace the Affordable Care Act. They are now planning to repeal parts of the law such as the subsidies that help people afford marketplace plans and the Medicaid extension through a congressional process known as budget reconciliation. They would do that with a 2-to-3-year transition to allow them to come up with a replacement for the Affordable Care Act and they also pledge to block grant the Medicaid program to significantly change how that program is financed just by taking some sum of money and giving it to states.

But a repeal would destabilize the individual insurance market, one of the proposals is to eliminate the penalties for not having health insurance coverage so eliminating the individual mandate affectively by removing the penalties that people have to pay if they don't have health insurance coverage. So you might trigger the exit of insurers from market and it also creates a lot of uncertainty for the 31 states that expanded Medicaid especially since there is great uncertainty as to what the replacement would look like. If they are repealing the Medicaid expansion, does that mean they will have a lot fewer dollars to cover people, so just really tremendous uncertainty.

The Urban Institute projects an increase of 30 million people without insurance coverage just under a repeal scenario what we might see through such a reconciliation process. This is nearly 60 million people more that were without coverage prior to the Affordable Care Act. In terms of replace what are we likely to see the current proposals and legislation including proposals by congressman Ryan and Price include flat tax credits that would replace the kinds of means-tested tax credits we have now under the Affordable Care Act that are pegged to premiums in people's income. Insurance carriers in order to participate in the marketplaces and make sure that people aren't charged more on the basis of their health anymore, you have to maintain a pretty broad risk pool so one idea is to provide people a onetime open enrolment period and require them to then maintain continuous coverage across their lifetime, they will be charged higher premiums or face penalties but this really doesn't fit in the reality of people's lives.

Over 2004 to 2007 89 million people were uninsured for at least one month so this type of replacement for the individual mandate really doesn't fit how people's lives unfold over the course of a year. Just a note on the state high risk pools and you couldn't find an affordable plan and you might have to get coverage through a high risk pool. There's been considerable experience in the United States with high risk pools, this approach is both very expensive for enrollees and also for the federal government and generally they are ultimately unsustainable over time.

Margaret Flinter: Well Sara, when you look at the current landscape, are there areas of bipartisan agreement what are to happen – are there some elements, and we certainly heard during the campaign everybody said that there were things that could

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be improved but where do you think there is opportunity for some bipartisan support of changes to the Affordable Care Act?

Sara Collins: Well there are definitely challenges in the Affordable Care Act right now, they are imminently fixable. One of the problems that we see in our survey data – If your income is higher then the subsidies start to phase out and what you pay in premiums grows, people also have higher deductibles at higher income level. So those subsidies could be increased, people with higher incomes could be made eligible for more generous tax credits, they could also be made eligible for their cost sharing subsidies that have helped so many lower and moderate income families.

The other thing that happened this year we saw higher premiums in most state market places, a key reason for this this year was the phase out of a program that was designed to keep premium costs low and to help cover the health insurers' costs when they have an enrollee that has a very expensive medical event. But the law has really been successful in terms of covering millions of people, reducing peoples' out of pocket costs, and rather than thinking about repealing the entire law about making the parts of it that aren't working very well function more efficiently. Policymakers really have to work together to improve those programs over time as they evolve.

Mark Masselli: Sara any change in the direction of Commonwealth Fund? Change of administration, maybe change of focus, have you sat back and reflected on the election and made any strategic change or Commonwealth Fund pretty much having a longer term vision?

Sara Collins: Well we're continuing to survey people about their health insurance coverage, we will be interviewing people over the next year so just to identify problems that people may have gaining health insurance coverage. We will certainly be monitoring the individual insurance market, the marketplaces for problems that may arise as a result of efforts to repeal the law. So, we will continue our focus on tracking insurance coverage in the United States. We view health insurance coverage, universal health insurance coverage as a central part of achieving of a higher performing healthcare system overall. Everyone has to have health insurance coverage so we'll be looking for places where people may be losing their coverage and addressing policy options to help improve coverage.

Margaret Flinter: We've been speaking today with Sara Collins, Vice President for Healthcare Coverage and Access at the Commonwealth Fund, a private foundation that seeks to promote a high functioning healthcare system. You can learn more about their work by going to commonwealthfund.org or you can follow her on twitter by going to @saracollins_. Sara, thank you so much for joining us today on Conversations on Healthcare.

Sara Collins: Thank you so much.

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 factcheck.org took a look at the biggest political falsehoods or whoppers of 2016, among them were several healthcare claims. For instance democratic presidential nominee Hillary Clinton pushed for policies to lower prescription drug costs but early in 2016 she misleadingly claimed in a TV ad that “in the last seven years drug prices have doubled”. The reports sided by her campaign said brand name drug prices on average had more than doubled but more than 80% of filled prescriptions are for generic drugs which have seen a price drop of nearly 63%.

During the primary debate Senator Ted Cruz claimed that millions had lost jobs and been forced into part-time work because of the Affordable Care Act, but jobs statistics at the time didn't back that up. The economy had added millions of jobs since the employer mandate and fewer people were working part time for economic reasons. In discussing the wait-time scandal at the Department of Veterans Affairs President Obama suggested that his administration fired a whole bunch of people who were in charge of some of these facilities. At the time of Obama's remark, only nine people had been fired from the VA for issues pertaining to patient wait-time according to VA documents. Of those 9, 4 were senior officials at one facility in phoenix. That's not a whole bunch of people who were in charge considering USA Today reported employees at 40 VA facilities manipulated data indicating how long veterans waited for appointments including supervisors in at least 7 states who instructed employees to falsify data.

In the realm of fake news, fake medical records for Clinton circulated on social media and some conservative websites purporting to show that she suffers from seizures and dementia. Clinton's long time physician released a statement to factcheck.org calling the documents false and reiterating her diagnosis that Clinton was “in excellent health and fit to serve as President of United State” 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'd like checked, email us at chradio.com, we will have factcheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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 research and 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.

Margaret Flinter: In fact a higher percentage are experiencing lower grade depressive symptoms so they might not meet full criteria for major depressive episode but they're having significant symptoms that are getting in the way of feeling

good and left untreated those mild to moderate symptoms can progress and in some cases lead to more serious postpartum depression.

Mark Masselli: Dr. Cynthia Battle is a psychologist at Brown University with a practice at women's and infants' hospital and providence. She and her colleagues decided to test a cohort of pregnant women so see if a targeted prenatal yoga class, which combines exercise with mind fitness techniques, might have a positive impact on women dealing with prenatal depression.

Margaret Flinter: And it was a typical kind of Hatha yoga that would include physical postures, breathing exercises, meditation exercises and we enrolled 34 women who were pregnant, who had clinical levels of depression, they all had medical clearance from their prenatal care providers and they would come to classes and we measured their change in depressive symptoms over that period of time.

Mark Masselli: Not only were women able to manage their depressive incidents, they also bonded with other pregnant women during the program and found additional support from their group.

Margaret Flinter: And the initial signs from this research are really encouraging, so we found that women on average were reporting that they worried pretty much less.

Mark Masselli: A larger study with control groups is being planned with the assistance of the National Institute of Mental Health.

Margaret Flinter: Women who are depressed during pregnancy unfortunately do often have less ideal birth outcome. So one thing we're interested in seeing is when we provide prenatal yoga program can it improve mood and then can we even see some positive effects in terms of the birth outcome.

Mark Masselli: A guided non-medical 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.

Margaret Flinter: This is Conversations on Healthcare. I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and 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.