Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret interesting report of The Commonwealth Fund this week, people with mental illness do better when they have a medical home where they are more likely to receive comprehensive and coordinated care.

Margaret Flinter: Well I think that that's something that we would say we have known from many years of experience Mark, behavioral health issues are often so hard to identify and even harder to treat in a fragmented health system. And with 1 in 5 Americans experiencing some kind of diagnosable mental health issue within a given year, that is just a huge need and it underlies so many other health issues.

Mark Masselli: And we also know that people who do receive treatment and intervention, more than half of those people get that care in primary care settings.

Margaret Flinter: Well The Commonwealth Report also acknowledges that without a substantive coordinated care system behavioral health patients were more likely to fall through the cracks and also didn't receive timely referrals when they needed it. And we have learned this in our own practice Mark, when a primary care provider can give a point a warm hand off down the hall so they are seen immediately that's just a huge barrier that gets removed.

Mark Masselli: We do know one thing, once the previously uninsured population gains health coverage, they are more able to avail themselves at primary care resources which in turn leads to better access to all types of care including behavioral health services.

Margaret Flinter: And gaining access to insurance coverage is something that our guest today knows quite a bit about, Genevieve Kenney is the Co-Director of the Health Policy Center at the Urban Institute and has done some considerable work analyzing the impact of getting coverage on health outcomes especially with the Medicaid population.

Mark Masselli: And Lori Robertson stops by, the managing editor of FactCheck.org, she is always on the hunt for misstatements spoken about health policies in the public domain.

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

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

Margaret Flinter: We will get to our interview with Genevieve Kenney 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. Drugs and their costs: Some 30 million Americans are grappling with diabetes and those numbers are expected to triple within a couple of decades as the nation's population ages and the costs are notable. Cost of diabetes drugs have skyrocketed. The cost of the hormone insulin – one of the most important treatments for diabetes – rose nearly 200% between 2002 and 2013. The large increase in costs largely explained by much greater use of newer type of insulin known as analog insulins much more costly than the human insulin they replaced, but some good news in the report the cost propel [PH] of metformin actually fell by 93% from 2002 to 2013.

And the US isn't the only country grappling with an opioid crisis, according to a recent report Europeans spend about $24 billion a year on illegally obtained narcotics. New technology: encrypted networks and digital currencies have opened up a new market for online supply of illicit drugs. According to a study done by the Rhode Island Department of Health young adults have seen a huge spike in a whole range of STDs, between 2013 and 2014 cases of syphilis grew by 79%, HIV infections were up 33% and gonorrhea cases increased 30%.

Rhode Island says the recent uptake in cases follows a national trend. The state's health department blamed high risk behaviors that have become more common in recent years using social media to arrange casual and often anonymous encounters, but Tinder isn't the only social media site that's lead to a spike in STDs, according to a several studies a 2013 New York University study found Craigslist responsible for 16% increase in HIV cases. The study urges clinicians and public health officials to do more to get this message out to their younger audience about their vulnerabilities. I am Marianne O'Hare with these healthcare headlines.

(Music)

Genevieve Kenney - Urban Institute

Mark Masselli: We are speaking today with Genevieve Kenney, PhD, Senior Fellow and Co-Director of the Health Policy Center at the Urban Institute. She is a nationally renowned expert on Medicaid, the Children's Health Insurance Program also known as CHIP and broader health coverage issues facing low-income families in this country. Dr. Kenney published over a 160 peer-review articles on insurance coverage, access to care. Her recent focus has shifted to the impact of the Affordable Care Act. Dr. Kenney earned her masters in statistics and her PhD in economics from the University of Michigan, Genevieve welcome to Conversations on Healthcare.

Dr. Genevieve Kenney: Thanks so much for having me.

Mark Masselli: You know the Urban Institute has such a deep root formed initially it's kind of interesting back at the LBJ Administration in 1968 so that independent economist could analyze the effectiveness of government policies launched during the so-called The Great Society, maybe you could talk to our listeners about the evolution of the Urban Institute's mission from that initial launch 50 years ago and how it's evolved to address the 21st century realities.

