Andy Slavitt

[**Music**]

Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the health care of the future. This week Mark and Margaret speak with Andy Slavitt, former Acting Administrator of the Center for Medicare and Medicaid Services under President Obama, founder of several entities since Town Hall Ventures and United States of Care. Andy Slavitt is building a bipartisan coalition to advance health coverage for all Americans, especially as the country is grappling with a failing response to containing the COVID-19 pandemic.

Lori Robertson also checks in, the Managing Editor of FactCheck.org she looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well-being in everyday lives. If you have comments e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Andy Slavitt here on Conversations on Health Care.

Mark Masselli: We're speaking today with Andy Slavitt, former Acting Administrator for the Centers for Medicare and Medicaid Services under President Obama. He is the founder of the United States of Care and Town Hall Ventures, both entities aimed at advancing health reform and health coverage for Americans. Recently, he's been writing extensively on COVID-19. He also launched new podcast In the Bubble addressing pandemic issues from his home studio, Bubble.

Margaret Flinter: Mr. Slavitt led the team that fixed Healthcare.gov that was the online insurance portal created under the Affordable Care Act. He also served on the Obama Administration's Heroin Task Force, as well as Vice President Joe Biden's Cancer Moonshot. Since 2017, he has dedicated his efforts to fighting the repeal of the ACA through the creation of bipartisan coalitions. Andy, we welcome you back to Conversations on Health Care today.

Andy Slavitt: Thanks for having me.

Mark Masselli: Yeah, you know, and Andy you joined us back in November 2019, ancient history.

Andy Slavitt: Yeah.

|Mark Masselli: But I have a hypothetical question for you. If you were invited into the White House right now to help them solve this crisis that we're facing, what would you do right now? I asked you this, you were brought on

to the national stage when the Affordable Care Act online insurance portal Healthcare.gov was put on life support, and you were part of what Time Magazine referred to as Obama's trauma team. Obviously, right now, I think our country is in trauma. What advice and what pathway would you advise the administration to head?

Andy Slavitt: Well, I think it depends if you could persuade the President that it's in his best interest to provide overall leadership and to take accountability for the results in the country. I mean, right now, I think his belief seems to be that if he doesn't take accountability, doesn't collect the data, analyze it, discuss it honestly, doesn't deal with the hard facts and the hard truths that he'll be able to blame someone else, when things don't go well whether it's governors, or China, or the WHO or someone else. If I couldn't persuade him of that, it wouldn't be all that fruitful. But I think the things that he should be doing when he can start doing right now are, one, presenting a very clear honest case to the public, that's fact based, that's not based upon what he wants to believe or doesn't want to believe.

I think he underestimates the public's ability and willingness to listen to hard truths. I think the public has been very receptive to hard truths, if they feel like they're getting told them in a straight way. I think, you build a competent and connected team of people around you that are have penchant for taking on issues and acting, showing compassion to the public, helping people understand that we're going through a very difficult time and it's likely to be extended and felt differently everywhere. Those are the first critical steps along with listening to your scientist and let the scientist help you find your way out of this. There's no choice to reject the public health crisis in favor of the economy. The economy will not respond to that.

Margaret Flinter: Well, Andy, as we watch the virus accelerate across the country and the daily news as everybody hits new targets, broke new records. It's hard to listen to the President excoriating his own CDC as well as Dr. Anthony Fauci, arguably one of the most esteemed immunologist in the world and somebody that seems to have great respect among the American public. It doesn't seem like a winning strategy. I guess the question is beyond just what would the White House and the President do different. How does the sort of collective we build consensus for public health interventions that the American people can trust and find reliable and reasonable like wearing universal mask wearing in public, social distancing, avoiding the large crowds. These are things that feels like takes beyond just the White House to try and get us to consensus. What are your thoughts on this idea of threatening school districts with loss of funds if they don't fully open schools in a few weeks? We're just hearing such fear confusion among educators and families around the country.

