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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 Emily Barson Co-founder and Executive Director of United States of Care, it's a nonpartisan consortium of some of the top health policy analyst, health industry stakeholders and patients advocacy groups all committed to improving access to health care for all Americans.

Lori Robertson also checks in the Managing Editor of FactCheck.org, she looked 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 wellbeing in everyday lives. If you have comments please email us at chcradio@chc1.com or find us on Facebook, Twitter, iTunes 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 interview with Emily Barson, Executive Director of United States of Care on Conversations on Health Care.

Mark Masselli: We're speaking today with Emily Barson, Executive Director of United States of Care a nonprofit, nonpartisan organization dedicated to advancing access to affordable health care for all Americans, seeking to put health care over politics. Previously, she serve for eight years at the Department of Health and Human Services under President Barack Obama. Most recently as Director of the Intergovernmental and External Affairs, prior to that Ms. Barson, she earned her degree in political communications from George Washington University School of Media and Public Affairs. Emily, welcome to Conversations on Health Care.

Emily Barson: Thanks for having me.

Mark Masselli: Yeah, and congratulations, you and Andy Slavitt co-founded the United States of Care and you've really put together a great coalition of people from health policy, health industry from around the country. You've got names that are familiar to many of our listeners Atul Gawande, Mark Cuban, Tom Daschle, Governor Steven Beshear and Dr. Don Berwick as well as Michael Levitt. I'm wondering if you could just tell our listeners how old these came people together under the banner of United States of Care and what's the unifying mission?

Emily Barson: Well, we were founded around a simple but very ambitious mission to ensure that every single American have access to affordable health care. We believe there's more that unites Americans than divides us in health care and that refocusing the discussion around everyday

Americans and their experiences is the key step in any successful discussion of reforms or expanding health care access. You mentioned some of the more notable members of our founder's council. We are grateful certainly that they've all signed on and support of that mission and lending their considerable expertise certainly. What I would say is the founder's council members that I think are the most compelling and really important to our work are the ones you haven't heard of.

We have representatives from the patient advocacy community, disability activist, we've got parents of medically complex children, and others who really help us in our mission to keep the patients experience front and center in our work. Those are people like Elena Hung, she co-founded an organization called Little Lobbyists. People like Lane Senna [PH] who is one of the patients and community advocates at the center of the New Mexico coalition, we've partnered with that have been advocating for Medicaid buy in, in that space.

Margaret Flinter: Well, Emily I think it's safe to say that as a nation we've been through quite a dramatic rollercoaster of a ride maybe starting with the crafting and the passage of the Affordable Care Act, its implementation and then all the challenges that we've seen as the years went on. It has triggered really pretty profound changes in the American health care system expanding coverage for tens of millions of formally uninsured Americans, and of course we've seen that it heightened some of the political divide in the country. But what's really fascinating about your work it seems is that you're creating a framework for policy discussions that rises above politics and above those political divides and really seeks to unite the country around this critical issue of health care. Talk to us about how you're seeking to redirect this narrative around this critical issue of health care in America?

Emily Barson: As you mentioned the last many years of national discussion around health care have certainly been dominated by the ACA. We're really excited to create that framework and be able to move beyond the current political fray and look to the next set of innovative policies that can continue making progress towards our ultimate mission. The politics have gotten in the way and most especially so at the federal level. We don't see there's a lot of prospect for federal progress, at least for the next couple of years and that's why our approach is really focused at the state level to build an evidence space of what can be scalable and bring more relief to people in those states in the short term while we have this broader conversation about what the future of health care in this country can look like.

We've certainly seen a lot more promising momentum for bipartisanship at the state level and the ability to move beyond the

politics than we currently see in Washington. That's really why we're trying to take politics out of being the center of the discussion and focusing on the patients. We know that when you or someone in your family needs health care it doesn't matter if you're a republican or a democrat, you just want to be able to go see the doctor. We think that should be the underlying goal at the center of any health care reforms and keeping those experiences in front of mind.

Mark Masselli: Emily, I like a couple of things that you've said that there's more that unites us than divides us and clearly that politics has gotten in the way. But we're entering already the cycle of the 2020 presidential race. We've got many democrats who have declared an interest in promoting Medicare for all. I'm just wondering based on your own experience, what health policy issues do you believe will resonate most strongly with voters in this 2020 campaign cycle?

Emily Barson: Well, I will say, I'm not in the business of giving political advice, we're a policy focus nonprofit organization. I will say that what we find promising is seeing a focus on the end goal of making sure everyone in America can access the health care that they need. There are a lot of proposals that will be debated both on the campaign trail as well as proposals that have been introduced in congress and that's great. I think having a real exchange of ideas and passing out what make sense is going to be positive for getting to the end goal of reform. From our perspective what's most important is that the voices of patients and families are heard, and we'll be watching to see which ideas among the discussions meet our underlying principles which is first everyone should have an affordable regular source of care.