Dr. Genevieve Kenney: Well I would say that the Urban Institute's current is to bring objective evidence to bear on pressing social and economic problems and to inform policy decisions, the specific research and policy questions have evolved as well. As you indicated the Urban Institute was founded during the time of great unrest, distress in America's cities and over the next five decades our population has become more heterogeneous and more complex many of the issues once considered specific to urban America gravitated outward to all corners of the country.

Now in terms of the health policy group, we have an interdisciplinary team of more than 50 researchers and we focus on a broad range of issues affecting private and public health insurance coverage including Medicare and Medicaid. Many of our projects today focus on the Affordable Care Act and its implications, but we also are focused on understanding other changes in health and health policy.

Margaret Flinter: Well Genevieve I am looking back to 2010 with an estimated 50 million Americans with no health coverage which meant really pretty poor access to health care. And you were able to chart [PH] the impact of lack of coverage on these populations long before the passage of the Affordable Care Act and now I think are able to chart some of the impact of having coverage, what is the notable change, what are the impacts that you are seeing?

Dr. Genevieve Kenney: So we have been studying health insurance coverage for decades, who has it and who doesn't since we know that having health insurance coverage does not guarantee access to care. And what we know from the decades of research evidence that has accumulated is that being uninsured puts people at much greater risk of going without or delay in care that they need, not getting immunizations and other preventive services and have experiencing medical debt and related financial burden associated with meeting their health care cost.

We also have evidence from multiple studies that Medicaid improve self-reported mental and physical health status in adults and are really exciting emerging research base that finds reductions in mortality associated with expansions in coverage. We are also beginning to understand more about the long term effects of health insurance can have on people's lives. In particular there is growing evidence that the expansion of coverage to children and pregnant women that began back in the 1980s with Medicaid and that were furthered with the enactment of the Children's Health Insurance Program or CHIP in 1997 have had long term effects. We are seeing evidence that they have lead to a reduction on chronic health care conditions and mortality and increases in educational attainment and income later in life. So as we pivot to look at the Affordable Care Act and the impact of the coverage expansions there, we are going to have to be patient because the effects do not materialize overnight.

Mark Masselli: Dr. Kenney we have covered about 20 million under the health law thus far, but many more Americans still remain uninsured, the number of states that have refused the Medicaid expansions, maybe you could talk to our listeners about those states that did not expand Medicaid and what has the impact been to the overall population health as well as to those states bottom-line?

Dr. Genevieve Kenney: It was one of the primary mechanisms by which the Affordable Care Act sought to reduce un-insurance. It was targeted at non-elderly adults with incomes below a 138% of the federal poverty level, so that's about $16,000 for a single adult annually or $27,000 for a family of three. The Medicaid expansion under the ACA targeted non-elderly adults, prior to the ACA in most states few poor adults, who were not pregnant or disabled were eligible for Medicaid particularly, if they did not have children still few poor adults qualify for Medicaid the un-insurance rates in this group was the highest of any group prior to the ACA about 40% back to coverage. But in 2012 the Supreme Court decision put the decision of whether to expand Medicaid in the state's hand not all states have avail themselves of that opportunity. To date 31 states and the District of Columbia have expanded Medicaid coverage. The 19 states that have not expanded Medicaid are concentrated in the south, of the southern states only Arkansas and Kentucky, and now Louisiana that's expand this summer have expanded

Medicaid. We found that between 2013 and 2015 the share of uninsured adults living in the south rose from 42% to 48%. But it also has outsized impacts of African Americans who are uninsured because a disproportionate share of them live in the south. So what this means is that where you live affects whether you qualify for subsidized health insurance coverage under Affordable Care Act.