Andy Slavitt: You're absolutely right. The blame for where we are doesn't fall on any one person or any one place. It actually falls on the virus itself. It's a deathly blow. We have to do our best to respond to it. I would say that there are two things we've got to get better at. One of them is a failure to adapt to learn. It's a novel virus, so we don't know anything going into it. If our experts or our scientists say something in February or March that they then revised in April and May, that's good, that's how it's supposed to happen. We have to adapt. It's scary being in the middle of the scientific process, right, because we want people to tell us the answers. But the truth is we're going to take two steps forward, one step back, sometimes two steps back one step forward, and that's the way it's supposed to be. But if we don't adapt, if scientists learn that there is an intervention, like a mask, that works better. Even though we might have been told a month or two before that the mask isn't what we need, we have to adapt.

When New York goes through a crisis, and Detroit goes through a crisis, and the governor says, I've lost three people in my family, be careful. She says that to Florida and Arizona, they should learn that lesson from her, not have to learn it themselves. I think that's the second failure I point to, to got to get better at is it's almost a failure of imagination. It's like, if it hasn't happened to us, then we don't believe it. That failure of imagination turns into a failure of empathy. All of us can be carriers, even if it's not dangerous to us. We don't know who it's going to be dangerous to or not, but all of us can be carriers, so all of us can infect lots of people. We have to show that level of empathy, and for no one else for essential workers, for people working in the grocery store, for people delivering food, for everybody who has to work, we can't fail them.

Mark Masselli: I wonder if there isn't a sort of the third obstacle, which is it seems to me that we've lost our way in terms of finding bipartisanship. You recently advised Jared Kushner in the Trump White House in COVID-19, and you've teamed up with the President's former FDA Commissioner Scott Gottlieb to promote effective public health interventions to address the pandemic. Wonder if you could talk a little more about the bipartisan effort. It seems we're operating in a red and blue state world when we've got to figure out how to come together. As we used to, I think on foreign policy, we have to find that this is sort of the waterfront of where we need to come together. But talk a little bit about your thoughts about how we build a bipartisan's coalition of building consensus on these tough health policies that the country faces.

Andy Slavitt: I think it's very discouraging for people to see their elected officials fight over something that for them is an existential threat. I think it would be more encouraging than seeing people come together and put aside their differences and say, we are on the same team, we're in

this together. It's why I give Scott Gottlieb great credit and other folks who have joined us in these efforts because we know that if we cosign something people will listen more, than if either he put something out on his own or I put something out in my own. It feels more trusted because it takes more effort. It takes more compromise, but neither of us are running for office, so it's easier for us to do. The politics in this country have gotten so bad that it's harder for other people to do that.

I think if there was a different Republican in the White House, Mitt Romney saying, or even George W. Bush, we would have a bipartisan response here. It doesn't mean there wouldn't be arguments over how much money to spend, doesn't mean there wouldn't be some election year politics. But any other, quite honestly, Republican president in our lifetime understands the nature of a pandemic. George W. Bush was very worried about pandemics. I think that the politics are here right now because of President Trump has shaped the Republican party, including many of the members of Congress, it's in his image, and people don't get out of line. I think it's very difficult for Republicans to compromise on what they believe is compromised on some of the things that I believe are good for the public right now, given the way the party is being run.

Margaret Flinter: Well, I personally want to thank you and congratulate you on your efforts to uphold the ACA's health reform changes against some pretty mighty headwinds. I think it was Congressman Joe Kennedy III who lauded your efforts is almost single handedly saving the ACA with your town hall strategy. Here we are in the midst of a pandemic, every single person potentially a step away from being unable to work because either their job disappeared or they're ill. We saw a report this week that more than five million Americans have lost their health coverage due to COVID related job losses. But maybe you could talk a bit about the ACA protections that you fought so hard to protect, which have such great meaning now for Americans as they enter this very vulnerable time.

Andy Slavitt: Look, I was just one of millions who were [inaudible 00:10:48] the time, and little did anybody know at the time that we'd be facing these circumstances. There is never a good time to take away people's health care coverage. You don't need a pandemic to demonstrate what a bad idea is. But what a pandemic brings out is a couple things. One, as you said is all the people who are losing coverage because the connection between employment and insurance is there in society. Whereas you're no less of a human being because you've been laid off or furloughed, you have no less right to be able to care for your family. That's should be obvious.