Second, that no one should face financial hardship or have to make choices between paying for their health care for themselves and their family and other expenses in their life. Third, that reform should be done in a way that's politically and financially sustainable so that people won't feel nervous that their health care is going to be at risk depending on the results of this election cycle or who is controlling congress or their governor's manson. We think those are really the principles that we are organized around. We're not advocating behind one particular policy approach, we think there's a lot of ways to get there and that's why we want to start building out those learnings on the ground.

Margaret Flinter: Well, Emily I think one of the things that we've all learned a lot about is how to improve access to health coverage to people having health insurance by expanding Medicaid that was certainly a key part of the Affordable Care Act. I was really interested in your initiative at United States of Care that seeks to expand on that example with a Medicaid buy in initiative, which I understand is gaining interest in many states as a possible way to provide even more affordable coverage options

to people. Can you talk about this initiative and the Medicaid buy in playbook that you've created?

Emily Barson: Sure, Medicaid is a health care program that's run through the states and it's a state federal partnership, so both governments pick up part of the cost of providing care. Populations that get Medicaid are people like kids, pregnant women, children with disabilities. Under the Affordable Care Act, Medicaid expanded to more populations in state that decided to expand their program to cover low income adults. Now, as you mentioned as many as a dozen states have been considering a Medicaid buy in approach that would build on the framework of Medicaid in their states and allow more people to pay to buy coverage. This is something that we find appealing because it's an approach they can look at now, building on the framework of a program that is efficient and popular at providing health care coverage.

Medicaid buy in would allow states to tailor a program to what their particular population needs, and that could be around specific populations like world communities or small businesses or it could be providing a more widely available options. Part of our approach at United States of Care is caring learning, gathering what the best things that people are doing in states and making sure that other states aren't starting from scratch. What we've done is created a set of resources on Medicaid buy in to do just that. They can all be found at Medicaidbuyin.com which has a map tracking activity in this area, across the country. There's a video explaining what Medicaid buy in means. As you said there's what we're calling a Medicaid buy in playbook which is an actionable roadmap that advocates or law makers who might be thinking about this as a solution for their state can use, figure out what problems they're trying to solve and pull together policy and coalition based information about how to make it happen.

Mark Masselli: We're speaking today with Emily Barson, Executive Director of United States of Care, a nonprofit, nonpartisan organization dedicated to advancing access to affordable health care for all Americans. She served at the Department of Health and Human Services, most recently is Director of Intergovernmental and External Affairs. You know, I think we've always had the view that states our engines of innovation and also I think it's probably a place more likely to have a conversation with real people. We've seen some states like Massachusetts and Maryland have created some great examples of improving access to care. What are you seeing out in the states in terms of innovations and solutions that others might emulate?

Emily Barson: We couldn't agree more, we believe also that states are the laboratories of democracy and innovation and allow for policy

innovation that meets their needs and that other states can learn from as well as informing policy at a national level. You know you mentioned Maryland, last week they advance a bill around easy in moment. This was passed by an overwhelming margin with bipartisan support, and this was legislation that would established a simpler system for people who need to find health coverage. In fact it would let uninsured Marylanders start the enrollment process just by checking a box on their state income tax return. From there they can signed on if they're eligible for financial assistance and be enrolled into coverage.

Another example is in North Carolina which passed and got approval for a first of its kind Medicaid waiver that's funding what they called a healthy opportunities program. What this does is it's an attempt to directly address nonmedical drivers of health. And what makes this program so groundbreaking, it's the first time that CMS is allowing a state to use Medicaid funds to directly provide services like nutritious food, or housing services, some of those nonmedical items that we know impact people's actual health care and the underlying cost in the system. We're really excited to learn what the results of that demonstration will be. Even here in United States of Care we are working to bring stakeholders together to collaborate also on looking at some of the health equity and nonmedical drivers of health that impact people's actual health care as well as the cost. There's a lot of exciting momentum happening throughout the country.

Margaret Flinter: Well, Emily wrapped around all of this is this ever present concern about cost, and while we've seen some slower growth in cost in some areas we still see premiums that go up, the share that people have to pay out of pocket being unsustainable for some people. Of course, the cost of pharmaceuticals remains just a very big issue. Tell me what the United States of Care is doing around making recommendations or innovations around this larger issue of the cost of care?

Emily Barson: Certainly, in addition to looking at some of those programs that address the social determinants which we do think ultimately we'll require systematic change to bring down those costs. I think drug cost and the underlying pain that people feel every month when they go to fill their prescriptions is real. We have put out some tip for states about lavers that state law makers can take around controlling those cost. It's also been one of the areas that has been heartening to see bipartisan interest at both the state and the federal level in addressing when a quarter of people are leaving the pharmacy without selling their prescription because of cost. We know this is a real issue that needs to be prioritized.

There are also other cost that consumers are really feeling the pain, you know you should up at the hospital to get care and weeks or

months later get hit with a surprised bills for an out of network provider. This is also been an area that we've seen bipartisan action. As an example, in Texas there's been bipartisan legislation to address this issue and in fact taking the patient out of having to be the middle man between providers and insurance companies. We know that health care cost both to consumers and throughout the system are escalating, and we need to find ways to really bring down that cost curve and reduce the overall cost of providing that care.

