Dr. David Blumenthal of the Commonwealth Fund on the HITECH Act, ACA and High Cost of American Health Care

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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 transforming healthcare isn't as easy as some of the nations most successful business leaders would hope. The latest news from the Amazon, Berkshire Hathaway, JP Morgan Chase partnership to transform healthcare, they had been having a tough go of finding the right person to lead that initiative.

Margaret Flinter: Amazon's Jeff Bezos, Berkshire's Warren Buffet and Chase's Jamie Dimon, reportedly they started looking out for CEOs months ago, first in the health policy and insurance sectors, but have since switched to looking for someone who is more of an entrepreneur.

Mark Masselli: Word is that former CMS administrator, Andy Slavitt, and former White House chief technology officer, Todd Park, both who were on our show removed themselves from consideration and are starting their own entities.

Margaret Flinter: Well, they have a challenging mission [Inaudible 00:00:54] healthcare from the outside and there is an opportunity to leverage Amazon's direct market delivery system to give patients more access to meet their medical needs as well as more affordable prescriptions which is certainly on people's mind these days.

Mark Masselli: Cost and access is something our guest today has been quite focused on, Dr. David Blumenthal is the President of the Commonwealth Fund.

Margaret Flinter: Longstanding philanthropy dedicated to ensuring access to quality healthcare for all Americans, their work helps provide a global view of the American Healthcare System compared to other countries.

Mark Masselli: And he was also quite instrumental in the passage of the HITECH act, which paved the way for American hospitals and practices to switch from paper to electronic health records. We are really looking forward to hearing his insights.

Margaret Flinter: And Lori Robertson will stop by, the managing editor of factcheck.org, but no matter what the topic, you can hear all of our shows by going to chcradio.com or go to iTunes.

Mark Masselli: And as always, if you have comments, please email us at chcradio.com or find us on Facebook or Twitter, we love hearing from you.

Dr. David Blumenthal of the Commonwealth Fund on the HITECH Act, ACA and High Cost of American Health Care

Margaret Flinter: And we will get to our interview with Dr. David Blumenthal 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. Health coverage remained fairly steady in 2017 in spite of efforts by the President and GOP leadership to derail the Affordable Care Act.

According to a survey conducted by the Centers for Disease Control and Prevention, the rate of uninsured Americans held roughly steady at 9.1% in 2017 down from 16% uninsured when the ACA was passed in 2010. But there are discrepancies, the uninsured rate is much higher in the 18 states that did not expand Medicaid. The Congressional Budget Office predicts the removal of the individual mandate and the recently passed tax law will lead to far more people choosing not to purchase coverage in the coming year.

One of the key drivers of high health cost is prescription drugs. According to recent study, kids are being prescribed fewer of them comparing prescription rates from 1999 to 2002 to rates from 2011 to 2014, number of overall prescriptions drop from 25% down to 22%, antibiotics saw the biggest drop while prescriptions for things like asthma, ADHD, and contraception have gone up.

Teen suicide on the rise, the study showing almost 116,000 hospitalizations for suicide ideation or attempts, study also showed some interesting data on when these cases spike, mid autumn and mid spring suggesting school pressures are weighing heavily on teens. The American Academy of Pediatrics has recently issued a directive that all 12-year-olds are screened for depression as part of their routine primary care protocol. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Dr. David Blumenthal, President of the Commonwealth Fund a National Philanthropy now on its 100th year, dedicated to creating independent research on health and social policies. Dr. Blumenthal was the Samuel O. Thier Professor of Medicine at Harvard Medical School and served as chief health information and innovation officer at Partners Healthcare in Boston. He served as the National Coordinator for Health IT from 2009 to 2011. He earned his undergraduate medical and public policy degrees from Harvard and did his residency at Massachusetts General. Dr. Blumenthal, welcome back to Conversations on Healthcare.

Dr. David Blumenthal of the Commonwealth Fund on the HITECH Act, ACA and High Cost of American Health Care

Dr. Blumenthal: Great to be here.

Mark Masselli: The last time you joined us, it was in 2009, you've been tapped by President Obama to be the National Coordinator for Health IT to develop and manage the infrastructure needed to support the roll-out of HITECH act. Tens of billions of dollars are put into this, I am wondering if you could share with our listeners about that deployment of the HITECH act.