But secondly, this whole notion of pre-existing conditions. Pre-existing

conditions were designed for a simple reason, they were designed because the insurance system was designed to make sure that insurance companies could make money. It was designed by insurance companies, it wasn't regulated to prevent that, and so that's designed that way. I would share what I know if you were sick because I need to make money and if you're sick and I didn't know that then I need to charge you a lot more money or not after your insurance. The ACA just flipped it around and said insurance companies be designed for individuals that insurance companies need to adjust.

Imagine a world where tens of millions of people have had COVID-19, then let's say, a year from now, two years from now you get asthma, or you get a blood clot in your leg, or you get PTSD, your insurance company will be able to tell you, that's all based upon this pre-existing condition of COVID-19. By the way, if you were one of the millions of people who had COVID-19 and didn't know it, they will be able to actually just take away your coverage because according to the way that the rules were before the ACA, if you didn't disclose an illness, then your coverage could be eliminated. It's a scary world that in the first place, in this context it would be obscene.

Mark Masselli: We're speaking today with Andy Slavitt, former Acting Administrator for the Centers for Medicare and Medicaid Services under President Obama. Andy, since the advent of the pandemic, you've been writing extensively, but you also launched a podcast In the Bubble, addressing the pandemic from your home studio, which you're in now the Bubble, featuring some really quite remarkable people I know either you had or just about to have Dr. Larry Brilliant on known as an epidemiologist who eradicated smallpox globally. I wonder if you could share their perspective about these global pandemics. But we need to learn from people who've seen this around the globe and how they've dealt with it there, but what have you extracted and learned from the experiences they've shared with you?

Andy Slavitt: First of all the podcast called In the Bubble, my 18 year old son came to me and said, dad let's do a podcast together. When your 18 year old son comes to you and says let’s do ---

Margaret Flinter: Let’s do anything.

Mark Masselli: I have an 18 year old, I know this. There’s like no question.

Andy Slavitt: He stuck in home with me. It’s a fun -- it was a fun project. I described it as 50% Winston Churchill, 50%, Fred Rogers, reliable voice, a unifying voice instead of messages, and then helpful, so the whole family can listen to it because we're going to be dealing with this for a while. There’s lots of elements and lots of aspects to it and so we have political people on, we have entertainers on, we have people

talking about various aspects of what we're dealing with. Larry Brilliant is going to be on. We have actually Senator Bernie Sanders coming on. Then the following week we've got Ambassador Rice. But, Larry Brilliant was very interesting because he of course gave a TED Talk in 2005, which predicted almost exactly where we'd be and of course he was the technical director of movie Contagion, which was very close to where we are. I said, are we better or worse than you thought we'd be handling it? He said, in effect, he feels worse today than he did the day the pandemic started.

I went through piece by piece and he said I feel the scientist get an A minus. He said certain members of the public get an A plus because they've been out the front line saving lives. He said the public as a whole there are a lot of people who disappointed in. He said our political leaders, his grade was I believe his phrase was special place in hell, because he said, we would have -- we would not have beaten it in terms of eradicating it, but we would have contained it by now with proper leadership. He said, everything we've seen from this virus hard, challenging, but all within our scope to manage, as has Vietnam, as has the Czech Republic, as has Greece, as has New Zealand, as has the whole set of diverse countries. He said, when we did all of our planning the one thing we didn't plan on was essentially a national response of denial and indifference.

Margaret Flinter: Well, Andy, as a society, we are not accustomed to the kind of constraints that we've had. We want schools open, we want to celebrate with our families at gatherings, we want to cheer our favorite sports teams in person. But you write so eloquently that if we can't see our past then we don't know where we're going. We know we need great data. We need testing capacity. We need the data from the testing. Our frontline workers, their burnout isn't going away. Still concerns about adequate PPE and you warn that further shortages are looming. You're promoting a campaign to open safely. What does that mean to you? How do we protect our health care workforce and the population at large as we brace ourselves for what we have to assume will be additional waves of the pandemic?