When we looked at the uninsured and expanding states and non-expanding states in 2014, we found that just 44% of the uninsured in that states that are not expanded Medicaid were eligible for some kind of financial assistance under the ACA and that compares the 68% in the states that had expanded Medicaid. Every federal and private survey that tracks coverage has found a dramatic drop in the uninsured since 2013, somewhere around a 40% decline for adults give or take depending on the survey. And when we looked at states that have expanded versus not, we see a drop of over 50% in the uninsured rates offer adults in expansion states compared to just about 25% in the non-expansion states. And we are also beginning to compile evidence on specific implications of Medicaid expansion for state.

We have evidence from in-depth studies from Arkansas, Kentucky and Washington, and all have found there were state physical gains that outweighed the increases in state costs. And that comes about for a number of reasons including the fact that the states were using state programs to provide care for some of the uninsureds particularly for mental health services and substance abuse treatment services, but it also comes about because with the Affordable Care Act the federal government is paying a higher share of the cost for this population.

Margaret Flinter: You know Genevieve when thinking about Medicaid some of the things that covers that people don't usually think about in terms of support it might provide to the states thinking the home visitation programs for low-income families reaching in and identifying where we have particular high risk, high need situations, do you see a willingness among the Medicaid programs to expand coverage to deal with some of the really challenging problems beyond even the day-to-day medical care that people need?

Dr. Genevieve Kenney: Medicaid is targeted at meeting the needs of often our most disadvantaged populations with disproportionately complex healthcare needs.

Margaret Flinter: Exactly.

Dr. Genevieve Kenney: So when you look for example at the profile of Medicaid, historically it's been much higher than what type of coverage has addressed and I think

you too are focused on the economic piece and I think there is the longest history with children, benefits for children in Medicaid is designed to meet not only medical needs that are then identified but also to diagnose and screen for and treat developmental issues cognitive issues and other kinds of health problems before they emerge.

Mark Masselli: We are speaking today with Genevieve Kenney, PhD, Senior Fellow and Co-Director of the Health Policy Center at the Urban Institute. Genevieve I want to pull the thread on the uninsured while we have seen some great strides made in getting minority population to embrace insurance coverage and there is always a recalcitrant sector of the population many so called young invincibles are likely to skip seeking health coverage and there are many who still find coverage unaffordable due to inadequate income and high out-of-pocket expenses, could you talk to our listeners about this sector of the population?

Dr. Genevieve Kenney: As you indicate the number of uninsured has dropped dramatically since 2013 but we still have close to 30 million uninsured in this country so it's still a large number. And I think you are also absolutely right that the remaining uninsured is a mixed group of people in terms of the reasons that they are uninsured. If we look in 2015, it looks like very relatively, if you are uninsured by choice, but data suggests that of the remaining uninsured in 2015, about 17% said that not wanting health insurance coverage was the reason that they did not have coverage. Now some of these people like the immigrant groups who flagged and poor adults living in one of the 19 states that have not expanded Medicaid don't have an affordable health insurance option available to them, so that's clearly a true affordability issue. But others are available for subsidized market place coverage but don't know that that assistance is available to them while study after study finds significant knowledge gaps among the remaining uninsured both about the subsidies that are available for coverage and the penalties that are in place for people who don't have coverage.

In addition, a number of the remaining uninsured are eligible for Medicaid or CHIP but not enrolled and so that's another distinct population with specific underlying reasons than policy responses to address.

Margaret Flinter: Well Genevieve we often talk on the show about the impact of zip codes on health, some say a better indicator of health outcomes than almost any other single factor. And we recently had Marc Edwards on the show, the Virginia Tech engineer who uncovered the depth of Flint, Michigan water crisis and there is a community with high unemployment and high poverty rates and the most vulnerable poor women and children seem to have perhaps been the most affected by the exposure to toxic drinking water, I wonder if you sort of reflect upon as you conduct your

research at the Health Policy Center, what other factors besides health coverage comes into play when you and your team are analyzing policy impacts on population health?