Dr. Blumenthal: This was a big new program. It was intended to correct a market failure which was the tardiness of our health industry in moving from paper to the electronic world when the rest of the world was moving with great rapidity into using electronic information. When I became national coordinator in 2009, slightly fewer than 1 in 5 physicians used an electronic health record in 1 in 10 hospitals, our rates of use now are well over 90%, so we've made that transition.

Mark Masselli: Uh-huh.

Dr. Blumenthal: Virtually every patient in America who sees a physician, has electronic information stored about them and that amounts to a huge, what I would call reservoir of information that is a natural resource that can be tapped for human gain. We have not found ways to move that data to connect electronically between institutions, on the whole it doesn't happen, and it is getting much better as we speak because of strong efforts by the Federal Government and also some technical breakthroughs. But we haven't gone to where we want to be and we also haven't implemented what I call decision support and that is decision aids for doctors at the point of care that help them be smarter about caring for patients.

Margaret Flinter: Well Dr. Blumenthal, we are seeing a growing number of non-health entities like Apple, like Google, like Amazon to the health arena. And so we'd be really curious how all of these entities somewhat new to healthcare will help us to mine the potential of this growing body of the natural resource of electronic health data.

Dr. Blumenthal: Well, this is something that we try to lay the ground work for, there are complaints about the requirements associated with federal funding for those records, that too much information was required of physicians and other healthcare professionals to enter. But that information is now part of that huge natural resource, and we hope that the private sector would find this an irresistible opportunity. And we are now beginning to see that because of requirements that had been placed on physicians in hospitals to adopt certain technologies that enable outside organizations with proper authentication to get access to that data. And the technical term for these gateways are APIs or Application Programming Interfaces interlocking technical software patches that enable Apple, or enable Google, or enable IBM Watson to get it out in a de-

identified form so that no privacy can be compromised. And it has liberated the private sector to be really involved in combing through that data and using it for research, and I hope for services to patients who want to see their data used to make them smarter.

Mark Masselli: And Dr. Blumenthal, we recently had Dr. Ashish Jha joined us sharing his findings from research he conducted on America's outside healthcare cost based in part of the data generated by the Commonwealth Fund. And I'm wondering if you could talk about the goals of your research protocols and some of the collaborated efforts.

Dr. Blumenthal: Yeah. We not only used our data, but we also support his research and we are committed to creating a high-performing health system in the United States, and one of the ways we do that is through development of evidence and development of policies toward improving performance. We are probably the only foundation in the United States that works to bring insights from abroad to the United States. The Commonwealth Fund supported the first demonstration of hospice in the United States which was from the UK.

Margaret Flinter: Right.

Dr. Blumenthal: And we are constantly in the business of looking for the next innovation that could improve the functioning of our healthcare system. There is a lot to learn from other countries that face the same healthcare problems, the same kinds of patients, use electronic health records because virtually everybody does around the world, that we can learn something from them is something that we are very committed to, is have been through our 100 years and continue to work very harder.

Margaret Flinter: Well Dr. Blumenthal, we really appreciate your mission at the Commonwealth Fund and the credo of Affordable Quality Healthcare for everyone. We've lived through the planning and the implementation of the Affordable Care Act which moved us closer to that goal and the fund has done an excellent job of charting the impact. You have an ACA tracking survey which has shown that unfortunately coverage is slipping in the country, and the 2018 scorecard shows great disparities in coverage, maybe you could share some of the revelations and insights from the 2018 state scorecard, both good news, but also what you find most concerning.

Dr. Blumenthal: Well, the good news is that on our 37 indicators of state health systems, we see almost all states show progress on more of those indicators than they show regression and either indicators of quality, access, cost -- by the way also smoking rates are falling -- so there is some good news. But we are seeing problems; death rates are rising and life expectancy is falling in the United States. We are virtually unique in the developed world for showing that pattern, the opioid epidemic is clearly one important reason, nowhere else in the

developed world is there an epidemic like we have here.

There are also high and rising levels of obesity in the United States. We have among the least functional primary care systems and the lowest levels of coverage. Now, there are big differences among states., we have some very high-performing states, Minnesota is one, Massachusetts is another, but we also have some that are really not doing very well, and they tend to be concentrated in the American South [PH]. Many states are seeing the misuse of effective healthcare services, so 30% of back pain patients are getting inappropriate imaging studies, there is still a lot of unnecessary care being provided, so good news, but there is also sobering news.