Andy Slavitt: These are tough times, people are going through a lot of anxiety, a lot of challenges, not just health, not just financial, but their social structure isn't there. I mean in World War II people hate each other. We haven't had that in -- unless you're a Bears' fan it's a tough time. I mean, there are certain sports teams, I'm a Chicago sports fan, for me they're not losing right now and so on. The question is not, do we close down or do we open up? The question is, how do we open up safely, because Americans want to get back to normal life but they don't want to do it at the expense of their neighbor's lives.

We have 20% of our population that is forced to work and essentially

they're doing services for the rest of the population. But we're really taking advantage as a society. Things are not safe for them, and if they're not safe for others they're not going to do things that drive the economy, spend money, buy cars, travel, sign new leases, hire employees, the things that make an economy come back. Sure, people who are well off will spend money and people will get haircuts and other things, that's not going to drive an economy. Do you have to choose between an economy or solving the public health crisis? I think as the rest of the world have shown, if you can solve the public health crisis, by making people feel safe, by making people feel like yes there will be cases but they will be contained, you will be able to have lots of testing so you'll know at all times your status. The economy can actually go on.

If you don't do that and you can't get access to a test or a test result for weeks, and you don't have enough personal protective equipment, then all you know is that you've got thousands and thousands of people walking around spreading the virus. Many of them don't have any symptoms and you're in complete out of control until such time as someone shows up at the hospital. By that time the train has left the station, so it's not complicated. People know what to do. The White House plan put forward by Dr. Birx did pretty much that. The President just chose to ignore it. He just chose the day after he put it out to send out a tweet saying liberate Michigan and liberate Minnesota. One day's attention span is not going to get us there.

Mark Masselli: Let me get your thoughts on the health care system as a whole. It seems like we're at this inflection point as we think about maybe not today but in the near future about how we might redesign and reframe the health care infrastructure here in this country. We've seen this rapid adoption of telehealth. There's much more though associated with the opportunities that are in front of us. I know at our organization we're trying to sort of look at that path forward, if you will. I'm wondering what your vision is of how the ongoing transformation might be foundational to a new American health care system.

Andy Slavitt: There's three things I think that become crystal clear to anybody paying attention about our health care system. I wrote about them in a piece in JAMA that came out July 3rd. But beyond the basics three things that really stood out as things needing change. The first is we have to disconnect employment and insurance, and we have to substitute that with existence. I exist I get insurance, not I'm employed I get insurance, because it's too tenuous like not just during a pandemic but younger generations of people are employed very differently and they will be employed very differently.

The second, we need to put the center of the relationship with our

physicians, not with insurance companies. We should be setting up relationships and paying directly care providers with some sort of capitated value-based payment. The reason I say that is because in the middle of this crisis, people pay their insurance premiums, and where did that insurance premium sit? It sat with insurance companies in doctors' offices who could have been the ones investing in people's health with that money, we're struggling. We can't have a system that works for a middleman only. The system the way it's designed exacerbated problems, it didn't protect -- there was no built-in resilience. The role that insurance companies play, many of those functions are valuable, but they should sit behind the care provider to help them take risk, managed care, coordinate care, etc. and they could be paid for out of what's paid to a health care organization.

Then the third thing is we need a health care system that's built on equity, that doesn't think about or talk about equity and disparities as an afterthought, doesn't mean the same. It means we get a health care system that are designed for people's circumstances. Many people live in communities where they don't have broadband. They live in communities where they don't have access to maternal health, parts of the country where people are older and they're sicker or don't speak English, and we expect them to come to us. Our system is hard enough to navigate for people who are pretty good at navigating it. You're taking two buses to a dialysis appointment. We're not going to get people healthier that way. We need a system that is designed with those needs in mind. We need to stop reporting average piece of data, we're growing this by 5%, quality is here. We have to start talking about how that affects different subgroups.

When I was running CMS, and I said go talk to a hospital CEO and he would say, we're doing great at the AAA because we've increased quality scores by 5%. My first question would be, what's happened to quality scores for your bottom quintile? Bottom 20%, how far away are they from the average? Well, we don't know. How about rural health community? Don't know. How about black community? Don't know, the average doesn't matter. When we talk about the average we're talking about suburban, middle class white people, and guess what, they're doing fine. The problem is we don't put any attention on the people that the health care system is failing for which numbers about 130 million people when you head out.