Mark Masselli: Health care is a large section of our GDP I don't know what it is, 18, 19%, it continues to rise. But, it employs lots of people, right? There's a whole group of folks who are working to try to bank it more efficient. But where do you come down in terms of what the impact will be, do you think we can have an efficient economical reduction in our health care cost and not have a disruption in the workforce and somehow lower this total amount of GDP substantially. As you sort of model this up what happens to that workforce if there's no opportunities for growth in the health care world?

Emily Barson: Yeah, we certainly have reason to be optimistic. I think there is a renewed interest addressing that cost curve, you've acknowledge that there's a lot of people employed in the health care system and whether that's people at hospitals or providers. We want to make sure that it's organized in a way that's most efficient in providing care to the most people. Many approaches have focused on the uninsured population and certainly have made progress towards addressing those needs. But, we know that half of Americans are covered by insurance through their jobs, and millions of people are covered by Medicare and Medicaid. It's exciting to see employers at the table, they're going to need to be part of the solution and I think we know there isn't a single silver bullet or a single approach that we think is the solution to everything. But we know that we need all the stakeholders to be there and that includes people who are providing that care, people who are working in the health care industry, that's also why we've made sure that leaders from nonprofit care providers and doctors and nurses are all part of the conversation in our work on the founder's council.

Margaret Flinter: We've been speaking today with Emily Barson, Executive Director of United States of Care, a nonprofit, nonpartisan organization that's dedicated to advancing access to affordable health care for all Americans putting health care over politics. You can learn more about their work by going to United States of Care.org or follow them on Twitter @US of Care. Emily, we want to thank you for your many years of dedicated public service in the health policy arena for the work that you're doing to advance health care for all Americans and for joining us on Conversations on Health Care today.

Emily Barson: Thanks for having me.

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Mark Masselli: At Conversations of 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: Democratic law makers claim the president proposed 2020 budget would ransack or slash Medicare and Medicaid, likening it to an assault on Medicare and the health care of seniors and families across America. Experts agree the proposed cuts to Medicaid are significant, but many of the Medicare proposals echo those of Barack Obama and wouldn't directly affect beneficiaries. It's important to note that a president budget proposal is more a symbolic statement of priorities than something congress would actually vote on. President Donald Trump's proposed 2020 budget includes a net $777 billion reduction in Medicaid spending and funding for the Affordable Care Act marketplace subsidies over 10 years.

Those cuts would come from repealing the ACA including the Medicaid expansion and turning Medicaid into a block grant programs. As for Medicare a program politicians of both parties often highlight in lines of attack, those proposed spending reduction total a net $515 billion to $575 billion over 10 years depending on how they're measured. Notably, several of the Medicare proposals in Trump's budget are similar to cost cutting measures Obama had proposed when he was president. For instance, proposals to reduce post-acute care payments and to cut payments for bad debt are similar to Obama policies.

The budget watch dog group said, in fact Obama's fiscal 2017 budget proposal included reduced post-acute care payments. The Trump budget proposals to pay the same for outpatient services whether in a doctor's office or other facilities and changed graduate medical education payment are expansions of Obama proposal. At least one of the Trump Administration's proposal a change in out-of-pocket cost for Medicare Part D prescription drug coverage would directly affect beneficiaries causing some to pay less and others to pay more.

Paul N. Van de Water a senior fellow at the Center on Budget and Policy Priorities told us that besides the prescription drug benefit change and perhaps a medical liability reform the proposals in Trump's budget, quote, would not directly affect beneficiaries. 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 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. An experts in the field of child psychology feel the condition starts much earlier in childhood with an estimated one in five children been affected. But too often these so called internalizing disorders go undiagnosed. Unlike children with more expressive condition 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.

Ellen McGinnis: I was actually doing my dissertation and the whole point of it was to find an objective, a second battery for children with internalizing disorders because they have similar things versus some of externalizing disorders and for autism but not anxiety depression which I think are the most overlooked sort of in that age group.

Mark Masselli: 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.

Ellen McGinnis: The device is called inertial measurement unit, and so we strapped that belt on each child and have accelerometer in it. And so we're able to pick up angular velocity speed, how much the child is bending forward and backward, things like that. It actually picks up 100 samples per second, so much more than the eye can see. We are able to see if kids with anxiety and depression move differently in response to a potential threatening information, and they do. Kids with a disorder turn further away from the potential threat than kids without a disorder.

Mark Masselli: Dr. McGinnis says one of the most promising aspect of this device is that it can pick up anxiety and depression disorder symptoms in a matter of minutes instead of months. Their research paper published in the publication plus one shows the device was nearly 85% accurate

in making a correct diagnosis, and she says early diagnosis is the key to avoiding more damaging manifestations of anxiety disorder later on.

Ellen McGinnis: What's really great about it is that we increase the sensitivity compared to subjective parent reports, questionnaires that they fill out. We're picking up more kids who might have got previously undetected.

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

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Mark Masselli: You've been listening 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 chcradio.com, iTunes or wherever you listen to podcast. If you have comments please email us at chcradio@chc1.com or find us on Facebook or Twitter, we love hearing from you. The show is brought to you by the Community Health Center.