Mark Masselli: We are speaking today with Dr. David Blumenthal, President of the Commonwealth Fund dedicated to quality affordable healthcare for all Americans. The Commonwealth Fund just recently released an analysis that indicated that Americans are paying far more for prescription drugs than any other industrialized nation and offers several tactics, and maybe share with our listeners what tools you think would have the greatest potential to drive down drug prices.

Dr. Blumenthal: Well, the future would be almost intolerable if we can't find a way to manage these drug prices. We are producing miraculous new therapies though pricing them at a level where only a tiny fraction of Americans would be able to afford them or else we are going to have to devote virtually our entire gross national product to these new drugs, probably the best solution to reducing drug prices is to enable competition. There are many types of drugs that are sold in the generic market which is the market where patents have expired and there is pretty much free entry to anybody who can make the drug to a quality that meets FDA standards. But we have seen a very rapid rise in generic drug prices because of lack of competition and there are a bunch of things that FDA can do that can make it easier for competitors to enter the market by reducing the length of time to approval of new generic drugs. There are also some abuses that traditional drug companies have used to prevent the emergence of competitors and the FDA is in fact I think moving to eliminate those abuses. And there are some tactics that drug companies engage in to extend their patent protections, very minor tweaks in drugs, for example taking a drug that was in a pill form and putting it in a capsule form that then enables them to prevent competition from entering the market. There is also a series of special treatments for drugs that are called orphan drugs, and the orphan drug protections have been abused to get protection against competition. So we are right now paying exorbitant amounts of money, unconscionable amounts of money for some old and new drugs. And public is angry about it and I think we are getting to the point where we are going to break this long chain [PH].

Margaret Flinter: You know, we are concerned about a lot of things and while Congress failed to repeal the Affordable Care Act, we've certainly seen some

significant changes to the laws' protections, we know the repeal of the individual mandate will lead to fewer Americans being covered. Could you talk with us a little bit about hits to the ACA, the potential impact that they will have on American health, I am sure that the Commonwealth Fund has many research and evaluation studies underway to monitor these impacts?

Dr. Blumenthal: The Affordable Care Act remains a law of the land, but the current administration is using its executive discretion to interpret the law in ways that reduce the effectiveness of many other provisions of the law. So some of the things they are doing relate to the Affordable Care Act individual market places, either run by the state themselves or run by the Federal Government. Every market in the country has an individual health insurance market, those plans are now governed or regulated in terms of their generosity and their requirements to accept people who have preexisting conditions by Affordable Care Act requirements. And a number of the proposals that the administration is advancing would allow insurance companies to market plans that do not meet those requirements. So do not cover drugs, cover maternity benefits or do not cover mental health benefits, things that are required to be covered under the rules of the Affordable Care Act or could be sold for six months or a year rather than continuously available to the person.

What this will do is cause healthy people who feel they don't really need comprehensive coverage to take less generous coverage because they can pay less and mostly these are young people. And as they exit from the market places, they will leave 50-year-olds, 60-year-olds, who have multiple illnesses, high blood pressure, high cholesterol, diabetes, and those people are the people who use a lot of health services and they are going to cost a lot more and the premiums are going to go up because they will be supporting only sick people. So, that's going to take us back to where the individual market was before the Affordable Care Act where people were paying very high premiums, it is as though we are willing ourselves to repeat history where if you were self-employed or unemployed, you couldn't find insurance you could afford, that is where we are heading, not so much into market where states run things, but where the current executive branch is in charge of those markets.

The Affordable Care Act made it possible for states to expand their Medicaid programs to cover individuals with incomes up to 138% of poverty, even people who were working. And the administration is putting additional requirements around those expansion states, one of which is to require that able-bodied people either work or do some kind of community service or go back to school. Most of the individuals who got Medicaid through the expansion either are working already or are unable to work, it would be much more complicated to sign up and we will discourage people from enrolling, so we do expect that there would be a drop in enrollment. One of the most important changes in the Affordable Care Act was part of the most recent budget act which repealed the penalty for not having insurance in the United States.

Mark Masselli: Which takes effect, I guess next year.

Dr. Blumenthal: 2019.

Mark Masselli: Yeah. And we had on the show Dr. Francis Collins obviously mapping the human genome and we had Eric Dishman who walked us through this All of Us initiative, and Recently we just had Dr. Aviv Regev and Dr. Sarah Teichmann talking about this really exciting Human Cell Atlas that they are about to engage in, and so lots of people doing good things, but what are you optimistic about?