Margaret Flinter: We've been speaking today with Andy Slavitt, former Acting Administrator of the Centers for Medicare and Medicaid Services under President Obama and the Founder of United States of Care and Town Hall Ventures. You can follow his podcasts In the Bubble and his writings on medium by going to United States of care.org and townhallventures.com or follow him on twitter @ASlavitt. Andy, thank you so much for your ongoing passion for improving American

health care for your commitment to finding bipartisan solutions and for sharing your story on Conversations on Health Care.

Andy Slavitt: Thanks for having me.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care 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 reported that through May 30th 14%, of confirmed coronavirus cases lead to hospitalizations, including 2% in intensive care units. But President Donald Trump falsely claimed 99% of cases are "totally harmless". The President, according to his press secretary was referring to the case fatality rate, and he claimed the amount of testing the US has conducted showed this. The testing actually showed a case fatality rate of 4.5% when the President made his comment over the July 4th weekend, but not everyone who has contracted COVID-19 the disease caused by the virus has been tested. Some estimates say the fatality rate among those infected is likely around 1%.

Columbia University epidemiologist Stephen Morse told us quote, some estimates do place the mortality at about 1%. But he said that didn't mean 99% of cases were totally harmless. In addition to those who die, many are hospitalized. In June the CDC published data on the 1.3 million reported cases in the US from January 22nd to May 30th, finding that 14% of patients were hospitalized, 2% were in the ICU, and 5% died. The World Health Organization also says that 13.8% of confirmed coronavirus patients have severe disease and 6.1% have critical cases.

Dr. Ashish Jha, Faculty Director of the Harvard Global Health Institute said that the broad consensus is that the infection fatality rate is between 0.6% and 1%, but that varies based on whether a population is older or younger. But if someone spent weeks in a hospital and survived, Jha said, "That was not inconsequential." "Even if the infection fatality rate is about 1% that's a lot of people." Said Dr. Lee Riley, Professor and Chair of the Division of infectious Disease and Vaccinology at the University of California Berkeley School of Public Health. There are also the financial ramifications of treatment, the impact on hospitals of the pandemic and the burden to the US health system. Riley told us, not much is known about how frequently COVID-19 patients suffer long term effects. But there are signs that the disease does not always completely resolve itself as rapidly as

expected. That's my fact check for this week. I'm 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 www.chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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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. Anxiety disorders are on the rise among the nation's youth and experts in the field of child psychology feel the condition starts much earlier in childhood, and it's far more common than previously thought. With an estimated one in five children being affected, but too often these so called internalizing disorders go undiagnosed. Unlike children with more expressive conditions such as ADHD or Autism Spectrum Disorder, young kids struggling with anxiety or depression often internalize their symptoms, and may just seem like an introvert to the casual observer.

University of Vermont Child Psychologist Ellen McGinnis says the process of diagnosis for younger children is often painstaking and can take months to confirm. Dr. McGinnis says the traditional method of diagnosis involves creating scenarios that induce anxiety, followed by behavioral observation by clinicians, and the results can be inexact. She teamed up with her husband and fellow researcher, biomedical engineer Ryan McGinnis to create a wearable sensor that can pick up on physical cues that suggest the presence of anxiety, using accelerometers and simple algorithms to compare normal stress responses.

Dr. Ellen McGinnis: A device is called an Inertial Measurement Unit and it's about the size of a business card. We strap that two belts on each child and when they did the mood induction task, it has an accelerometer in it and so we're able to pick up angular velocity speed, how much the child is bending forward and backward and turning side to side. It actually picks up 100 samples per second, so much more than the eye can see. We were able to see if kids with anxiety and depression move differently in response to a potential threatening information, and they do. Kids with disorder turn further away from the potential threat than kids without a disorder.

Mark Masselli: The research paper shows the device was nearly 85% accurate in making a correct diagnosis. She says early diagnosis is the key to avoiding more damaging manifestations of anxiety disorder later on.

A simple wearable tool that can assist parents and clinicians in determining if a child is suffering from anxiety disorder, leading to less guesswork and more rapid diagnosis and treatment. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcast. If you have comments, please e-mail us at www.chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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