Dr. Genevieve Kenney: Well when we look at population health we certainly consider health insurance coverage and the health care system as determining factors. But we also recognize host of other factors related to where people live, where their children are in school, where they are playing affect their health and wellbeing. And the kinds of other factors that we consider include housing attributes and circumstances, individual access to affordable food, safety concerns, the quality of the physical and social environments, education, housing regulations, job training, food nutrition assistance, crime and crime prevention. So we have a number of research initiatives that draw from not just researchers in the Health Policy Center, but from experts around the organization that investigate how non-medical, social factors are affecting the health of our population.

Mark Masselli: We have been speaking today with Genevieve Kenney, PhD, Senior Fellow and Co-Director of the Health Policy Center at the Urban Institute. You can learn more about their work by going to urban.org and you can follow her on Twitter @kenneygm. Genevieve, thank you so much for joining us.

Dr. Genevieve Kenney: Thank you.

(Music)

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: The Affordable Care Act hasn't been a major focus of the Presidential Campaign thus far, but we have fact-checked several claims about it from both sides. Let's take a look at some of the top claims.

Republican Ted Cruz claims that the health care law had been a job killer and had forced millions into unemployment and part-time work, but the economy has added millions of job since the ACA and fewer people are being forced to work part-time not more.

Democrats Bernie Sanders and Hillary Clinton triggered misleading claims about Sanders' single payer health care plans. Clinton's campaign claims that Sanders want to dismantle Medicare whilst Sanders said he wouldn't tear up the ACA. In fact, Sanders had proposed replacing the entire current health insurance system with a single payer system in which everyone has insurance paid through tax dollars.

Republican Donald Trump claimed that healthcare premiums under the ACA were going up 35%-45%-55%. He was talking about proposed rate increases for 2016 for some plans on the individual market, other plans had proposed decreases in rates or single digit increases that didn't have to be submitted for review.

A Kaiser Family Foundation analysis found an average 10.1% increase from 2015 to 2016 in individual market premiums in major cities and 49 states in Washington DC, that's before factoring in tax credits. In one of the democratic presidential debates, Clinton said that the Affordable Care Act had helped more African Americans than any other group to get insurance. But the Obama Administration's own figures show a larger drop in the uninsured among Latino, 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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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Right now, there are about three and a half million people living in refugee camps around the world. Whether displaced by wars or natural disasters, the play of these people is often the same, living in squalid conditions intensities that provide little protection from harsh elements and these conditions pose serious threats to their health and wellbeing. The IKEA foundation has taken the parent company's widely successful do-it-yourself approach to home furnishings and applied it to the problem of inadequate housing for displaced refugees. They have created a do-it-yourself dwelling that can be shipped and assembled anywhere.

Jonathan Spampinato: So first and foremost there is the very well-known flat tech approach that IKEA has pioneered. Secondly, the materials and the product itself, so it's a shelter it's not a tent.

Margaret Flinter: Jonathan Spampinato is the Head of Communications and Strategic Planning at the IKEA Foundation. They are working closely with the United Nations Organizations working on the ground trying to assist refugees in Somalia and other parts of the world.

Jonathan Spampinato: We extended that to also include funding for an innovation unit within the UNHCR so they could think more long-term, so providing that funding, allowed them to start the refugee housing shelter looking at how to design a better shelter.

Margaret Flinter: And since on average a person is likely to spend up to 12 years in a refugee camp, these IKEA structures have some unique properties that can make the experience more bearable.

Jonathan Spampinato: The walls and the roof are made out of a new fancy version of basically a plastic material that is much more durable but very, very light weight and still it's insulated.

Margaret Flinter: The IKEA Foundation currently has prototypes being tested in various refugee camps and will scale up productions once refinements are made. And true to IKEA, the price point is going to come in under $1000 per structure; a deliverable, affordable, do-it-yourself dwelling that can provide some sense of dignity, privacy and protection for families who are struggling as refugees, now that’s a bright idea.

[00:23:01 to End – Repetition of Bright Idea segment]