Dr. Blumenthal: Well, one of the things that keeps my energy and hopes high is the fact that we have fewer uninsured Americans than we ever have in history, so despite all the efforts to reverse the progress that was made over the last 8 years, we still are at 15% uninsured which is very, very low. I am also encouraged that we are seeing reductions in the number of safety problems that occur in hospitals, that 50,000 lives were saved between 2011 and 2017 because of the reduction in occurrence of hospital-acquired conditions, then enormous progress has been for decades now – I am a primary care physician I spent most of my time career at a eminent teaching hospitals, so I was constantly surrounded by cutting-edge researchers in the biomedical sciences and their work is very exciting. And the availability of this digitized data resource will be enormous potentiating factor in accelerating that work and in the Precision Medicine Initiative that Francis Collins has been pioneering. So having my data, your data, artificial intelligence, and humans will make care better for us and much more precise. Having said all that, precision does not come free to totally individualize medicine means to reverse the process of mass production.

One of the things that makes drugs cheaper is when you can prescribe them for million people, you can reduce the cost of producing the pills because you make it up in volume. If everybody's care is completely different from everybody else's care, it may be more expensive, and that worries me, it means we'll live longer, but at a higher price for our care.

Margaret Flinter: We've been speaking today with Dr. David Blumenthal, President of the Commonwealth Fund and it's now celebrating its 100th anniversary. You can learn more about their work by going to commonwealthfund.org or follow him on Twitter @DavidBlumenthal or @commonwealthfnd. Dr. Blumenthal, we want to thank you so much for your very significant contributions to health and healthcare and for joining us on Conversations on Healthcare today.

Dr. Blumenthal: My pleasure.

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Mark Masselli: At Conversations on Healthcare, we want our audience to 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: The Centers for Disease Control and Prevention has released its latest national health interview survey, which measures insurance coverage in the population. In 2017, 9.1% of Americans or 29.3 million people were uninsured at the time they were interviewed, that's about the same as the rate for 2016 which was 9%. For adults aged 18 to 64, 69.3% had private insurance coverage, 4.3% of those aged 18 to 64 had coverage through the Affordable Care Acts, health insurance exchanges. There was a drop in the percentage on exchange plans from the fourth quarter of 2016 to the same quarter of 2017, it amounted to nearly 1 million, a fewer people on those plans. Those most likely to be uninsured were aged 25 to 34, nearly twice as likely to be uninsured as adults aged 45 to 64.

Adults in states that expanded Medicaid under the ACA were also less likely to lack health insurance than those in states that didn't expand Medicaid. While the percentage of the uninsured adults aged 18 to 64 in Medicaid expansion state was 9.1% in 2017, the percentage was more than doubled at 19% in non-expansion states. In fact, in non-expansion states, the uninsured rate crept up from 17.5% in 2015 to 17.9% in 2016 to 19% in 2017. Adults aged 18 to 64 are more likely to be uninsured in states using the Federal Government's market place compared with states running their own exchanges or using the hybrid partnership, with Texas having the highest uninsured rate of 26.4% and Massachusetts having the lowest at 5.4%, and that's my FactCheck for this week. I am Lori Robertson, Managing Editor of FactCheck.org.

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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 chcradio.com, we'll 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. When Leanne Brown was a graduate student in nutritional science at NYU, she came to understand the enormous challenges of eating healthy foods while doing field work with some of New York City's more impoverished populations. She

thought, why not write a cookbook of health recipes aimed at the millions of Americans living on food stamps or SNAP stipends a four dollars a day.

Leanne Brown: Four dollars a day is sort of explains like a budget range, we are saying this is a SNAP cookbook without actually saying, getting so many words.

Mark Masselli: So, she crafted Good and Cheap, a cookbook aimed at not only teaching these families how to shop for affordable produce, but how to get an entire family to cook in a more healthy way.

Leanne Brown: I really wanted to arm people with the ability to walk into a grocery store, and say like, okay, this is on sale, I can totally make something delicious out of that, I know how to do that, instead of find the deals and find the value in order to really get buy on such a small amount of money.

Mark Masselli: She wants to kick start her campaign to raise enough money to make the book available at Soup Kitchens, Women's Shelters and Community Health Centers. She has made her book available as a free PDF download to anyone who wants it, Good and Cheap, a cookbook aimed at the food stamp population teaching them how to shop for healthy produce, helping to positively influence their diets, obesity, and well-being, now that's a bright idea.

[Music]

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 WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.

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